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Behavioral Research Program

MENU

Hooked on Nicotine Checklist (HONC)

DiFranza et al

View Measure:	DOC (/sites/default/files/2020-06/HONC_measure.doc) PDF (/sites/default/files/2020-06/honc_questionnaire.pdf)
Brief Description:	The HONC is a 10-item instrument used to determine the onset and strength of tobacco dependence. The HONC is designed to identify the point at which an adolescent has lost full autonomy over their use of tobacco. This is defined by the authors as occurring when the sequelae of tobacco use, either physical or psychological, present a barrier to quitting. A positive response to any HONC item signals a loss of autonomy and the onset of dependence. The number of positive responses is proposed to reflect the degree of dependence. Although the HONC has only been used with adolescents so far, the authors will be testing its utility for adult smokers in the near future.
Target Population:	Adolescents (ages 12-15)
Administrative Issues:	10 item checklist Self-administered No training required
Scoring Information:	Minimal time required; a total score is calculated by summing the number of positive responses. The number of positive responses reflects the degree of dependence. Norms based on American adolescents (ages 14-15, 9th grade)

Psychometrics:	Reliability studies completed: Test-retest: one week kappa = .61; two week kappa = .75 Internal consistency (Cronbach's alpha = .91) Evidence of content and construct validity provided in referenced articles.
Clinical Utility of Instrument:	The HONC identifies youth for whom help and encouragement with cessation would be appropriate. In treatment, the HONC can also be used to signal the loss of autonomy, the onset of dependence, and the degree of dependence.
Research Applicability:	The HONC has been used in research to identify nicotine dependent adolescent smokers and provide information on the onset and their degree of dependence.
Copyright, Cost, and Source Issues:	No cost. Web page (www.umassmed.edu/fmch/research/publications (https://www.umassmed.edu/fmch/research/publications/)) University of Massachusetts Medical School
Source Reference:	DiFranza, J.R., Savageau, J.A., Fletcher, K., Ockene, J.K., Rigotti, N.A., McNeill, A.D., Coleman, M., & Wood, C. (2002). Measuring the loss of autonomy over nicotine use in adolescents. <i>Archives of Pediatric and Adolescent Medicine</i> , 156, 397-403.
Supporting References:	O'Loughlin, J., Tarasuk, J., DiFranza, J., & Paradis, G. (in press). Measurement of nicotine dependence: Reliability of selected measures among adolescents. <i>Annals of Epidemiology</i> . O'Loughlin J, DiFranza J, Tarasuk J, Meshefedjian G, McMillan-Davey E, Paradis G, Tyndale R, Clarke P, Hanley J. (2002). Assessment of nicotine dependence symptoms in adolescents: a comparison of five indicators. <i>Tobacco Control</i> , 11, 354-360. Wellman, R. J., DiFranza, J. R., Savageau, J. A., Godiwala, S., Friedman, K., Hazelton, J. (in press). Measuring adults' loss of autonomy over nicotine use: The Hooked on Nicotine Checklist. <i>Nicotine & Tobacco Research</i> .
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Last Updated: September 24, 2020

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The Hooked on Nicotine Checklist

The HONC is scored by tallying the number of yes responses, from 0-10. Any score greater than zero indicates that the smoker has lost some degree of autonomy over their smoking.

This indicates that nicotine addiction has begun.

	YES	NO
1) Have you ever tried to stop vaping, 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 to 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 vaped 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?		

HONC

The Hooked on Nicotine Checklist.

	YES	NO
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, like school?	_____	_____
When you tried to stop smoking... (or, when you haven't used tobacco for a while...)		
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?	_____	_____