

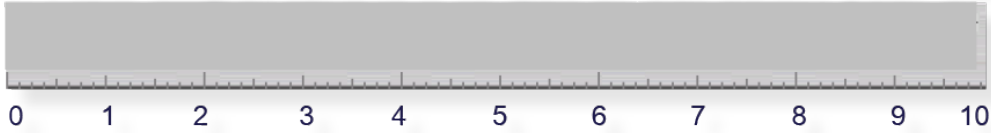
Assessment Tools and Scales

Assessments are an essential component to developing a relationship and alliance with your client. Information can be gathered through various assessment questionnaires, tools and scales.

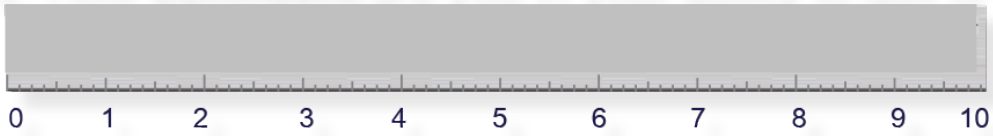
1. Readiness Ruler
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Readiness Ruler

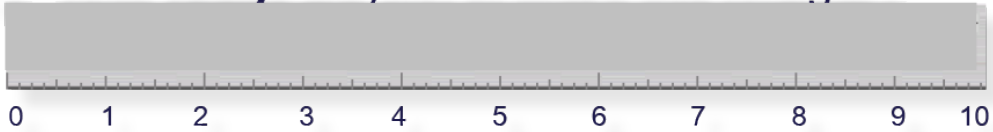
1. How **important** is it to quit or cut down your use of tobacco?



2. How **confident** are you in your ability to quit or cut down?



3. How **ready** are you to make this change?



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DSM-5 Criteria for Tobacco Use Disorder

1. Needing to use tobacco in increasingly larger amounts or over longer durations than originally intended

2. Making continued and/or ineffective efforts to stop or cut down tobacco use

3. Spending a lot of time obtaining or keeping supply of tobacco

4. Craving or a strong desire or urge to use tobacco

5. Recurrent tobacco use resulting in a failure to fulfil major role obligations at work, school or home

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The Hooked on Nicotine Checklist (HONC)

	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? When you haven't used tobacco for a while ... OR When you tried to stop smoking		
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?		
TOTAL SCORE:		

Source: DiFranza, J.R.; Savageau, J.A.; Fletcher, K.; Ockene, J.K.; Rigotti, N.A.; McNeill, A.D.; Coleman, M.; Wood, C. (2002) "Measuring the loss of autonomy over nicotine use in adolescents: The Development and Assessment of Nicotine Dependence in Youths (DANDY) Study." *Archives of Pediatric Adolescent Medicine*. 156:397-403.

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Autonomy Over Smoking Checklist (AUTOS)

AUTOS (Autonomy over Smoking Checklist) (adolescents & adults)

Di Franza J, Wellman RJ, Ursprung S. Society for Research on Nicotine and Tobacco (SRNT) Paper 11-5. 2008

	Withdrawal Symptoms	Not at all =0	A little =1	Pretty well = 2	Very well = 3
	(put a x in the column that best describes me)				
1	When I go too long without a cigarette I get impatient				
2	When I go too long without a cigarette I get strong urges that are hard to get rid of				
3	When I go too long without a cigarette I lose my temper more easily				
4	When I go too long without a cigarette I get nervous or anxious				
	Psychological Dependence	Not at all =0	A little =1	Pretty well = 2	Very well = 3
5	I rely on smoking to focus my attention				
6	I rely on smoking to take my mind off being bored				
7	I rely on smoking to deal with stress				
8	I would go crazy if I couldn't smoke				
	Cue-Induced Craving	Not at all =0	A little =1	Pretty well = 2	Very well = 3
9	When I feel stressed I want a cigarette				
10	When I see other people smoking I want a cigarette				
11	When I smell cigarette smoke I want a cigarette				
12	After eating I want a cigarette				
All	Total of endorsements (1 to 12)	Don't count ticks in this column.	Count the number of ticks in the above three columns = AUTOS endorsements (Range 1-12) Sum of symptom intensity scores (max 36) divided by AUTOS endorsements = Average symptom intensity (Minimum =0. Maximum =3).		

The mean number of items endorsed in the earlier version (maximum 15) by adolescents were: for Never smoked <0.1; one puff, 0.2; a few cigarettes, 1.5; less than daily, 5.5; daily smokers 11.3 items.

Higher AUTOS scores are associated with a young age of starting to smoke, lifetime consumption, cigarettes per day, smoking frequency, and history of failed cessation. It applies to non-daily smokers, daily smokers, adolescents and adults at any stage in their smoking experience. After quitting, AUTOS can chart regained autonomy, but some never regain this fully.

Autonomy over tobacco is lost when quitting requires an effort or involves discomfort. Loss of autonomy is both necessary and sufficient to define drug addiction.

Autonomy over Smoking (AUTOS) scale is a customized symptom checklist for assessing (loss of) autonomy over tobacco use in smokers of all ages, symptoms increasing when taking up smoking, decreasing on quitting.

It improves upon the Hooked on Nicotine Checklist (HONC) by (1) measuring symptom intensity; (2) allowing for the evaluation of changing symptoms during uptake, during smoking and after quitting. (3) providing the ability to independently assess withdrawal, cue-induced craving and psychological dependence on cigarettes.

Responses are scored as follows: Describes me... not at all-0; a little-1; pretty well-2; very well-3. An item score >0 indicated endorsement. The instrument is scored by summing the number of symptoms endorsed. Average intensity of symptoms was calculated by summing the symptom intensities of the endorsed items and dividing by the number of symptoms endorsed.

