
SCORING: CIGARETTE DEPENDENCE INDEX

1. How many cigarettes per day do you usually smoke? ([reference](#))

- 0-4 times/day = 0
- 5-9 = 1
- 10-14 = 2
- 15-19 = 3
- 20-29 = 4
- 30 or more = 5

On days that you can smoke freely, how soon after you wake up do you smoke your first cigarette of the day? ([reference](#))

- Less than 5 minutes = 5
- 6-15 minutes = 4
- 16-30 minutes = 3
- 31-60 minutes = 2
- 61-120 minutes = 1
- More than 121 minutes = 0

3. Do you sometimes awaken at night to have a cigarette? ([reference](#))

- Yes = 1
- No = 0

4. If yes, how many nights per week do you typically awaken to smoke? ([reference](#))

- 0-1 nights = 0
- 2-3 nights = 1
- 4 or more nights = 2

5. Do you smoke now because it is really hard to quit? ([reference](#))

- Yes = 1
- No = 0

6. Do you ever have strong cravings to smoke? ([reference](#))

- Yes = 1
- No = 0

7. Over the past week, how strong have the urges to smoke been? ([reference](#))

- None/Slight = 0
- Moderate/Strong= 1
- Very Strong/Extremely Strong = 2

8. Is it hard to keep from smoking in places where you are not supposed to? ([reference](#))

- Yes = 1
- No = 0

9. (When you haven't used tobacco for a while or when you tried to stop smoking:) Did you feel more irritable because you couldn't smoke? ([reference](#))

- Yes = 1
- No = 0

10. Did you feel nervous, restless, or anxious because you couldn't smoke? ([reference](#))

- Yes = 1
- No = 0

RESULTS

- 0-3 = not dependent
- 4-8 = low dependence
- 9-12 = medium dependence
- 13 or more = high dependence

Foulds J, Veldheer S, Yingst J, Hrabovsky S, Wilson SJ, et al. Development of a questionnaire for assessing dependence on electronic cigarettes among a large sample of ex-smoking E-cigarette users. *Nicotine Tob Res.* 2015 Feb;17(2):186-92. <https://doi.org/10.1093/ntr/ntu204>