Glover Nilsson Smoking Behavioral Questionnaire (GN-SBQ)*

Please indicate your choice by circling the number that best reflects your choice.

0=Not at all 1=Somewhat 2=Moderately so 3=Very much so 4=Extremely so					
How much do you value the following (Specific to Questions 1-2).					
1. My cigarette habit is very important to me	0	1	2	3	4
2. I handle and manipulate my cigarette as part of the ritual of smoking	0	1	2	3	4
Please indicate your choice by circling the number that best reflects your choice. (Specific to Questions 3-11).					
0=never 1=seldom 2=sometimes 3=often 4=Always					
3. Do you place something in your mouth to distract you from smoking?	0	1	2	3	4
4. Do you reward yourself with a cigarette after accomplishing a task?	0	1	2	3	4
5. If you find yourself without cigarettes, will you have difficulties in concentrating before attempting a task?	0	1	2	3	4
6. If you are not allowed to smoke in certain places, do you then play with your cigarette pack or a cigarette?	0	1	2	3	4
7. Do certain environmental cues trigger your smoking, e.g., favorite chair, sofa, room, car, or drinking alcohol?	0	1	2	3	4
8. Do you find yourself lighting up a cigarette routinely (without craving)?	0	1	2	3	4

9. Do you find yourself placing an unlit cigarette or other objects (pen, tooth pick, chewing gum, etc.) in your mouth and sucking to get relief from stress, tension or frustration, etc.)?

10. Does part of your enjoyment of smoking come from the steps (ritual) you take when lighting up?

11. When you are alone in a restaurant, bus terminal, party, etc., do you feel safe, secure, or more confident if you are holding a cigarette?

12. 3. 4

13. TOTAL

Scoring for Behavioral Dependence

<12 Mild

12-22 Moderate

23-33 Strong

>33 Very Strong

^{*}Glover ED, Nilsson F, Westin A, Glover PN, Laflin MT, Persson B. Developmental history of the Glover-Nilsson smoking behavioral questionnaire. Am J Health Behav. 2005 Sep-Oct;29(5):443-55.