

BEST PRACTICE -1
INDERPRASTHA DENTAL HEALTH
AWARENESS MISSION AT RAISPUR
VILLAGE

MEMORANDUM OF UNDERSTANDING

On this day 1st April 2022, at Ghaziabad.

This MOU is made between INDERPRASTHA DENTAL COLLEGE & HOSPITAL, 46/1, SITE IV, Industrial area, Sahibabad, Ghaziabad, U.P – 201010, represented through its Secretary Mr. Nimish Agarwal, hereinafter referred to as the "COLLEGE"

AND

between Mr. Manoj Chaudhary, Councilor of RaispurVillage, District Ghaziabad, Uttar Pradesh, hereinafter referred to as the COUNCILOR.

The COLLEGE will adopt the village for dental healthcare and establish a Charitable Dental Clinic in the premises of Samudaik Kendra, RaispurVillage, Shaheed Bhagat Singh Chowk, Ghaziabad, Uttar Pradesh for the charitable dental treatment of the residents of village.

The COUNCILOR shall provide free of charge the following infrastructure for setting up of the Dental Clinic.

SNo.	ITEM	QUANTITY	UNIT
1	Room	256	Sqft.
2	Water line	1	Nos.
3	Drainage line	1	Nos.

The COUNCILOR shall provide free of charge water and drainage services.

The COLLEGE shall install an electric connection at its own costs, and shall provide all equipment for setting up of dental clinic including Dental Chair, Air Compressor, Autoclave, Scaler, X-Ray etc.

The COLLEGE shall also provide manpower for running of the clinic.

The COLLEGE shall also provide consumables for the dental clinic such as tooth filling, X-Ray film etc.

The COLLEGE shall run charitable Dental Clinic within the premises of the Samudaik Kendra, once a week i.e, Tuesday from 9:00 a.m to 2:00 p.m during which the COLLEGE shall provide the required manpower to treat the patients of the village.

Also, it is to be noted that not all the dental treatments can be done with the limited manpower and equipment available at the village premises. Hence the COLLEGE may advice the patient to visit the COLLEGE for full dental treatment and it is optional for the patient to seek dental treatment at the premises of the COLLEGE or elsewhere. If however the patient chooses to get the dental treatment at the premises of the COLLEGE then such treatment shall be on chargeable basis at the prevailing rates of the COLLEGE at that time.

The COUNCILOR shall provide adequate security to ensure no incident of theft/robbery take place.

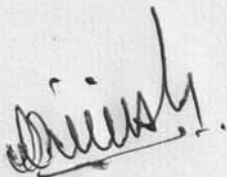
The COUNCILOR shall provide complete cooperation to the manpower of the COLLEGE working in their premises.

This MOU is valid for a period of 2 years from the date of signing, and can be renewed further subject to consent of both of COLLEGE and the COUNCILOR, in writing only. If due to any reasons/dispute this MOU is discontinued, then:-

- The COUNCILOR shall be liable to Return all equipment of the COLLEGE.
- Neither the COUNCILOR nor the COLLEGE shall be liable for reimbursement of any expenditure or investment made towards this MOU.
- All disputes shall be subject to jurisdiction of Ghaziabad.

