

## FOLLOW-UP E-CIGARETTE USE

ID NUMBER:

FORM CODE: ECF  
 VERSION: 1.0 01/27/2025

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed during the participant's clinic visit.

0c) Last study visit:   /   /

0d) Were you using an electronic cigarette or vape product regularly at your very first in-person clinic/study visit?

No<sub>0</sub> → **Go to 1**  
 Yes<sub>1</sub>

0d1) When did you start using an electronic cigarette or vape product regularly?

/   /

1) Were you using an electronic cigarette or vape product regularly at your last study visit?

No<sub>0</sub> → **Go to 2**  
 Yes<sub>1</sub>

1a) Are you currently using an electronic cigarette or vape product regularly?

No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to 3**

1b) When did you stop using an electronic cigarette or vape product regularly?

/   /     → **Go to 3**

2) Did you start using an electronic cigarette or vape product regularly since your last study visit?

No<sub>0</sub> → **Go to End**  
 Yes<sub>1</sub>

2a) When did you start using an electronic cigarette or vape product regularly?

/   /

3) Does(Did) your electronic cigarette or vape product contain nicotine?

No<sub>0</sub>  
 Yes<sub>1</sub>  
 Don't know<sub>2</sub>

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4) Does(Did) your electronic cigarette or vape product contain cannabis (marijuana)?

- No<sub>0</sub> → **Go to 6**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 6**
- Prefer not to say<sub>3</sub> → **Go to 6**

5) How often do(did) you use e-cigarettes or vape products containing cannabis?

- Less than once a month<sub>1</sub>
- Less than once a week<sub>2</sub>
- 1-3 days a week<sub>3</sub>
- 4-6 days a week<sub>4</sub>
- Every day<sub>5</sub>

6) Do(Did) you vape a THC product?

- No<sub>0</sub> → **Go to 7**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 7**

6a) What is(was) the concentration of THC in your e-cigarette or vape product?

- 0-10%<sub>1</sub>
- 11-20%<sub>2</sub>
- 21-30%<sub>3</sub>
- 31-40%<sub>4</sub>
- Don't know<sub>5</sub>

7) Do(Did) you vape a CBD product?

- No<sub>0</sub> → **Go to 8**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 8**

7a) What is(was) the concentration of CBD in your e-cigarette or vape product?

- 0-10%<sub>1</sub>
- 11-20%<sub>2</sub>
- 21-30%<sub>3</sub>
- 31-40%<sub>4</sub>
- Don't know<sub>5</sub>

8) Usually, do(did) the e-cigarette or vape product liquids you use(used) have flavorings?

- No<sub>0</sub> → **Go to 9**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 9**

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8a) If yes, what flavor is(was) it?

- Menthol<sub>1</sub>
- Candy<sub>2</sub>
- Fruit<sub>3</sub>
- Tobacco<sub>4</sub>
- Clove or spice<sub>5</sub>
- Chocolate<sub>6</sub>
- Mint<sub>7</sub>
- Dessert or other sweet<sub>8</sub>
- An alcoholic drink (such as wine, cognac, margarita, or other cocktails)<sub>9</sub>
- A non-alcoholic drink (such as coffee, soda, energy drinks, or other beverage)<sub>10</sub>
- Other<sub>11</sub>

8a1) Please specify other: \_\_\_\_\_

**If 'No' to Item 1a, Go to 12**

**If 'Yes' to Item 1a or Item 2, Go to 9**

9) How often do you use e-cigarettes or vape products?

- Every day<sub>1</sub>
- Most days<sub>2</sub>
- 4+ days a week<sub>3</sub>
- 1-3 days a week<sub>4</sub>
- Less than once a week<sub>5</sub>
- Less than once a month<sub>6</sub>

10) When did you last use an e-cigarette or vape product?

- Within the last hour<sub>1</sub>
- Sometime today<sub>2</sub>
- Yesterday<sub>3</sub>
- Within the last week<sub>4</sub>
- Within the last month<sub>5</sub>
- More than a month ago<sub>6</sub>

11) In the last 24 hours, how many times have you used an e-cigarette or vape product?

times → **Go to 15**

12) How long did you use e-cigarettes or vape products?

months  years

13) How long has it been since you used an e-cigarette or vape product?

months  years

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14) How often did you use e-cigarettes or vape products?

- Every day<sub>1</sub>
- Most days<sub>2</sub>
- 4+ days a week<sub>3</sub>
- 1-3 days a week<sub>4</sub>
- Less than once a week<sub>5</sub>
- Less than once a month<sub>6</sub>

15) If you use or used to use e-cigarettes or vape products, what size bottle of e-liquid do(did) you purchase?

