

## MODIFIED FAGERSTROM - SMOKELESS TOBACCO

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. How soon after you wake up do you place your first dip?

- |   |   |
|---|---|
| <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. How often do you intentionally swallow tobacco juice?

- |  |   |
|--|---|
| <input type="checkbox"/> Always .....    | 2 |
| <input type="checkbox"/> Sometimes ..... | 1 |
| <input type="checkbox"/> Never .....     | 0 |

### 3. Which chew 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 cans/pouches per week do you use?

- |  |   |
|--|---|
| <input type="checkbox"/> More than 3 ..... | 2 |
| <input type="checkbox"/> 2-3 .....         | 1 |
| <input type="checkbox"/> 1 .....           | 0 |

### 5. Do you chew 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 chew 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.