For Inderprastha Dental College & Hospital

For COUNCILOR

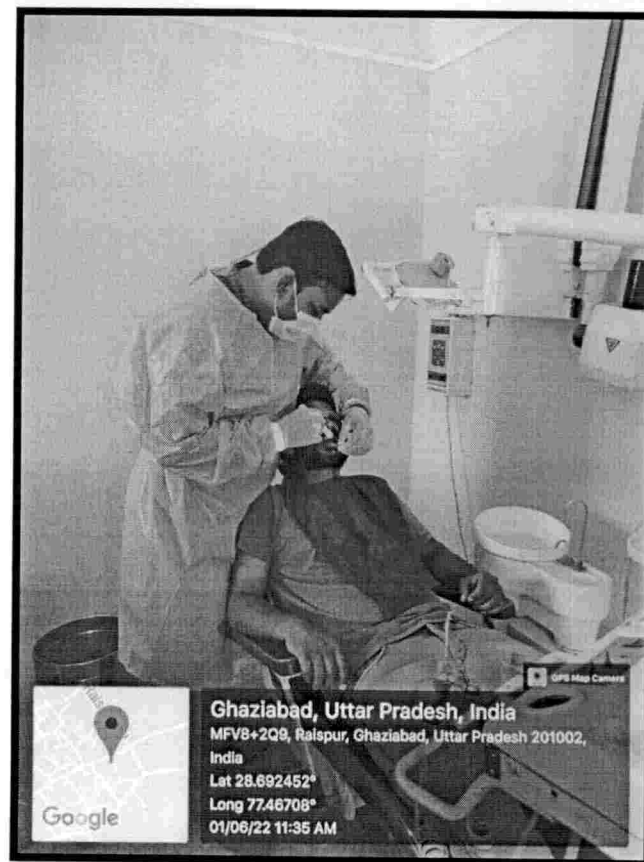
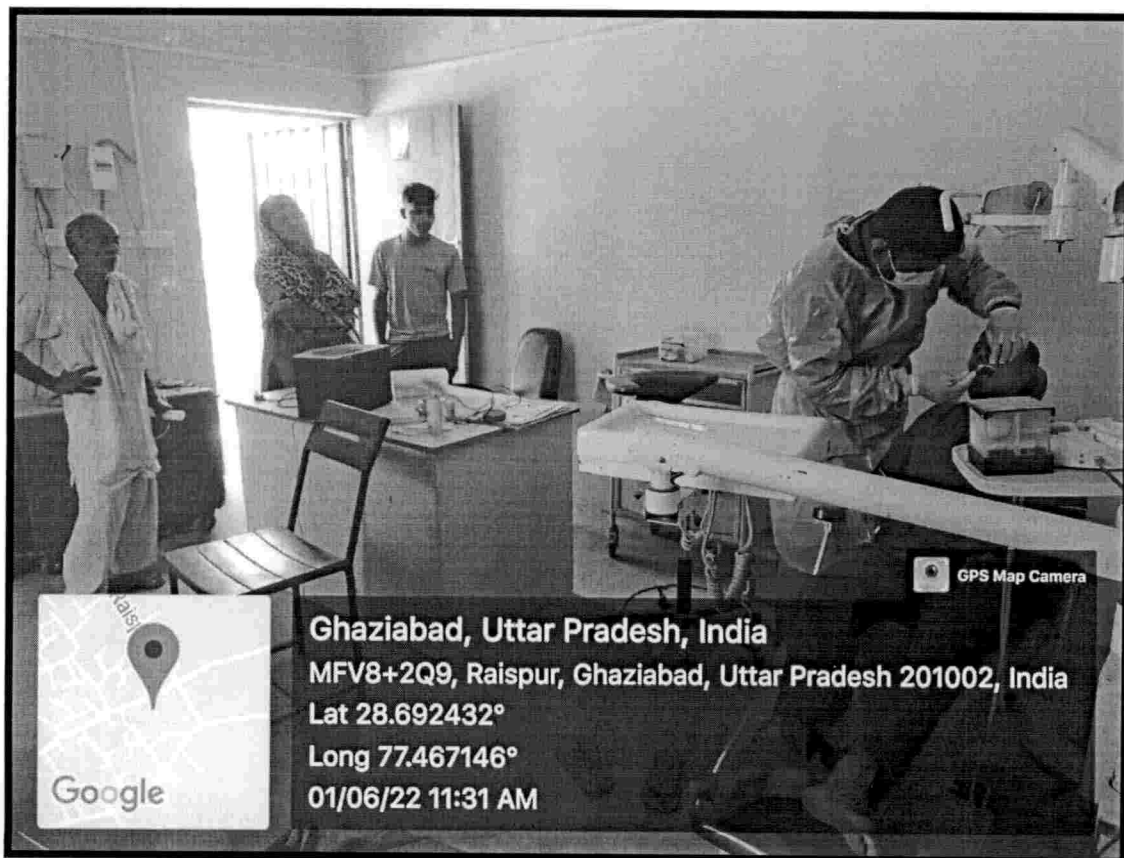


Mr. NIMISH AGARWAL
Secretary



Mr. Manoj Chaudhary
COUNCILOR, Raispur Village

Clinic at Raispur village





Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad
Ghaziabad-201010 (U.P.)

INDERPRASTHA DENTAL HEALTH AWARENESS MISSION

इंद्रप्रस्था दंत सुरक्षा अभियान

Name: AMARJIT

House No. 196

Address: Raipur

No. of Family Members: 5

Contact No. of Head of the Family: 9511176849

S.no.	Name	Age	Sex
1	AMARJIT	35	M
2.	MANJU	30	F
3	ADHARSH	9	M
4	RITIKA	7	F
5	ANUSH	5	M





Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad
Ghaziabad-201010 (U.P.)

INDERPRASTHA DENTAL HEALTH AWARENESS MISSION

इंद्रप्रस्था दंत सुरक्षा अभियान

CONSENT FORM

I, Chau..... understand that by signing this form I am consenting, to receive a basic health assessment, dental screening and treatment. I also consent to the administration of anaesthesia as may be considered advisable by the dental surgeon.

I understand that this is a dental camp and work would be carried by student training under supervision. Neither the doctor nor the student trainee will be held responsible for any untoward effect during and after treatment procedures and they will not be held liable for any damages.

Chau

Signature / Thumb Impression/Legal Guardian:

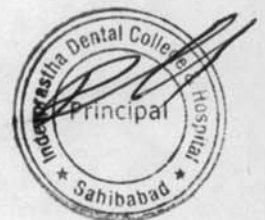
Date: 19/7/22

सहमति प्रपत्र

मैं.....समझता हूँ कि इस फॉर्म पर हस्ताक्षर करके मैं सहमति दे रहा हूँ, एक बुनियादी स्वास्थ्य मूल्यांकन, दंत चिकित्सा स्क्रीनिंग और उपचार प्राप्त करने के लिए। मैं एनेस्थीसिया के प्रशासन के लिए भी सहमति देता हूँ जैसा कि दंत सर्जन द्वारा उचित माना जा सकता है। मैं समझता हूँ कि यह एक दंत शिविर है और काम पर्यवेक्षण के तहत छात्र प्रशिक्षण द्वारा किया जाएगा। न तो डॉक्टर और न ही छात्र प्रशिक्षु को उपचार प्रक्रियाओं के दौरान और बाद में किसी भी अप्रिय प्रभाव के लिए जिम्मेदार ठहराया जाएगा और उन्हें किसी भी नुकसान के लिए उत्तरदायी नहीं ठहराया जाएगा।

हस्ताक्षर / अंगूठे का निशान/ कानूनी अभिभावक:

दिनांक:





Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad
Ghaziabad-201010 (U.P.)

