Penn State Electronic Cigarette Dependence Index

Client/patient name _____

Date _____

1. How many <i>times</i> per day do you usually <i>use</i> your electronic cigarette? (assume that one	Answer	Score
"time" consists of around 15 puffs or lasts around 10 minutes)		
Scoring: 0–4 times/day = 0, 5–9 = 1, 10–14 = 2, 15–19 = 3, 20–29 = 4, 30+ = 5		
2. On days that you can use your electronic cigarette freely, how soon after you wake up do		
you first use your electronic cigarette?		
Scoring: $0-5 \text{ mins} = 5$, $6-15 = 4$, $16-30 = 3$, $31-60 = 2$, $61-120 = 1$, $121+ = 0$		
3. Do you sometimes awaken at night to use your electronic cigarette?		
Scoring: $Yes = 1$, $No = 0$		
4. If yes, how many nights per week do you typically awaken to use your electronic cigarette?		
Scoring: $0-1$ nights = 0, $2-3$ nights = 1, $4+$ nights = 2		
5. Do you use an electronic cigarette now because it is really hard to quit (electronic		
cigarettes)?		
Scoring: Yes = 1, No = 0		
6. Do you ever have strong cravings to use an electronic cigarette?		
Scoring: Yes = 1, $No = 0$		
7. Over the past week, how strong have the urges to use an electronic cigarette been?		
Scoring: None/Slight = 0, Moderate/Strong= 1, Very Strong/Extremely Strong = 2		
8. Is it hard to keep from using an electronic cigarette in places where you are not supposed to?		
Scoring: Yes = 1, $No = 0$		
When you haven't used an electronic cigarette for a while or when you tried to stop using		
9. Did you feel more irritable because you couldn't use an electronic cigarette?		
Scoring: Yes = 1, $No = 0$		
10. Did you feel nervous, restless, or anxious because you couldn't use an electronic		
cigarette?		
Scoring: Yes = 1, $No = 0$		
Total		

Total scoring:

0–3= not dependent,

4–8 low dependence,9–12 medium dependence,

13+ = high dependence.

Foulds, J et al. Development of a Questionnaire for Assessing Dependence on Electronic Cigarettes Among a Large Sample of Ex-Smoking E-cigarette Users. Nicotine & Tobacco Research, 2015, 186–192 doi:10.1093/ntr/ntu204

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