Tobacco Addiction: A Self Assessment

Answer the following questions as honestly as you can:

1. Do you use nicotine every day?    Y    N
2. Do you use nicotine because of shyness and to build up self-confidence?    Y    N
3. Do you use nicotine to escape from boredom and worries while under pressure?    Y    N
4. Have you ever burned a hole in your clothes, carpet, furniture or car?    Y    N
5. Have you ever had to go to the store late at night or at another inconvenient time because you were out of nicotine?    Y    N
6. Do you feel defensive or angry when people tell you that your tobacco use is bothering them?    Y    N
7. Has a doctor or dentist suggested that you stop smoking or chewing tobacco?    Y    N
8. Have you promised someone that you would stop using nicotine, then broken your promise?    Y    N
9. Have you felt physical or emotional discomfort when trying to quit?    Y    N
10. Have you successfully stopped using nicotine for a period of time only to start again?    Y    N
11. Do you buy extra supplies of tobacco to make sure you won’t run out?    Y    N
12. Do you find it difficult to imagine life without using nicotine?    Y    N
13. Do you choose only activities and entertainments such that you can use nicotine during them?    Y    N
14. Do you prefer, seek out or feel more comfortable in the company of nicotine users?    Y    N
15. Do you inwardly despise or feel ashamed of yourself because of your nicotine use?    Y    N
16. Do you ever find yourself lighting up or chewing tobacco without having consciously decided to?    Y    N
17. Has your nicotine use caused trouble at home or in a relationship?    Y    N
18. Do you smoke in the presence of children or nonsmokers despite the health risks to them?    Y    N
19. Do you ever tell yourself that you can stop using nicotine whenever you want to?    Y    N
20. Have you ever felt that your life would be better if you didn’t use nicotine?    Y    N
21. Do you continue to use nicotine even though you are aware of the health hazards posed by tobacco use?    Y    N

If you answered “yes” to one or two of these questions, there is a chance that you are addicted or are becoming addicted to nicotine.

If you answered “yes” to three or more, you are probably already addicted to nicotine.