INDERPRASTHA DENTAL HEALTH AWARENESS MISSION

इंद्रप्रस्था दंत सुरक्षा अभियान

Registration No. 184

Date: 19/7/22

Patient Name: Chauhan

Age/ Gender: 24/F

Address: Raipur

Occupation: Student

Contact No. - 9818562982

Chief Complaint:

Pt do dirty teeth since 2 yrs.

Dental History:

NM

Medical History: NM

Hypertension:

Diabetic:

Thyroid:

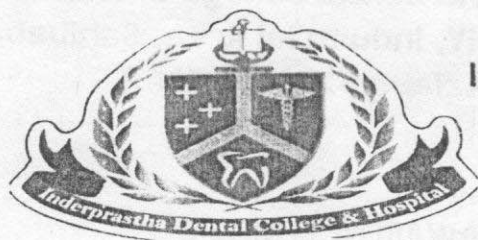
Asthma:

Any other:

Personal History (including habit history):

NM





Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad
Ghaziabad-201010 (U.P.)

INDERPRASTHA DENTAL HEALTH AWARENESS MISSION

इंद्रप्रस्था दंत सुरक्षा अभियान

Dental Examination:

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Decay: D

Filled: F

Missing: M

Mobile: MO

Grossly Decayed: GD

Retained: R

Completely Edentulous: Maxillary/ Mandible:

Periodontal Problem:

Oral Hygiene Status - Poor/Fair/Good

Gingival Inflammation - Mild/Moderate/Severe

Soft Tissue Findings:

Tongue/ Palate/ Vestibule/ Mucosa

Diagnosis: Dental Caries 2nd 7/6/1

Treatment Plan:

Restoration in 7/6/1



Nishi
Doctor Sign



Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad
Ghaziabad-201010 (U.P.)

INDERPRASTHA DENTAL HEALTH AWARENESS MISSION

इंद्रप्रस्था दंत सुरक्षा अभियान

Treatment Summary

<u>DATE</u>	<u>Work done</u>	<u>Signature</u>
19/12/22	Maxillary arch scaling done.	Santh



Anderprastha Dental College & Hospital

(A Unit of Kunj Behari Lal Charitable Trust)

46/1, Site-IV, Industrial Area, Sahibabad, Ghaziabad (U.P.) Ph. : 0120-4176700 Fax : 0120-4176729

OPD CARD

OPD No. S-220925945

A. PATIENT PARTICULARS :

1. Name Bhavi Reg. :
2. Age 20 3. Sex (M/F) F Tel. No. :
4. Address Raipur Date of Issue 21/9/22

Consent

I the undersigned Mr./Mrs./Miss.....consent to undergo various diagnostic, operative procedures pertaining to dentistry and understand the risks associated with the same. I also consent to the administration of anaesthesia as may be considered necessary / advisable by the dental surgeon or anaesthetist.

I have also given a complete and truthful medical and dental history including all medical conditions and situations, drug used etc.

I understand that this is a dental institution & work will be carried out by student trainee under supervision. Neither the doctor nor the student trainee or the college authorities will be held responsible for any untoward effect during and after treatment procedures and they will not be held liable for any damages.

Thumb Impression/Signature

B. CASE HISTORY

1. CHIEF COMPLAINT: Rt Clo dirty teeth since 2 months.

2. HISTORY OF PRESENT ILLNESS :

3. DENTAL HISTORY :

1st dental visit

4. MEDICAL HISTORY :

a. Drug Allergy : Penicillin / NSAID / Sulfa Drugs / Local Anaesthetic / Others

b. Drugs being taken

c. Disease

Cardiac status (Angina / Hypertension / DM / TB / Thyroid Status / Others)

5. PERSONAL HISTORY : (Including Habit History)

Date 21/9/22



Brushes once daily



कार्यलय ग्राम पंचायत

गाँव रईसपुर, मुरादनगर, जिला गाजियाबाद, उत्तर प्रदेश

श्री. आनंद चौधरी

जिला उपाअध्यक्ष प्रभारी

सेवा में

11/10/22

प्रधानाचार्य
इंद्रप्रस्थ इंटर कॉलेज,
साहिबाबाद

आदरणीय सर,

मैं मुखिया आनंद चौधरी, रईसपुर गाँव का निवासी बहुत ही शौरवान्वित और सम्मानित महसूस करता हूँ और आभार प्रकट करता हूँ पूरे गाँव के तरफ से इंद्रप्रस्थ इंटर कॉलेज के सैटेलाइट क्लिनिक के द्वारा जो सारी सुविधाएँ प्रदान कराई गई हैं। हम सभी निवासी सैटेलाइट क्लिनिक की सारी सुविधाओं से संतुष्ट हैं और हम चाहते हैं कि हमें अब भी ऐसी ही सारी दंत चिकित्सा से संबंधित सुविधाएँ प्रदान कराई जाएँ। हमारा गाँव सदा ही आपका आभारी रहेगा।

धन्यवाद

आपका आभारी

मुखिया आनंद चौधरी।

BEST PRACTICE - 2

QUIT TOBACCO - A MISSION OF IPDC

**MEMORANDUM OF UNDERSTANDING
BETWEEN INDERPRASTHA DENTAL COLLEGE AND HOSPITAL
AND P.ENT LABELS**

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as "MOU") is made and entered into by and between the INDERPRASTHA DENTAL COLLEGE AND HOSPITAL (herein after called as "COLLEGE"), whose address is 46/1, Site-IV, Industrial Area, Sahibabad, Ghaziabad-201010 (U.P), and the P.ENT LABELS (herein after called as "FACTORY"), whose address is S-23, Site 4, Sahibabad Industrial Area, Ghaziabad -201010 (U.P).

