

Appendix
Dual Versus Never Use of E-cigarettes Among American Indians Who Smoke
Rhoades et al.

Appendix Table 1. The Hooked on Nicotine Checklist (HONC)⁴⁶

	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?		
<i>When you haven't used tobacco for a while...OR When you tried to stop smoking...</i>		
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?		
Score:		

Scoring: No = 0; Yes = 1.

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Appendix Table 2. The Penn State Cigarette Dependence Index⁴⁸

1. How many cigarettes per day do you usually smoke? (Scoring: 0-4 times/day = 0, 5-9 = 1, 10-14 = 2, 15-19 = 3, 20-29 = 4, 30+ = 5)
2. On days that you can smoke freely, how soon after you wake up do you smoke your first cigarette of the day? (Scoring: 0-5 minutes = 5, 6-15 = 4, 16-30 = 3, 31-60 = 2, 61-120 = 1, 121+ = 0)
3. Do you sometimes awaken at night to have a cigarette? (Yes = 1, No = 0)
4. If yes, how many nights per week do you typically awaken to smoke? (Scoring 0-1 nights = 0, 2-3 nights = 1, 4+ nights = 2)
5. Do you smoke now because it is really hard to quit? (Yes = 1, No = 0)
6. Do you ever have strong cravings to smoke? (Yes = 1, No = 0)
7. Over the past week, how strong have the urges to smoke been? (Scoring: None/slight = 0, Moderate/Strong = 1, Very Strong/Extremely strong = 2)
8. Is it hard to keep from smoking in places where you are not supposed to, such as restaurants, hospital/clinics, or other public areas? (Yes = 1, No = 0)
- When you haven't used tobacco for a while or when you tried to stop smoking...**
9. Did you feel more irritable because you couldn't smoke? (Yes = 1, No = 0)
10. Did you feel nervous, restless, or anxious because you couldn't smoke? (Yes = 1, No = 0).