

Smoking: Nicotine Dependence for Daily Smokers – Short Form 4a

Please respond to each question or statement by marking one box per row.

		Never	Rarely	Sometimes	Often	Always
SMKNDEP01	When I haven't been able to smoke for a few hours, the craving gets intolerable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SMKNDEP02	I find myself reaching for cigarettes without thinking about it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SMKNDEP03	I drop everything to go out and buy cigarettes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SMKNDEP04	I smoke more before going into a situation where smoking is not allowed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5