NAME/ID:

DATE:

NAS©

Nicotine Use Awareness and Insight Scale

We are interested in your own beliefs about your experiences with nicotine use. We are NOT interested in what others believe or may wish you to believe.

Indicate if you have ever had any of the following experiences either during or between nicotine use by reading the questions and marking ☒ either Yes or No.

	Yes	No
A) Restlessness?	☐	☐
B) Nervousness or anxiety?	☐	☐
C) Irritability or mood swings?	☐	☐
D) Changes in appetite?	☐	☐
E) Trouble concentrating?	☐	☐
F) Fatigue or drowsiness?	☐	☐
G) Depressed mood?	☐	☐
H) Insomnia or sleep disturbances?	☐	☐
I) Excessive sweating?	☐	☐
J) Flu-like symptoms?	☐	☐
K) Intense nicotine cravings?	☐	☐
L) Nausea or dizziness?	☐	☐
M) Stomachache or abdominal cramping?	☐	☐
N) Headaches?	☐	☐
O) Tingling in the hands and feet?	☐	☐
P) Vomiting?	☐	☐
Q) Tremors?	☐	☐
R) Frequent coughing?	☐	☐
S) Rapid breathing, increased heart rate, or elevated blood pressure?	☐	☐
T) Other: _____	☐	☐

☐ If '**No**' to ALL of the above, please go to the next page.

☐ If '**Ye**s' to any of the above, indicate the extent to which you agree or disagree at the present moment with the following statement by circling the appropriate number, keeping in mind your experiences.

1) My experiences are due to my nicotine use.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	**Moderately Disagree**	**Slightly Disagree**	**Unsure**	**Slightly Agree**	**Moderately Agree**	**Strongly Agree**

Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

2) I have a nicotine use problem.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

3) I NEED help for my nicotine use.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

4) I always use nicotine responsibly.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

5) I can safely continue my current nicotine habits.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

6) My nicotine use has led or can lead to negative consequences in my life (e.g. addiction, heart or lung disease, cancer, premature death).

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

7) I NEED treatment for my nicotine use.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

THE END