MODIFIED FAGERSTRÖM TOLERANCE QUESTIONNAIRE (mFT Q) FOR ADOLESCENTS

PATIENT NAME: ___________________________ DATE: _____/_____/

PLEASE read each question below. Check only one box for each question that best describes your response.

1. How many cigarettes a day do you smoke?
   - 2 Over 26 cigarettes a day
   - 1 About 16 – 25 cigarettes a day
   - 0 About 1 – 15 cigarettes a day
   - 0 Less than 1 a day

2. Do you inhale?
   - 2 Always
   - 1 Quite often
   - 1 Seldom
   - 0 Never

3. How soon after you wake up do you smoke your first cigarette?
   - 1 Within the first 30 minutes
   - 0 More than 30 minutes after waking but before noon
   - 0 In the afternoon
   - 0 In the evening

4. Which cigarette would you hate to give up?
   - 1 First cigarette in the morning
   - 0 Any other cigarette before noon
   - 0 Any other cigarette after noon
   - 0 Any other cigarette in the evening

5. Do you find it difficult to refrain from smoking in places where it is forbidden (church, library, movies, etc.)?
   - 1 Yes, very difficult
   - 1 Yes, somewhat difficult
   - 0 No, not usually difficult
   - 0 No, not at all difficult

6. Do you smoke when you are so ill that you are in bed most of the day? (If you never get sick, give the most likely response.)
   - 1 Yes, always
   - 1 Yes, quite often
   - 0 No, not usually
   - 0 No, never

7. Do you smoke more during the first 2 hours after awakening than during the rest of the day?
   - 1 Yes
   - 0 No

Total Score: __________

Staff Member Signature

Date: _____/_____/