

# Hooked on Nicotine Checklist

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

## Scoring the HONC

The HONC is scored by counting the number of YES responses.

**Dichotomous Scoring-** The HONC as an indicator of diminished autonomy.

Individuals who score a zero on the HONC by answering NO to all ten questions enjoy full autonomy over their use of tobacco.

Because each of the ten symptoms measured by the HONC has face validity as an indicator of diminished autonomy, a smoker has lost full autonomy if any symptom is endorsed.

In schools and clinics, smokers who have scores above zero can be told that they are already hooked. Many youths become hooked before they even consider themselves to be smokers, because they don't smoke every day.

In research, a dichotomous scoring is helpful when the HONC is used to predict the trajectory of smoking.

**Continuous Scoring-** The HONC as a measure of severity of diminished autonomy

The number of symptoms a person endorses serves as a measure of the extent to which autonomy has been lost.

Some researchers prefer to provide multiple response options for questionnaire items, e.g., *never, sometimes, most of the time, always*. In certain situations, this can improve the statistical properties of a survey. When this has been done with the HONC, its performance was not improved (O'Loughlin et al., 2002).<sup>16</sup> Having more response options complicates the scoring because the total score does not coincide with the number of individual symptoms. Therefore we recommend the Yes/No response format.

Researchers who wish to measure frequency or severity of symptoms may do so by adding to the yes/no format additional questions about any item endorsed by a smoker. Here is an example:

*Have you ever felt like you were addicted to tobacco?* A smoker who checked "yes" would then respond to:

How often have you felt addicted? *Rarely, Occasionally, Often, Very Often*

On a scale from 1 (*hardly at all*) to 10 (*extremely*), how addicted have you felt?