Penn State Electronic Cigarette Dependence Index

1. How many times per day do you usually use your electronic cigarette? (assume one “time” consists of around 15 puffs, or lasts around 10 minutes) _______ per day

2. On days that you can use your electronic cigarette freely, how soon after you wake up do you first use your electronic cigarette? _______ minutes

3. Do you sometimes awaken at night to use your electronic cigarette? 
   [ ] Yes    [ ] No

4. If yes, how many nights per week do you typically awaken to do so? _______ nights

5. Do you use an electronic cigarette now because it is really hard to quit? 
   [ ] Yes    [ ] No

6. Do you ever have strong cravings to use an electronic cigarette? 
   [ ] Yes    [ ] No

7. Over the past week, how strong have the urges to use an electronic cigarette been? (check one)
   [ ] No urges
   [ ] Slight
   [ ] Moderate
   [ ] Strong
   [ ] Very strong
   [ ] Extremely strong

8. Is it hard to keep from using an electronic cigarette in places where you are not supposed to?
   [ ] Yes    [ ] No

**When you have not used an electronic cigarette for a while, OR when you tried to stop using one:**

9. Did you feel more irritable because you couldn’t use an electronic cigarette? [ ] Yes    [ ] No

10. Did you feel nervous, restless or anxious because you couldn’t use an electronic cigarette? 
    [ ] Yes    [ ] No

Used with permission from Jonathan Foulds, PhD, Penn State College of Medicine. For more information about this questionnaire, email Jonathan Foulds, PhD, at jfoulds@psu.edu.

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