Nicotine Dependence Scale for Adolescents (NDSA)

1. **Do you think you would be able to quit smoking cigarettes if you wanted to?**
   a. I don’t smoke now
   b. Definitely yes
   c. Probably yes
   d. Probably not
   e. Definitely not

2. **How soon after you wake up do you usually smoke your first cigarette?**
   **On a weekday (Monday to Friday)?**
   a. I don’t smoke now
   b. Less than 15 minutes
   c. 15 to 30 minutes
   d. More than 30 but less than 60 minutes
   e. 1 to 2 hours
   f. More than 2 hours but less than half a day
   g. More than half a day
   h. I don’t smoke during the weekdays

3. **How soon after you wake up do you usually smoke your first cigarette?**
   **During the weekend?**
   a. I don’t smoke now
   b. Less than 15 minutes
   c. 15 to 30 minutes
   d. More than 30 but less than 60 minutes
   e. 1 to 2 hours
   f. More than 2 hours but less than half a day
   g. More than half a day
   h. I don’t smoke during the weekends

4. **If you are sick with a bad cold or sore throat, do you smoke cigarettes?**
   a. I don’t smoke now
   b. No, I stop smoking when I am sick
   c. Yes, but I cut down on the amount I smoke
   d. Yes, I smoke the same amount as when I’m not sick

5. **How true is this statement for you?** When I go without a smoke for a few hours, I experience craving.
   a. I don’t smoke now
   b. Not at all true
   c. Not very true
   d. Fairly true
   e. Very true

6. **How true is this statement for you?** I sometimes have strong cravings where it feels like I’m in the grip of a force that I can’t control.
   a. I don’t smoke now
   b. Not at all true
   c. Not very true
   d. Fairly true
   e. Very true