

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