



Department of Behavioral Health  
Substance Use Disorder and Recovery Services

### Fagerstrom Test for Nicotine Dependence (FND)

Date of Fagerstrom Test:	Agency:
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<p>1. Scoring Fagerstrom Test for Nicotine Dependence:</p> <ul style="list-style-type: none"> <li>• Yes/no items are scored from 0 to 1</li> <li>• Multiple-choice items are scored from 0 to 3</li> <li>• Items are summed to yield a total score of 0-10</li> </ul> <p>2. Referral to smoking cessation:</p> <ul style="list-style-type: none"> <li>• Once the test is completed and scored, if nicotine dependence is indicated the client should be referred to appropriate nicotine cessation services.</li> <li>• Complete the SUD Referral (SUDRS034), provide a copy to the client and place a copy in the client file.</li> </ul>		
Name of Client	DOB	Client #

**Do you currently smoke cigarettes?**       No       Yes

If "yes" read each question below. For each question enter the answer choice which best describes your response.

1. How soon after you wake up do you smoke your first cigarette?	Within 5 minutes	<input type="checkbox"/> 3
	6 to 30 minutes	<input type="checkbox"/> 2
	31 to 60 minutes	<input type="checkbox"/> 1
	After 60 minutes	<input type="checkbox"/> 0

2. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g., in church, at the library, in the cinema)?	Yes	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 0

3. Which cigarette would you hate most to give up?	The first on in the morning	<input type="checkbox"/> 1
	Any other	<input type="checkbox"/> 0

4. How many cigarettes per day do you smoke?	10 or less	<input type="checkbox"/> 0
	11 to 20	<input type="checkbox"/> 1
	21 to 30	<input type="checkbox"/> 2
	31 or more	<input type="checkbox"/> 3

5. Do you smoke more frequently during the first hours after waking than during the rest of the day?	Yes	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 0

6. Do you smoke when you are so ill that you are in bed most of the day?	Yes	<input type="checkbox"/> 1
	No	<input type="checkbox"/> 0

Comments:

Your Score was: (your level of dependence on nicotine is):

Score	1-2 = Low Dependence	3-4 = Low to Moderate Dependence	5-7 = Moderate Dependence	8+ = High Dependence
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