An advantage of the autonomy concept over dependence as defined in the current psychiatric diagnostic criteria is that it provides insight into why smokers who do not meet diagnostic criteria for dependence so often fail at their attempts to quit. AUTOS could be used in clinical practice to identify obstacles to cessation in any smoker.

Autonomy over Smoking (AUTOS) scale is now known as the Autonomy over Tobacco Scale (this change should be reflected in the title) AUTOS has been validated as a reliable instrument that can be used to assess tobacco withdrawal, craving and psychological dependence on tobacco, measuring symptom intensity, and about current symptoms which could make it especially useful to those who are actively quitting.¹¹

The use of AUTOS has also been compared to the reliability and validity of the Fagerström test for nicotine dependence (FTND), and results indicate high correlation with the FTND but with better internal reliability, greater sensitivity to lower levels of cigarette consumption and among smokers who have been smoking for short durations, and is a more versatile instrument.¹²

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Fagerstrom Test for Nicotine Dependence

Fagerstrom Test for Nicotine Dependence

Not only is it important to know whether or not your patients smoke, it's also important to know how addicted to nicotine they actually are. Fagerstrom's Test for Nicotine Dependence is an easy way to assess your patient's addiction. Have your patients answer the questions; each answer gets a set amount of points. Add up the points and check out the score indicator below:

Questions	Answers	Points
1. How soon after you wake up do you smoke your first cigarette?	Within 5 minutes	3
	6 to 30 minutes	2
	31-60 minutes	1
	After 60 minutes	0
2. Do you find it difficult to refrain from smoking in places where it is forbidden such as church, the library, or movie theatres?	Yes	1
	No	0
3. Which cigarette would you hate most to give up?	The first one in the morning	1
	All others	0
4. How many cigarettes do you smoke? (20 cigarettes are in a pack)	10 or less	0
	11-20	1
	21-30	2
	31 or more	3
5. Do you smoke more frequently during the first hours after waking than the rest of the day?	Yes	1
	No	0
6. Do you smoke if you are so ill that you are in bed most of the day?	Yes	1
	No	0

Score:

- 0-2 Very Low Addiction
- 3-4 Low Addiction
- 5 Medium Addiction
- 6-7 High Addiction
- 8-10 Very High Addiction

Usually, patients who score 6 or greater need additional assistance in quitting smoking. This may mean Nicotine Replacement Therapy or one-on-one counseling to problem solve ways to overcome barriers and cope with withdrawal symptoms.

This information is provided by WHISC - Women's Health: Interventions for Smoking Cessation. It is part of the Provider Tool Kit for Assisting Women to Quit Smoking. WHISC is a project funded by a grant from The Duke Endowment to Wake Forest University School of Medicine in partnership with the Northwest AHEC (North Carolina) Program. January 2001

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Heaviness of Smoking Index

Use the following test to score a patient's level of nicotine dependence once they have been identified as a current or recent smoker

Please tick (☐) one box for each question		
How soon after waking do you smoke your first cigarette?	Within 5 minutes 5-30 minutes 31-60 minutes 60+ minutes	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
How many cigarettes a day do you smoke?	10 or less 11 – 20 21 – 30 31 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
		Total Score
SCORE	1- 2 = very low dependence 3 = low to mod dependence	4 = moderate dependence 5 + = high dependence

Minnesota Nicotine Dependence/Withdrawal Scale (revised)

Instructions for Use:

1. There are two scales: a self-report and an observer scale (several items do not appear in the observer scale as observers cannot reliably rate them).
2. On the self-report scale, the first nine items are the well-validated items and are the ones to be used if calculating a total withdrawal discomfort score. The other six are promising candidate items.
3. It is encouraged that participants complete the scale before, as well as after quitting.
4. Participants should rate over the last 24 hours, and observers should rate over the last week. Observers should see the participant on average 2 hours per day.
5. The 0-4 response option is used for ease of interpretation (larger response options [e.g., 0-100] are likely more sensitive but may be more difficult to interpret).

Behavior Rating Scale

Self-Report

Please rate yourself for the period for the last _____

0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

1. Angry, irritable, frustrated 0 1 2 3 4
2. Anxious, nervous 0 1 2 3 4
3. Depressed mood, sad 0 1 2 3 4
4. Desire or craving to smoke 0 1 2 3 4
5. Difficulty concentrating 0 1 2 3 4
6. Increased appetite, hungry, weight gain 0 1 2 3 4
7. Insomnia, sleep problems, awakening at night 0 1 2 3 4
8. Restless 0 1 2 3 4
9. Impatient 0 1 2 3 4
10. Constipation 0 1 2 3 4
11. Dizziness 0 1 2 3 4
12. Coughing 0 1 2 3 4
13. Dreaming or nightmares 0 1 2 3 4
14. Nausea 0 1 2 3 4
15. Sore throat 0 1 2 3 4

Heart rate _____ bpm

Weight _____ lbs

Behavioral Rating Scale Observer Rating

Rate the subject on the following symptoms according to whether you observed the symptom in the subject in the last _____. It does not matter whether the subject complained of the symptom. We want to know whether you noticed the symptom.

0 = not at all, 1 = slight, 2 = mild, 3 = moderate, 4 =

severe a. Angry/ irritable/ frustrated 0 1 2 3 4

b. Anxious/ tense 0 1 2 3 4

c. Depressed 0 1 2 3 4

d. Restless/ impatient 0 1 2 3 4

How confident are you that this rating is accurate?

0 = not at all

1 = somewhat confident

2 = moderately confident

3 = very confident

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