

Appendix 2

Hooked On Nicotine Checklist (HONC)

(Adapted to be an adolescent vaping questionnaire by Renee Bittoun)

Name:

Date:

DOB:

Gender:

Age:

How long have you been vaping?

Do you vape every day?

What do you vape?

Do you have a preferred flavour?

Do you vape and smoke tobacco as well?

How soon after you wake up do you vape?

HONC questions adapted for vaping for adolescents:

Nicotine dependence if “Yes” to any of the questions below:

Have you ever tried to quit vaping, but couldn't?

Do you vape now because it is really hard to quit?

Have you ever felt like you were addicted to vaping?

Do you ever have strong cravings to vape?

Have you ever felt like you really needed to vape?

Is it hard to keep from vaping in places where you are not supposed to?

When you haven't vaped for a while do you...

Find it hard to concentrate?

Feel more irritable?

Feel a strong need or urge to vape?

Feel nervous, restless or anxious?

DiFranza, J. R., Savageau, J. A., Fletcher, K., O'Loughlin, J., Pbert, L., Ockene, J. K., McNeill, A. D., Hazelton, J., Friedman, K., Dussault, G., Wood, C., & Wellman, R. J. (2007). Symptoms of tobacco dependence after brief intermittent use: The development and assessment of nicotine dependence in Youth-2 Study. *Archives of Pediatrics & Adolescent Medicine*, 161(7), 704-710. <https://doi.org/10.1001/archpedi.161.7.704>