

## HONC

### The Hooked on Nicotine Checklist.

|   | YES   | NO    |
|---|-------|-------|
| 1) Have you ever tried to quit, but couldn't?   | _____ | _____ |
| 2) Do you vape <u>now</u> because it is really hard to quit?                                    | _____ | _____ |
| 3) Have you ever felt like you were addicted to vaping?   | _____ | _____ |
| 4) Do you ever have strong cravings to vape?  | _____ | _____ |
| 5) Have you ever felt like you really needed an e-cigarette/vape?                               | _____ | _____ |
| 6) Is it hard to keep from vaping in places where you are not supposed to, like school?         | _____ | _____ |
| When you tried to stop vaping... (or, when you haven't used an e-cigarette/vape for a while...) |       |       |
| 7) did you find it hard to concentrate because you couldn't vape?                               | _____ | _____ |
| 8) did you feel more irritable because you couldn't vape?                                       | _____ | _____ |
| 9) did you feel a strong need or urge to vape?  | _____ | _____ |
| 10) did you feel nervous, restless or anxious because you couldn't vape?                        | _____ | _____ |