2. **Purpose.** The purpose of this MOU is to establish the terms and conditions under which the COLLEGE will provide dental screening services and provide Tobacco Cessation Counseling to the employees of FACTORY.

3. **Term of MOU.** This MOU is effective from - 2nd April 2022 to 30th April 2023. This MOU may be terminated, without cause, by either party upon 1 month time written notice, which notice shall be delivered by hand or by certified mail to the address listed above.

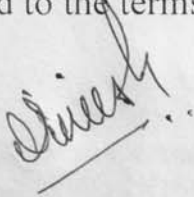
4. **Responsibilities.** The College will provide Dental screening services to the Factory employees free of charge. The college will set up schedules for follow up visits. The Factory will provide space for setting up the screening camp for the Doctor in charge and his/her team.

5. **General Provisions**

A. **Amendments.** Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.


B. **Applicable Law.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Uttar Pradesh. The courts of the State of Uttar Pradesh shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the, UP, India.

6. **Signatures.** In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.



Dr. Nimish Agarwal
Secretary
Inderprastha dental college and hospital
For Parmeshthi Enterprises

Date 02.04.2022



Authorized Signatory

Mr. Vaibhav Balayan
Commercial Manager
P.ENT LABELS

Date 02.04.2022

**MEMORANDUM OF UNDERSTANDING
BETWEEN INDERPRASTHA DENTAL COLLEGE AND HOSPITAL
AND HOLYFAITH INTERNATIONAL Ltd.**

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as "MOU") is made and entered into by and between the INDERPRASTHA DENTAL COLLEGE AND HOSPITAL (herein after called as "COLLEGE"), whose address is 46/1, Site-IV, Industrial Area, Sahibabad, Ghaziabad-201010 (U.P.), and the Holy Faith International Ltd. (herein after called as "FACTORY"), whose address is B-9 & 10, Site 4, Sahibabad Industrial Area, Ghaziabad -201010 (U.P.).

2. **Purpose.** The purpose of this MOU is to establish the terms and conditions under which the COLLEGE will provide dental screening services and provide Tobacco Cessation Counseling to the employees of FACTORY.

3. **Term of MOU.** This MOU is effective from - 2nd April 2022 to 30th April 2023. This MOU may be terminated, without cause, by either party upon 1 month time written notice, which notice shall be delivered by hand or by certified mail to the address listed above.

4. **Responsibilities.** The College will provide Dental screening services to the Factory employees free of charge. The college will set up schedules for follow up visits. The Factory will provide space for setting up the screening camp for the Doctor in charge and his/her team.

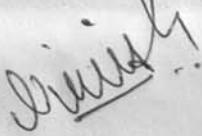
5. **General Provisions**

A. **Amendments.** Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. **Applicable Law.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Uttar Pradesh. The courts of the State of Uttar Pradesh shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the, UP, India.

6. **Signatures.** In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

For Inderprastha Dental College & Hospital



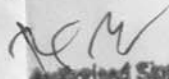
Secretary

Dr. Nimish Agarwal
Secretary
Inderprastha dental college and hospital

Date: 02.04.2022

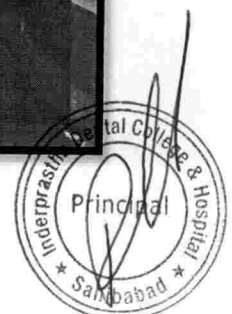
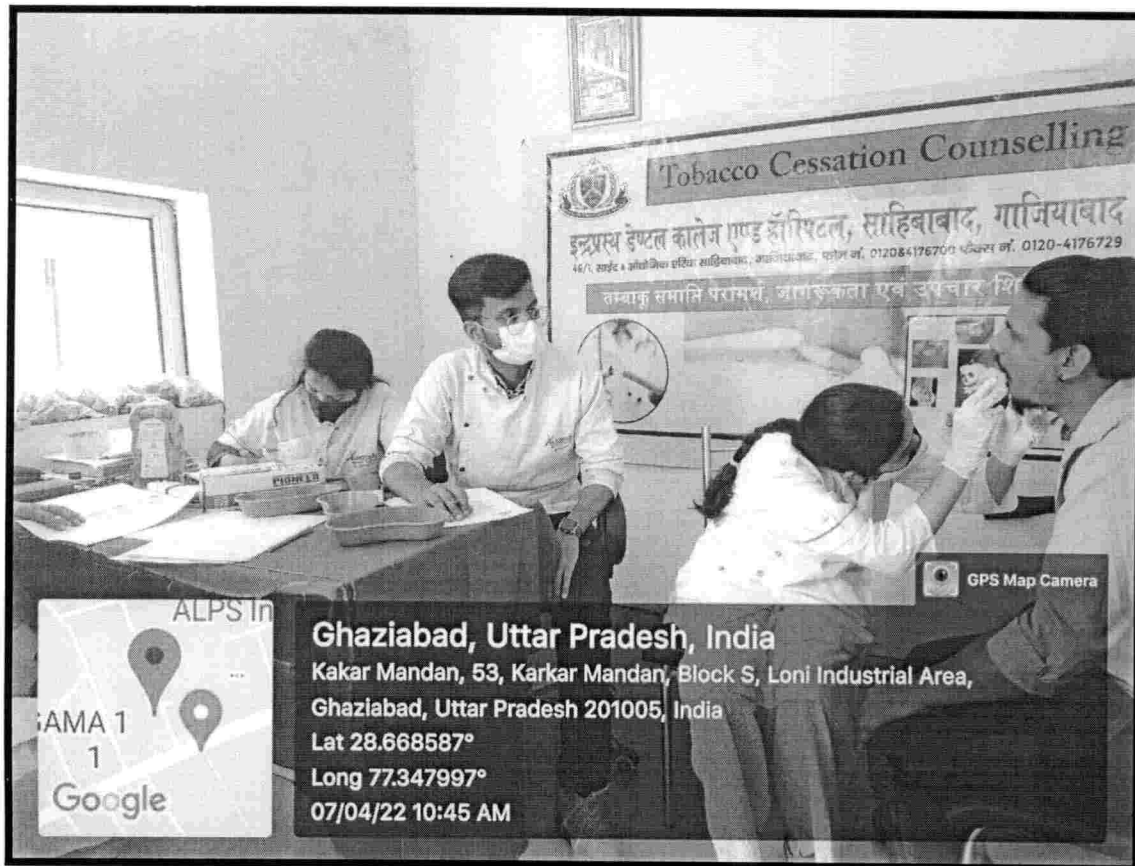
For Holy Faith International Pvt. Ltd

