Name	Section	Date			
WELLNESS WO					
Nicotine Dependence	e: Are You Hook	ked?			
Answer each question in the list be nal on the reverse may help you an		the appropriate points. Completing the smoking jour- more accurately.			
1. How soon after you wake your first cigarette? a. within 5 minutes (3) b. 6–30 minutes (2) c. 31–60 minutes (1) d. After 60 minutes (0)	e up do you have	 5. Do you smoke more frequently during the first hours after waking than during the resort of the day? a. yes (1) b. no (0) 6. Do you smoke if you are so ill that you are 			
2. Do you find it difficult to smoking in places where such as the library, theate office?	it is forbidden,	in bed most of the day? a. yes (1) b. no (0)			
a. yes (1) b. no (0)		Total			
3. Which cigarette would ye give up? a. the first one in the me b. any other (0)		A total score of 7 or greater indicates that you are very dependent on nicotine and are likely to experience withdrawal symptoms when you stop smoking. A score of 6 or less indicates low to moderate dependence.			
 4. How many cigarettes a d a. 10 or less (0) b. 11–20 (1) c. 21–30 (2) d. 31 or more (3) 	ay do you smoke?				
1 1	brief description and	uit. Visit one of the following or do a search to find evaluation of the quitting information offered. What sonally useful for quitting?			
American Cancer Society: he American Lung Association: SmokeFree.Gov: http://www Try to stop: http://www.mak	http://www.lungusa v.smokefree.gov	.org			
Site visited (URL):					
Description:					

WELLNESS WORKSHEET 55 — continued

Smoking Journal

Date				Day M	TU W	TH F	SA SU
Time of day	N	R	Where were you?		Did someone else influence you?	Emotions and feelings?	Thoughts and concerns?

N = Number of cigarettes

R = Rating (0-3) of how much you wanted cigarette

QUIZ SOURCE: Heatherton, T. F., et al. 1991. The Fagerstrom Test for Nicotine Dependence. A revision of the Fagerstrom Tolerance Questionnaire. *British Journal of Addictions* 86(9): 1119–1127.