NICOTINE KNOCKOUT

Modified hooked on nicotine checklist (M-HONC)

IN THE PAST 3 MONTHS, HOW OFTEN HAVE YOU VAPED OR SMOKED CIGARETTES?

- ◯ Never
- ◯ Once or twice only
- ◯ A few times a month
- ◯ A few times a week
- ◯ Daily/almost daily

QUESTION	NO	YES
Have you ever tried to stop 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, like school?		

WHEN YOU TRIED TO STOP VAPING (OR, WHEN YOU HAVEN'T VAPED FOR A WHILE)...	NO	YES
Did you find it hard to concentrate because you couldn't vape?		
Did you feel more irritable because you couldn't vape?		
Did you feel a strong need or urge to vape?		
Did you feel nervous, restless or anxious because you couldn't vape?		

SCORE	

Scoring: The M-HONC is scored by counting the number of YES responses. A young person who has a score above zero would indicate they have a level of nicotine dependence, and they may have lost full autonomy or control of their use of cigarettes/vapes. Each YES indicates increasing dependence.

Reference: New South Wales Government. Guide to Support Young People to Quit E-cigarettes. In: NSW Ministry of Health, editor. 2023.