



# Break the Habit

## A Pharmacist's Toolkit for Smoking Cessation Counselling

### Modified Fagerström Test for Nicotine Dependence

Date of Assessment: \_\_\_\_\_

#### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/Province: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Questions <sup>a</sup>	Scale				Score
	0 Points	1 Point	2 Points	3 Points	
1. How soon after you wake up do you smoke your first cigarette?	After 60 minutes	31-60 minutes	6-30 minutes	Within 5 minutes	
2. Do you find it difficult to refrain from smoking in places where it is forbidden?	No	Yes			
3. Which cigarette would you most hate to give up?	All others	The first one in the morning			
4. How many cigarettes a day do you smoke?	10 or fewer	11-20	21-30	30 or more	
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?	No	Yes			
6. Do you smoke if you are so ill that you are in bed most of the day?	No	Yes			
<b>Total Score (your level of dependence on nicotine is):</b> Initiate pharmacotherapy for scores $\geq 6$ .					
Scoring Information	<5 = Low Nicotine Dependence 5 = Moderate Nicotine Dependence 6-7 = High Nicotine Dependence 8-10 = Very High Nicotine Dependence				

<sup>a</sup> For some nicotine replacement products, only question 1 or 4 is required to determine the appropriate initial dose.

**FOR PHARMACIST USE ONLY**

*[Insert/Stamp Pharmacy Information Here]*

Pharmacist Name: \_\_\_\_\_ Pharmacist License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_

*To be filed for documentation and auditing purposes in accordance with provincial legislation.*

1. Heatherton TF, Kozlowski LT, Frecker RC et al. The Fagerström test for nicotine dependence: a revision of the Fagerström tolerance questionnaire. *Br J Addict* 1991;86(9):1119-27.