

## Appendix 1

### Vaping Questionnaire for adults

NAME:

DATE:

GENDER:

DOB:

How long have you been vaping?

Do you vape every day?

What brand are you vaping?

Is there nicotine in your vapes?

Are there flavours in it?

Do you have a favourite flavour?

Do you vape and smoke-dual use?

How much does your e-cigarette or vape pod cost you?

How much does it cost you each day? Per week?

Do you know that you need a prescription from your doctor to get electronic cigarettes from 1<sup>st</sup> October? Yes/No

Will/Does that effect your using it? .....

### The Penn State [Electronic] Cigarette Dependence Index

1. How many *times* per day do you usually vape or *use your electronic cigarette?*<sup>a</sup> (*assume that one "time" consists of around 15 puffs or lasts around 10 minutes*)  
(Scoring: 0–4 times/day = 0, 5–9 times/day = 1, 10–14 times/day = 2, 15–1 times/day = 3, 20–29 times/day = 4, 30+ times/day = 5)

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2. On days that you can *use your electronic cigarette or vape* freely, how soon after you wake up do you *first use your electronic cigarette or vape?*<sup>a</sup>  
(Scoring: 0–5 mins = 5, 6–15mins = 4, 16–30mins = 3, 31–60 mins = 2, 61–120 mins = 1, 121 mins+ = 0)

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3. Do you sometimes awaken at night to *use your electronic cigarette or vape?*<sup>b</sup>  
(Scoring: Yes = 1, No = 0)

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4. If yes, how many nights per week do you typically *use your electronic cigarette or vape?*<sup>b</sup>  
(Scoring: 0–1 night = 0, 2–3 nights = 1, 4+ nights = 2)

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5. Do you vape or *use an electronic cigarette* now because it is really hard to quit?<sup>c</sup>  
(Scoring: Yes = 1, No = 0)

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6. Do you ever have strong cravings to vape or *use an electronic cigarette?*<sup>c</sup>  
(Scoring: Yes = 1, No = 0)

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7. Over the past week, how strong have the urges to vape or *use an electronic cigarette* been?<sup>d</sup>  
(Scoring: None/Slight = 0, Moderate/Strong= 1, Very Strong/Extremely Strong = 2)
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8. Is it hard to keep from vaping or *using an electronic cigarette* in places where you are not supposed to? <sup>c</sup>  
(Scoring: Yes = 1, No = 0)
- 
9. When you haven't used *an electronic cigarette or vaped* for a while, do you feel more irritable because you couldn't vape or *use an electronic cigarette*? <sup>c</sup>  
(Scoring: Yes = 1, No = 0)
- 
10. Did you feel nervous, restless, or anxious because you couldn't vape or *use an electronic cigarette*? <sup>c</sup>  
(Scoring: Yes = 1, No = 0)
- 

### Scoring:

*Total scoring: 0–3= not dependent, 4–8 low dependence, 9–12 medium dependence, 13+ = high dependence.*

<sup>a</sup> From Fagerström Test for Nicotine Dependence & Heaviness of Smoking Index (FTND/HIS).

<sup>b</sup> From Bover *et al.*, 2008

<sup>c</sup> From Hooked on Nicotine Checklist.

<sup>d</sup> From Fiddler *et al.*, 2011

### Reference:

Foulds, J., Veldheer, S., Yingst, J., Hrabovsky, S., Wilson, S. J., Nichols, T. T., & Eissenberg, T. (2015). Development of a questionnaire for assessing dependence on electronic cigarettes among a large sample of ex-smoking E-cigarette users. *Nicotine & Tobacco Research*, 17(2), 186-192.  
<https://doi.org/10.1093/ntr/ntu204>

## Appendix 2

### Hooked On Nicotine Checklist (HONC)

*(Adapted to be an adolescent vaping questionnaire by Renee Bittoun)*

**Name:**

**Date:**

**DOB:**

**Gender:**

**Age:**

How long have you been vaping?

Do you vape every day?

What do you vape?

Do you have a preferred flavour?

Do you vape and smoke tobacco as well?

How soon after you wake up do you vape?

#### **HONC questions adapted for vaping for adolescents:**

##### **Nicotine dependence if “Yes” to any of the questions below:**

Have you ever tried to quit 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?

