



Please complete the questions below. Are you Hooked on Nicotine?

- 1) Have you ever tried to quit smoking/vaping, but couldn't? Yes No
- 2) Do you smoke/vape now because it is really hard to quit? Yes No
- 3) Have you ever felt like you were addicted to tobacco/nicotine/e-product? Yes No
- 4) Do you ever have strong cravings to smoke/vape? Yes No
- 5) Have you ever felt like you really needed a cigarette/vape? Yes No
- 6) Is it hard to keep from smoking/vaping in place where you are not supposed to like school? Yes No

When you tried to stop smoking/vaping....(OR, when you haven't used tobacco for awhile...)

- 7) Did you find it hard to concentrate because you couldn't smoke/vape? Yes No
- 8) Did you feel more irritable because you couldn't smoke/vape? Yes No
- 9) Did you feel a strong need or urge to smoke/vape? Yes No
- 10) Did you feel nervous, restless or anxious because you couldn't smoke/vape? Yes No

Adapted "Hooked on Nicotine Screen" DiFranza JR, Savageau JA, Fletcher K. Measuring the Loss of Autonomy Over Nicotine Use in Adolescents. Arch Pediatr Adolesc Med. 2002;156(4):397-403.