Mr. Rakesh Tiwari
Senior Press Manager
HOLYFAITH INTERNATIONAL Ltd.

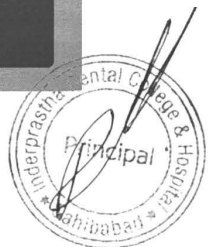
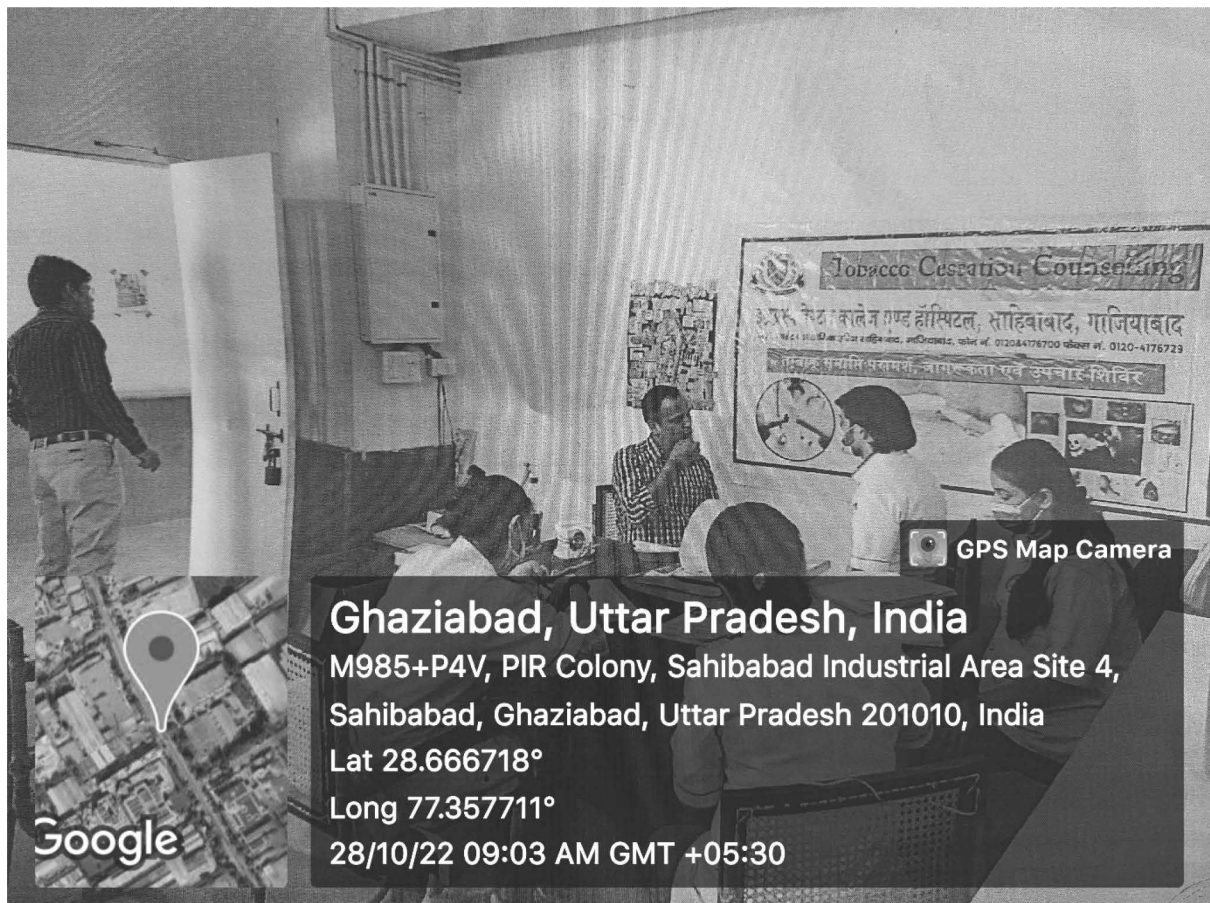
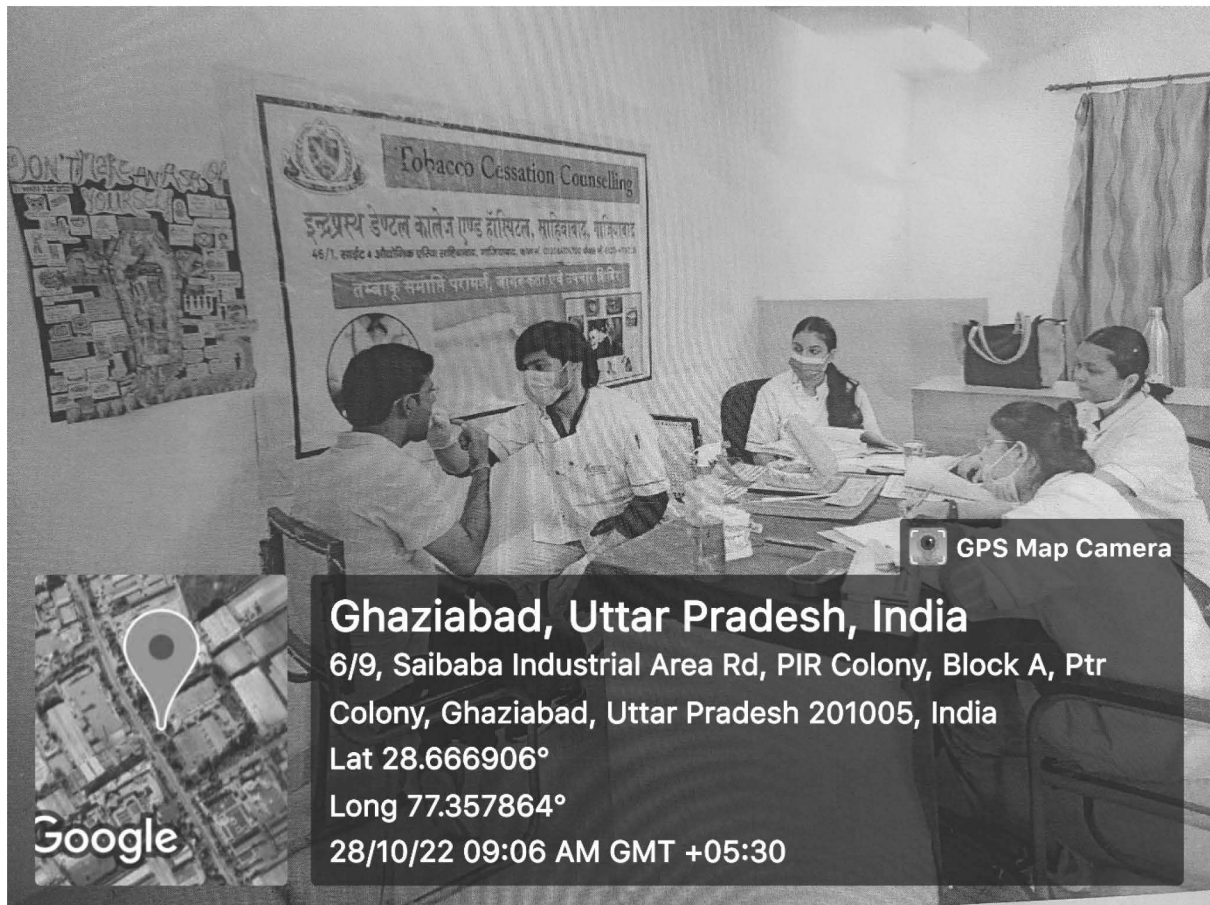

Authorized Signatory

Date: 02.04.2022

CAMP AT P.ENT LABELS FACTORY



Camp at Holy Faith Industry





PARMESHTHI ENTERPRISES

LABEL MAKERS & CREATERS

P.ent

www.pentlabels.com

Unit : S :- 23, Site IV, Sahibabad Industrial Area, Ghaziabad,
Uttar Pradesh - 201010