#### **When you haven't vaped for a while do you...**

Find it hard to concentrate?

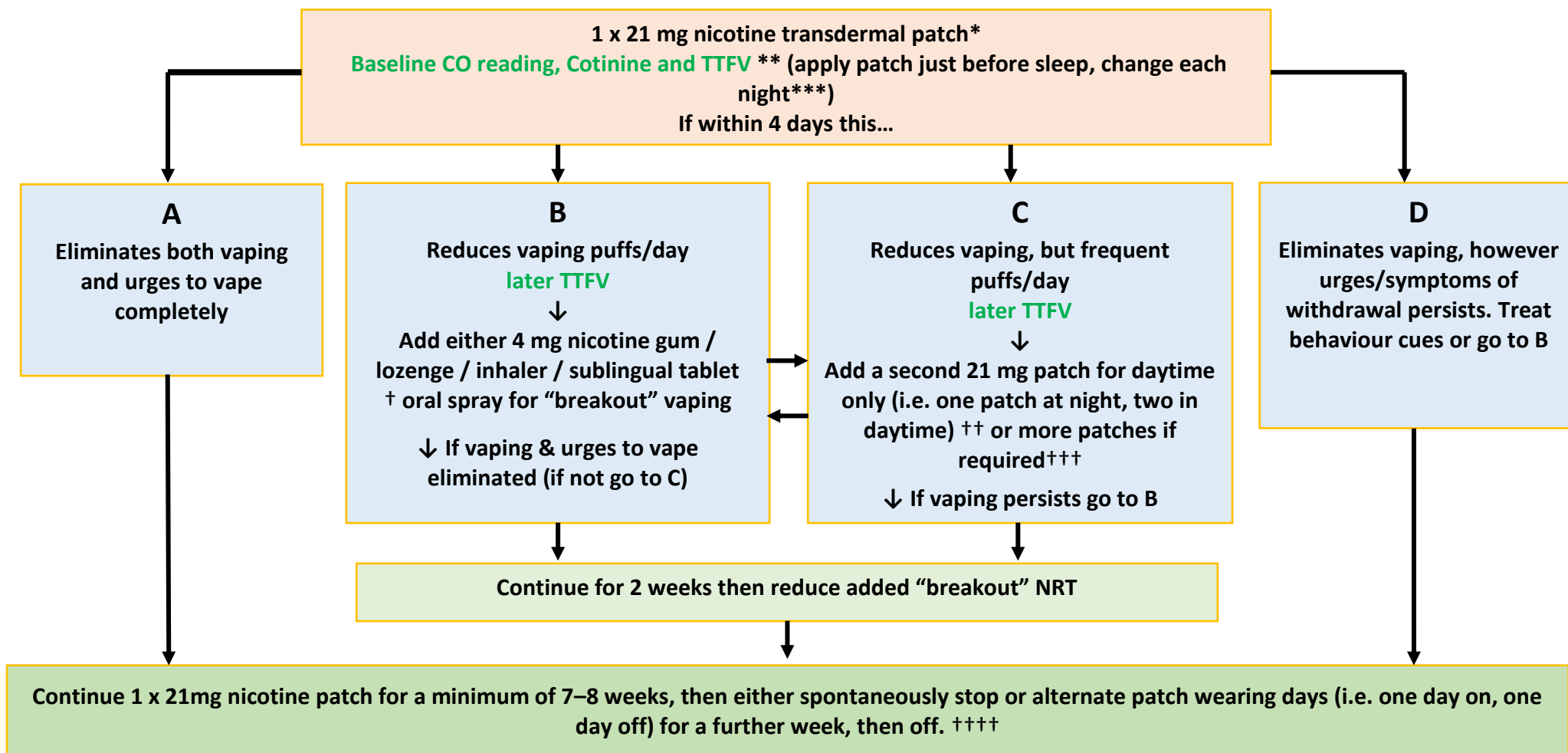
Feel more irritable?

Feel a strong need or urge to vape?

Feel nervous, restless or anxious?

