

MODIFIED FAGERSTROM TOLERANCE SCALE

Name: _____ Date: _____

1. How soon after you wake up do you smoke your first cigarette?

- | | |
|---|---|
| <input type="checkbox"/> Within 5 minutes | 3 |
| <input type="checkbox"/> 6–30 minutes | 2 |
| <input type="checkbox"/> 31–60 minutes | 1 |
| <input type="checkbox"/> After 60 minutes | 0 |

2. Do you find it difficult to refrain from smoking in the places where it is forbidden (i.e.: in church, at the library, in cinema)?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Yes | 1 |
| <input type="checkbox"/> No | 0 |

3. Which cigarette would you hate most to give up?

- | | |
|---|---|
| <input type="checkbox"/> The first one in the morning | 1 |
| <input type="checkbox"/> Any other | 0 |

4. How many cigarettes/day do you smoke?

- | | |
|---|---|
| <input type="checkbox"/> 10 or less | 0 |
| <input type="checkbox"/> 11–20 | 1 |
| <input type="checkbox"/> 21–30 | 2 |
| <input type="checkbox"/> 31 or more | 3 |

5. Do you smoke more frequently during the first hours after waking than during the rest of the day?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Yes | 1 |
| <input type="checkbox"/> No | 0 |

6. Do you smoke if you are so ill that you are in bed most of the day?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Yes | 1 |
| <input type="checkbox"/> No | 0 |

TOTAL SCORE:

SCORING INSTRUCTIONS: Add up responses to all items. A score of 5 or more indicates a significant dependence, while a score of 4 or less shows a low to moderate dependence.