

# Smoking Questionnaire

**If You Smoke, Please Fill This Out  
and Give It to Your Treatment Provider.**

## 1. How many cigarettes do you smoke a day?

- |  |  |
|--|--|
| <input type="checkbox"/> More than 31 (3 points) | <input type="checkbox"/> 11-20 (1 point) |
| <input type="checkbox"/> 21-30 (2 points)        | <input type="checkbox"/> 1-10 (0 points) |

## 2. How long after you wake up do you have your first cigarette?

- |   |  |
|---|--|
| <input type="checkbox"/> 5 minutes or less (3 points) | <input type="checkbox"/> 31-60 minutes (1 point)       |
| <input type="checkbox"/> 6-30 minutes (2 points)      | <input type="checkbox"/> 61 minutes or more (0 points) |

*Add the number of points from questions 1 and 2 above. \_\_\_\_\_*

*A score of 4 or more means you are a heavy smoker.*

\*Heatherton TF; Kozlowski LT; Frecker RC; Rickert W; Robinson J. Measuring the Heaviness of Smoking: Using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *Br J Addict* 1989;84(7):791-799.