DiFranza, J. R., Savageau, J. A., Fletcher, K., O'Loughlin, J., Pbert, L., Ockene, J. K., McNeill, A. D., Hazelton, J., Friedman, K., Dussault, G., Wood, C., & Wellman, R. J. (2007). Symptoms of tobacco dependence after brief intermittent use: The development and assessment of nicotine dependence in Youth-2 Study. *Archives of Pediatrics & Adolescent Medicine*, 161(7), 704-710. <https://doi.org/10.1001/archpedi.161.7.704>

### Appendix 3: Bittoun Combination Nicotine Replacement Therapy Algorithm for Adult Vapers (not smoking cigarettes)



\*CONTRAINDICATION: RECENT CARDIOVASCULAR EVENT (within 48 hours)

\*\*TTFV– Time To First Vape

\*\*\* Applying patch last thing before sleep allows the slow rise of nicotine overnight — the likelihood of first vape of the day ‘urge’ is strongly diminished.

† Either 4 mg nicotine gum or lozenge depending on patient choice. An inhaler, oral spray or sublingual tablet is recommended as best choice if patient needs faster reinforcement.

†† No evidence in the literature or in our experience of toxicity. Consider reducing concentrations if nausea occurs.

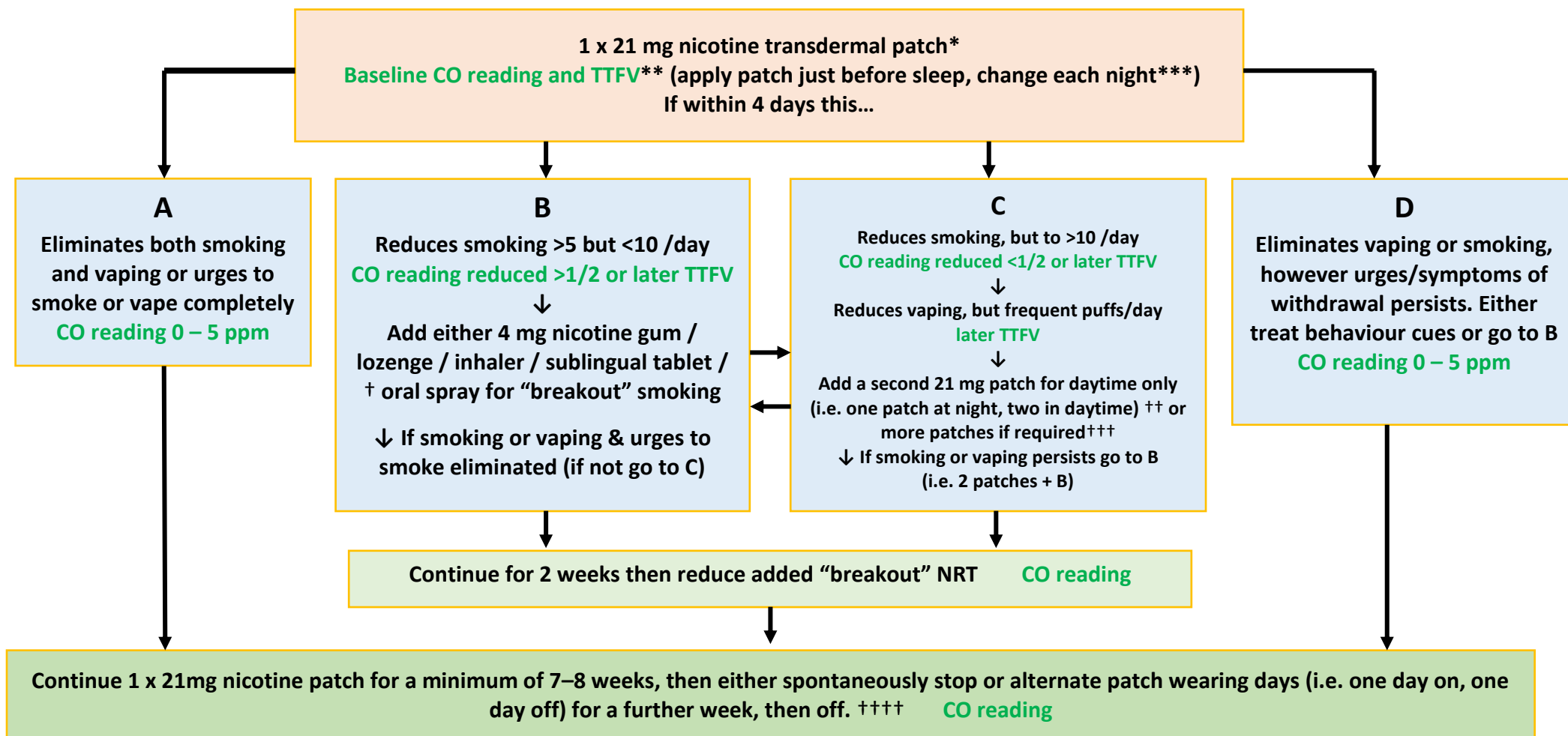
††† (Przulj et al, 2019)

