The Hooked on Nicotine Checklist.

1) Have you ever tried to quit, but couldn’t?
   YES   NO

2) Do you smoke now because it is really hard to quit?
   YES   NO

3) Have you ever felt like you were addicted to tobacco?
   YES   NO

4) Do you ever have strong cravings to smoke?
   YES   NO

5) Have you ever felt like you really needed a cigarette?
   YES   NO

6) Is it hard to keep from smoking in places where you are not supposed to, like school?
   YES   NO

When you tried to stop smoking... (or, when you haven't used tobacco for a while...)

7) did you find it hard to concentrate because you couldn't smoke?
   YES   NO

8) did you feel more irritable because you couldn't smoke?
   YES   NO

9) did you feel a strong need or urge to smoke?
   YES   NO

10) did you feel nervous, restless or anxious because you couldn't smoke?
    YES   NO