Contact : +91 93131 24252

Email : anujjain@pentlabels.com
sales@pentlabels.com

*Fast Growing Manufacturers,
Suppliers & Exporters
of Labels & PP Caps*

APPRECIATION LETTER

Date: 23/06/22

To,

The Principal

Inderprastha Dental College and Hospital

Sahibabad, Ghaziabad, UP

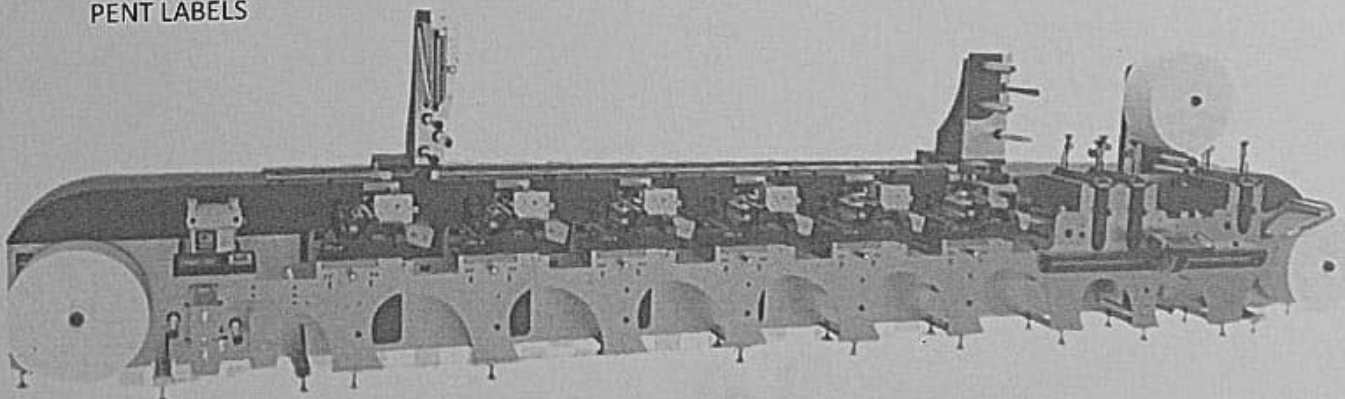
Subject: Letter of Appreciation

I thank Inderprastha Dental College and Hospital team of doctors on behalf of our entire team for your dedication and efforts for conducting tobacco awareness and tobacco counselling program. There has been an evident change in the usage of tobacco among the employees of our factory. We are satisfied with the work of this team and this certificate is issued against the good service of the dental team.

Mr. Vaibhav Baliyan

Commercial Manager

PENT LABELS





INDERPRASTHA DENTAL COLLEGE & HOSPITAL

Tobacco Cessation Center – Registration Form

Date: 7/4/20	TCC Regd. No: 17
OPD No.:	Referred From:

Informed Consent

I have been informed about the various aspects of this in-depth interview and would cooperate with the therapist to the best of my knowledge. Any treatment initiated would be mutual and after understanding side effects and all other aspects. I am allowed to withdraw from treatment at any time after consulting the therapist.



Signature of Therapist

Signature of Participant

Name: Abhishek.	Sex: Male <input checked="" type="checkbox"/>
Age: 23 years.	Female <input type="checkbox"/>
Address: A-70/2, 7P Extension, Delhi-19.	Email:
Phone No.: 9811668992	Education (no. of years of formal education): Graduated.
Marital Status:	Unmarried <input type="checkbox"/>
	Married <input checked="" type="checkbox"/>
	Widowed <input type="checkbox"/>
	Separated or Divorced <input type="checkbox"/>
	Not applicable <input type="checkbox"/>
No. of years of marriage: 3 years.	Occupation: Professional or Semi-professional <input checked="" type="checkbox"/>
	Skilled, semi-skilled or unskilled worker <input type="checkbox"/>
	Retired <input type="checkbox"/>
	Housewife <input type="checkbox"/>
	Student <input type="checkbox"/>
	Other <input type="checkbox"/>
	Unemployed <input type="checkbox"/>
No. of years in present service: 1 year.	No. of working hours per day: 8 hrs.
Income per month:	No. of dependents: 2.
No. of members in household: 5	Physical activity (no. of hours per week):



Details of tobacco use

	TYPE (cigarette, beedi, hookah, gutka, khaini, paan, mawa, misri, gul, any other)	Quantity consumed per day (a)	No. of years since habit initiated (b)	Sachet/Cigarette years (a*b)
Smoked	Cigarette	6-7 times	10-12 years	1 pack / 3 days
Smokeless				

Daily tobacco use pattern:

Time	Daily triggering factors/ cues (friends, meals, tea breaks, stress, travel, bowel, any other)

Reasons for use of tobacco products:

Reasons for use of continued daily tobacco products:

Expense per month on tobacco:

Source of purchase of tobacco:

- Near the residence ☒
- Near the workplace
- Any other

Order of purchase of tobacco:

- Bulk purchase
- Daily purchase ☒
- Whenever needed
- Sharing with friends

Any money spent on health related problems due to tobacco use: Yes

No ☒

Severity of nicotine dependence (as per Fagerstorm Nicotine Dependence / Modified Fagerstorm Nicotine Dependence Scale):

⑤ moderately dependent

Previous attempts at quitting tobacco:

Previous attempts at quitting:

Yes

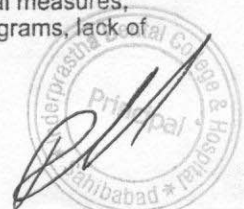
If yes, when was the most recent attempt made?

No ☒

Number of previous attempts at quitting:

Type of tobacco	Reasons for quitting	Reasons for relapse	Remarks
Smoked			
Smokeless			

Reasons for quitting: No reasons, referred from other dental departments, social measures, existing health problems, awareness about health problems during education programs, lack of productive work, financial reasons, any other



Reasons for relapse: Craving, insomnia, irritability, headaches, constipation, social pressure, lack of productive work or concentration, psychological stress, family tensions, financial tension, chronic illness, pain, any other

Stage of behavior change:	Pre-contemplation
	Contemplation
	Preparation
	Action
	Maintenance
Alcohol Use:	Yes
	No ✓
Pattern of alcohol use in last one year:	Daily drinking
	Regular drinking (3 or more a week)
	Social drinking (less than 3 a week)
	None ✓
Average no. of units per drinking day: (1 unit = 30 ml spirit/ 60 ml wine/ half mug beer)	

