

Measuring Your Dependency

Questionnaire 4 > Are You Dependent on Nicotine?

Please answer the questions by circling Yes or No.

1. Do you use your tobacco product within 30 minutes of waking up in the morning?	Yes	No
2. Do you smoke 20 cigarettes (one pack) or more each day?	Yes	No
3. At times when you can't use your tobacco product or don't have one, do you feel a craving for it?	Yes	No
4. Is it tough for you to keep from for you to keep from using your tobacco product for more than a few hours?	Yes	No
5. When you are sick enough to stay in bed, do you still do use your tobacco product?	Yes	No

The more questions you answered YES to, the more likely you are to benefit from nicotine replacement therapy (NRT) or other medications to help you quit. Session 2 will provide information on these medications.