††††There is no evidence in the literature for weaning (or reduction) of patch strengths.

(Based on: “A Combination Nicotine Replacement Therapy (NRT) Algorithm for Hard-to-Treat Smokers”, Bittoun, 2006)

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## Appendix 4: Bittoun Combination Nicotine Replacement Therapy Algorithm for Dual Smoking and Vaping



\*CONTRAINDICATION: RECENT CARDIOVASCULAR EVENT (within 48 hours)

\*\*TTFV – Time To First Cigarette/or TTFV

\*\*\* Applying patch last thing before sleep allows the slow rise of nicotine overnight — the likelihood of first cigarette of the day ‘urge’ is strongly diminished.

† Either 4 mg nicotine gum or lozenge depending on patient choice. An inhaler or sublingual tablet is recommended as best choice if patient needs faster reinforcement.

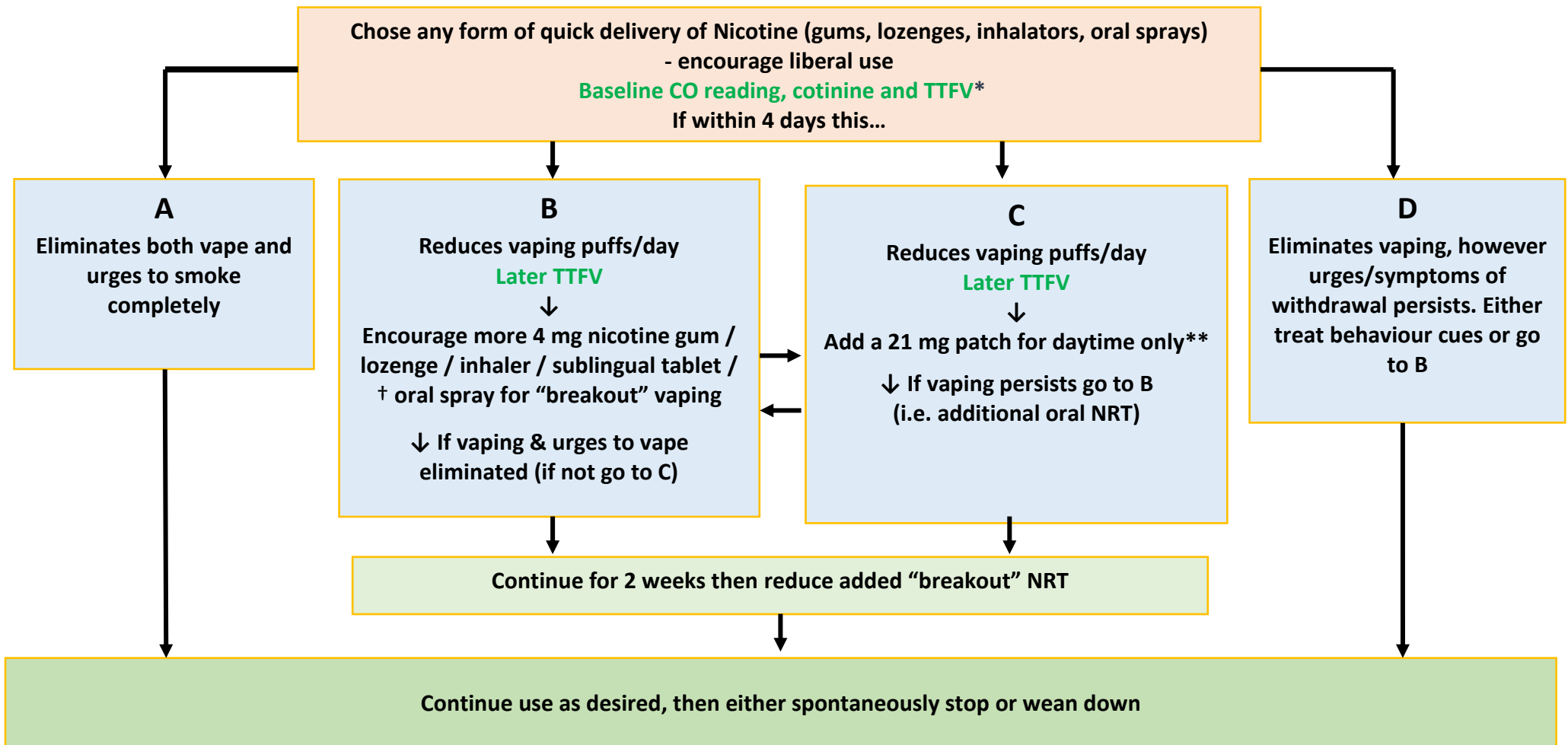
†† No evidence in the literature or in our experience of toxicity. Consider reducing concentrations if nausea occurs.

