



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 (using e-cigs)?  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](mailto:jfoulds@psu.edu).

If you plan to publish using the questionnaire, please cite the original source:

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