

WSWS – WISCONSIN SMOKING WITHDRAWAL SCALE

Date: _____

ID Number: _____ Visit Number: _____

Please answer the following questions based on how you have felt or what you have noticed [over the last week]. Answer based on how you have felt in general during this time.

		Strongly Disagree	Disagree	Feel Neutral	Agree	Strongly Agree
1.	Food is not particularly appealing to me.	0	1	2	3	4
2.	I am getting restful sleep.	0	1	2	3	4
3.	I have been tense or anxious	0	1	2	3	4
4.	My level of concentration is excellent	0	1	2	3	4
5.	I awaken from sleep frequently during the night	0	1	2	3	4
6.	I have felt impatient	0	1	2	3	4
7.	I have felt upbeat and optimistic	0	1	2	3	4
8.	I have found myself worrying about my problems	0	1	2	3	4
9.	I have had frequent urges to smoke	0	1	2	3	4
10.	I have felt calm lately	0	1	2	3	4
11.	I have been bothered by the desire to smoke a cigarette.	0	1	2	3	4
12.	I have felt sad or depressed	0	1	2	3	4
13.	I have been irritable, easily angered.	0	1	2	3	4
14.	I want to nibble on snacks or sweets.	0	1	2	3	4
15.	I have been bothered by negative moods such as anger, frustration, and irritability	0	1	2	3	4
16.	I have been eating a lot.	0	1	2	3	4
17.	I am satisfied with my sleep.	0	1	2	3	4
18.	I have felt frustrated	0	1	2	3	4
19.	I have felt hopeless or discouraged	0	1	2	3	4
20.	I have thought about smoking a lot	0	1	2	3	4
21.	I have felt hungry	0	1	2	3	4
22.	I feel that I am getting enough sleep	0	1	2	3	4
23.	It's hard to pay attention to things.	0	1	2	3	4
24.	I have felt happy and content	0	1	2	3	4
25.	My sleep has been troubled	0	1	2	3	4
26.	I have trouble getting cigarettes off my mind	0	1	2	3	4
27.	It has been difficult to think clearly	0	1	2	3	4
28.	I think about food a lot.	0	1	2	3	4