

| | NO | YES |
|---|----|-----|
| 1. Have you ever tried to quit, but couldn't? | | |
| 2. Do you smoke <u>now</u> because it is really hard to quit? | | |
| 3. Have you ever felt like you were addicted to tobacco? | | |
| 4. Do you ever have strong cravings to smoke? | | |
| 5. Have you ever felt like you really needed a cigarette? | | |
| 6. Is it hard to keep from smoking in places where you are not supposed to? | | |
| <p>When you haven't used tobacco for a while ... OR When you tried to stop smoking ...</p> | | |
| 7. Did you find it hard to concentrate because you couldn't smoke? | | |
| 8. Did you feel more irritable because you couldn't smoke? | | |
| 9. Did you feel a strong need or urge to smoke? | | |
| 10. Did you feel nervous, restless or anxious because you couldn't smoke? | | |