††† (Pruzulj et al.,2019)

†††† There is no evidence in the literature for weaning (or reduction) of patch strengths.

(Based on: “A Combination Nicotine Replacement Therapy (NRT) Algorithm for Hard-to-Treat Smokers”, Bittoun, 2006)

## Appendix 5: Bittoun Combination Nicotine Replacement Therapy Algorithm for Adolescents who Vape



\*TTFV – Time To First Vape

\*\* Consider adding 14 to 21mg patch depending on child’s weight

† Either 4 mg nicotine gum or lozenge depending on patient choice. An inhaler or sublingual tablet is recommended as best choice if patient needs faster reinforcement.

(Based on: “A Combination Nicotine Replacement Therapy (NRT) Algorithm for Hard-to-Treat Smokers”, Bittoun, 2006)

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## Appendix 6: Behavioural Strategies for Vapers (compiled by R. Bittoun)

### Managing acute urges:

- **NRT<sup>[1]</sup>**: Offer and encourage in any, and all, forms and in combinations that are available. Enquire about prior use, debunk myths about overdose, advise proper use. Use oral nicotine prior to smoking/vaping.
- **Exercise<sup>[2]</sup>**: Short, intense 1-minute indoor exercise (if possible), such as up and down a staircase, push ups, wall presses, on the spot run etc. (This mimics a nicotine hit).
- **Glucose tablets/jelly beans<sup>[3]</sup>**: (due to acute hypoglycaemia-especially after a meal).
- **Diversional activities<sup>[4]</sup>**: Example - progressive muscle relaxation.
- **Caffeine reduction<sup>[5]</sup>**: Reduce to half all types of caffeinated drinks (caffeine toxicity, due to reduced PAHs mimics nicotine withdrawals) but do not eliminate (caffeine withdrawals mimics nicotine withdrawals).
- **Alcohol reduction<sup>[6]</sup>**: Reduce or eliminate alcohol altogether for the time being (it stimulates an urge to vape)
- **Quitline**: 13 78 48
- **Smartphone apps**

### Strategies for the longer term:

#### Smoke free/vape free home<sup>[7]</sup>:

- Make your home vape free (even if you are a vaper).
- Put up NO SMOKING/VAPING HERE signs in your house.
- If you live with a smoker/vaper? Avoid the smoke/vape as much as possible (contains nicotine)

#### Reasons<sup>[8]</sup>:

- Remind yourself of the reasons why you want to stop.

#### Visualisation:

- Learn temptation skills- called “temptation therapy”.
- Practice scenarios where you may have smoked and picture yourself saying “No”.

#### Other ideas<sup>[9, 10]</sup>:

- Do you buddy up with someone? <sup>[9]</sup> *Maybe.... It can go either way.*
- Can your friend or partner who doesn't smoke/vape help? *If they nag it's not a good idea (counterproductive), if they are supportive but not “on your case” all the time, called “invisible support” —that's good!*
- Fast acting NRTs can be “rescue medication”<sup>[10]</sup>. *Get a script sent to you or your pharmacist.*

## References:

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