

Semi-Structured Assessment of Nicotine Dependence (SSAND)

The SSAND is modeled after the Semi-Structured Assessment of the Genetics of Alcoholism (SSAGA) (Bucholz et al., 1994; Hesselbrock et al., 1999) and Composite International Diagnostic Interview (Robins et al., 1988). The tobacco section is poly-diagnostic, which allows the assessment of nicotine dependence using the Fagerström Test for Nicotine Dependence (Heatherton et al., 1991), Diagnostic and Statistical Manual of Mental Disorders, 4th edition (APA, 1994), and International Statistical Classification of Diseases and Related Health Problems, 10th revision (WHO, 1992). The SSAND also includes non-diagnostic items such as workplace exposures to smoking and other smoking in the home during childhood and adulthood.

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders. 4th edn. Washington DC: American Psychiatric Association.

Bucholz KK, Cadoret R, Cloninger CR, Dinwiddie SH, Hesselbrock VM, Nurnberger JI, Jr. *et al.* (1994). A new, semi-structured psychiatric interview for use in genetic linkage studies: a report on the reliability of the SSAGA. *J Stud Alcohol*, 55(2):149-158.

Heatherton TF, Kozlowski LT, Frecker RC, Fagerström KO. (1991). The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire. *Br J Addict.*, 86(9):1119-1127.

Hesselbrock M, Easton C, Bucholz KK, Schuckit M, Hesselbrock V. (1999). A validity study of the SSAGA--a comparison with the SCAN. *Addiction*, 94(9):1361-1370.

Robins LN, Wing J, Wittchen HU, Helzer JE, Babor TF, Burke J, Farmer A, Jablenski A, Pickens R, Regier DA, Sartorius N, Towle LH. (1988). The Composite International Diagnostic Interview: An epidemiologic instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Archives of General Psychiatry*, 45(12):1069-1077.

World Health Organization. (1992). The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. Geneva: World Health Organization.

The Nicotine Dependence Syndrome Scale (NDSS)

The Nicotine Dependence Syndrome Scale (NDSS) is a multidimensional characterization of the dependence construct. The NDSS is a brief self-report instrument designed to include a broader characterization of dependence symptoms than that provided by the Fagerström Test for Nicotine Dependence (FTND), which is consistent with the DSM conceptualization of a dependence syndrome as a cluster of different symptoms.

Shiffman S, Waters AJ, Hickox M. (2004). The nicotine dependence syndrome scale: a multidimensional measure of nicotine dependence. *Nicotine and Tobacco Research*, 6(2):327-348.

The RAND 36-Item Health Survey

The RAND 36-Item Health Survey (SF-36) was designed for use in clinical practice and research, health policy evaluations, and general population surveys to assess health status. The SF-36 includes one multi-item scale that assesses eight health concepts: 1) limitations in physical activities because of health problems; 2) limitations in social activities because of physical or emotional problems; 3) limitations in usual role activities because of physical health problems; 4) bodily pain; 5) general mental health (psychological distress and well-being); 6) limitations in usual role activities because of emotional problems; 7) vitality (energy and fatigue); and 8) general health perceptions.

Hays RD, Sherbourne CD, Mazel RM. (1993). The RAND 36-Item Health Survey 1.0. *Health Economics*, 2:217-227.

The Wisconsin Index of Smoking Dependence Motives (WISDM)

The Wisconsin Index of Smoking Dependence Motives (WISDM) is a 68 item assessment containing 13 subscales, all intended to assess differential motivations for smoking. The subscales include: emotional attachment to smoking (cigarettes are my best friends), response to other smokers (most of the people I spend time with are smokers), smoking to relieve stress, smoking for mental stimulation (I smoke to keep my mind focused), and smoking automatically (I smoke without thinking about it).

Piper ME, Piasecki TM, Federman EB, Bolt DM, Smith SS, Fiore MC, Baker TB (2004). A multiple motives approach to tobacco dependence: The Wisconsin inventory of smoking dependence motives (WISDM-68). *Journal of Consulting and Clinical Psychology*, 72(2):139-154.

The NEO Five Factor Inventory (NEO-FFI)

The NEO Five-Factor Inventory (NEO-FFI) is a shortened version of the NEO PI-R, designed to give quick, reliable and valid measures of the five domains of adult personality (neuroticism, extroversion, openness to experience, agreeableness, and conscientiousness). The 60 items are rated on a five-point scale ranging from strongly disagree to strongly agree.

Costa PT, Jr., McCrae RR, (1992). Manual for the revised NEO Personality Inventory (NEO-PIR) and NEO Five-Factor Inventory (NEO-FFI). Odessa, FL: Psychological Assessment Resources.