Other substance use: Yes/ No

Substance used	Pattern of use in past one year	Dependence (Yes/ No)	Avg amounts/ units per day	Remarks

Family history of tobacco use in first degree relatives:	Smoked	
	Smokeless	
	Both	
	None ✓	
History & symptoms suggestive of:		
Cough	Cough with sputum	Yes/ No ✓
	Sputum with blood	Yes/ No ✓
Bronchial	Breathlessness	Yes/ No ✓
Cardiac	Chest pain	Yes/ No ✓
	Hypertension	Yes/ No ✓
Others	Cancer	Yes/ No
	Diabetes	Yes/ No ✓
	TB	Yes/ No ✓
	Weight gain	Yes/ No ✓
	Weight loss	Yes/ No ✓

Physical Examination:

Height (cm):	Weight (kg):	Body Mass Index:
Pulse:	Systolic Blood Pressure	Diastolic Blood Pressure



Oral Health Status & History of Dental Treatment

Chief dental complaint: Patient do. dirty tooth since 6 month.

Intra-oral examination: Gen. Recession.

Oral Condition	Present/ Absent	Description
Leukoplakia:	Yes	
	No ✓	
Sub mucous fibrosis:	Yes	
	No ✓	
Erythroplakia:	Yes ✓	
	No	

Investigations:

Biopsy:

Blood investigations:

Any other:

}

NR

Provisional Diagnosis:

Carbon Monoxide Breath Analysis Test:

Done. CO level _____ ppm	Not Done
CO levels: 0-6N, 7-10N, >10N	

Intervention:

Cold turkey
Behavior counseling
Behavior counseling + NRT (type of NRT <u>Nicotine</u>) for 2 wks
Behavior counseling + Medication
Behavior counseling + Medication + NRT (type of NRT _____)

Instructions on possible side effects & adverse drug reactions have been explained: Yes/ No



Details of pharmacotherapy

Follow up details:

F/U visit	Date	Use status	Cotinine Test (Done or not) (+ve or -ve)	CO Breath Analysis (Done or not)	CO level	Treatment	Medication/ NRT
0-2 wks	2/4	2				3	✓
2-4 wks	5/5	2				3	✓
4-6 wks	11/5	2				3	✓
6 wks - 3 months	9/6	2				3	✓
3-6 months							
6-9 months							
9-12 months							

Treatment:

1. Behavioral counseling

2. Behavioral counseling + medication

3. Behavioral counseling + NRT

4. Behavioral counseling + NRT + Medication

Status:

1. No change
(<50% change)

2. Reduced use
(≥50% change)

3. Stopped use

4. Lost to follow up

5. Relapse

Source of information:

Follow up	Phone call	Email	Mail
	✓		

Other remarks:

Name of Therapist: Dr. Gauri

Signature: _____

Date: 7/4/22



Fagerstorm Nicotine Dependence Scale – Smoking

1. How soon after you wake up do you smoke your first cigarette?

- | | |
|------------------|------------|
| Within 5 minutes | (3 points) |
| 5 to 30 minutes | (2 points) |
| 31 to 60 minutes | (1 point) |
| After 60 minutes | (0 points) |

2. Do you find difficult not to smoke in places where you shouldn't, such as in church or school, in a movie, at library, on a bus, in court or in a hospital?

- | | |
|-----|-----------|
| Yes | (1 point) |
| No | (0 point) |

3. Which cigarette would you most hate to give up; which cigarette do you treasure the most?

- | | |
|------------------------------|-----------|
| The first one in the morning | (1 point) |
| Any other one | (0 point) |

4. How many cigarette do you smoke each day?

- | | |
|-------------|------------|
| 10 or fewer | (0 points) |
| 11 to 20 | (1 points) |
| 21 to 30 | (2 points) |
| 31 or more | (3 points) |

5. Do you smoke more during the first few hours after waking up than during the rest of the day?

- | | |
|-----|------------|
| Yes | (1 point) |
| No | (0 points) |

6. Do you still smoke if you are so sick that you are in bed most of the day, or if you have a cold or the flu and have trouble breathing?

- | | |
|-----|------------|
| Yes | (1 point) |
| No | (0 points) |

Scoring: 7 to 10 points = highly dependent ; 4 to 6 points = moderately dependent ; less than 4 points = minimally dependent.



Modified Fagerstrom Nicotine Dependence Scale – Smokeless Tobacco

The Fagerstrom Test for Nicotine Dependence - Smokeless Tobacco (FTND- ST)

Item	Answers	Points
1. How soon after you wake up to do you place your first dip?	Within 5 min	3
	6-30 min	2
	31-60 min	1 ✓
	After 60 min	0
2. How often do you intentionally swallow tobacco juice?	Always	2
	Sometimes	1 ✓
	Never	0
3. Which chew would you hate to give up most?	The first one in the morning	1 ✓
	Any other	0
4. How many cans/ pouches per week do you use?	More than 3	2 ✓
	2-3	1
	1	0
5. Do you chew more frequently during the first hours after awakening than during rest of the day?	Yes	1
	No	0 ✓
6. Do you chew if you are so ill that you are in bed most of the day?	Yes	1
	No	0 ✓

Source: Ebbert JO, Patten CA, Schroeder DR. The Fagerstrom Test For Nicotine Dependence Smokeless Tobacco (FTND-ST). Addictive Behaviours 31(9), 2006, 1716-1721. doi:10.1016/j.addbeh.2005.12.015

(S)