- 15 mL<sub>1</sub>
- 30 mL<sub>2</sub>
- 60 mL<sub>3</sub>
- 100 mL<sub>4</sub>
- 120 mL<sub>5</sub>
- Other<sub>6</sub>
- Don't know<sub>7</sub> → **Go to 17**
- Not Applicable<sub>8</sub> → **Go to 17**

15a) Please specify other: \_\_\_\_\_

16) How long does(did) one bottle last?

- <1 day<sub>1</sub>
- 1 day<sub>2</sub>
- 2-4 days<sub>3</sub>
- 4-7 days<sub>4</sub>
- 1.5 weeks<sub>5</sub>
- 2 weeks<sub>6</sub>
- >2 weeks<sub>7</sub>
- Other<sub>8</sub>
- Don't know<sub>9</sub>

16a) Please specify other: \_\_\_\_\_

**If 'No' to Item 3, Go to 19**

**If 'Yes' to Item 3, Go to 17**

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17) What concentration of nicotine did you use when you started using e-cigarettes or vape products?

- 0 mg/mL (0.0%)<sub>1</sub>
- 3 mg/mL (0.3%)<sub>2</sub>
- 6 mg/mL (0.6%)<sub>3</sub>
- 9 mg/mL (0.9%)<sub>4</sub>
- 12 mg/mL (1.2%)<sub>5</sub>
- 15 mg/mL (1.5%)<sub>6</sub>
- 18 mg/mL (1.8%)<sub>7</sub>
- >18 mg/mL (>1.8%)<sub>8</sub>
- Don't know<sub>9</sub>

18) What concentration of nicotine do you currently use (or used when you quit e-cigarettes or vape products)?

- 0 mg/mL (0.0%)<sub>1</sub>
- 3 mg/mL (0.3%)<sub>2</sub>
- 6 mg/mL (0.6%)<sub>3</sub>
- 9 mg/mL (0.9%)<sub>4</sub>
- 12 mg/mL (1.2%)<sub>5</sub>
- 15 mg/mL (1.5%)<sub>6</sub>
- 18 mg/mL (1.8%)<sub>7</sub>
- >18 mg/mL (>1.8%)<sub>8</sub>
- Don't know<sub>9</sub>

19) What brand of e-cigarette or vape product do(did) you use?

- JUUL<sub>1</sub>
- MOTI<sub>2</sub>
- Blu<sub>3</sub>
- Puff Bar<sub>4</sub>
- HQD<sub>5</sub>
- GeekVape<sub>6</sub>
- SMOK<sub>7</sub>
- Vaporesso<sub>8</sub>
- VooPoo<sub>9</sub>
- Uwell<sub>10</sub>
- Other<sub>11</sub>

19a) Please specify other: \_\_\_\_\_

20) Some e-cigarettes or vape products allow you to adjust the battery voltage. Can you (Were you able to) change the voltage on your e-cigarette or vape product?

- No<sub>0</sub> → **Go to 21**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 21**

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20a) Do(Did) you change the voltage on your e-cigarette or vape product?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

21) Some e-cigarettes or vape products allow you to adjust the temperature. Can you(Were you able to) change the temperature on your e-cigarette or vape product?

- No<sub>0</sub> → **Go to 22**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 22**

21a) Do(Did) you change the temperature on your e-cigarette or vape product?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

**The following questions relate to your dependence on e-cigarette/vaping devices and any adverse events you may have experienced.**

22) Did you start using e-cigarettes or vape products because you wanted to cut down and/or stop smoking regular cigarettes?

- No<sub>0</sub> → **Go to 24**
- Yes<sub>1</sub>

23) Do you believe your use of e-cigarettes or vape products helped you either stop smoking or decrease the number of regular cigarettes you smoke each day?

- No<sub>0</sub>
- Yes<sub>1</sub>

24) Did you start using e-cigarettes or vape products because you wanted to improve your health?

- No<sub>0</sub>
- Yes<sub>1</sub>

25) Do(Did) you believe you are(were) addicted to or dependent upon e-cigarettes or vaping?

- Very much<sub>1</sub>
- Somewhat<sub>2</sub>
- Slightly<sub>3</sub>
- Not at all<sub>4</sub>
- Prefer not to answer<sub>5</sub>

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26) If you are currently using any e-cigarette/vaping device, how much do you want to quit on a scale from 0 (not at all) to 10 (very much)?

- 0, Not at all<sub>0</sub>
- 1<sub>1</sub>
- 2<sub>2</sub>
- 3<sub>3</sub>
- 4<sub>4</sub>
- 5<sub>5</sub>
- 6<sub>6</sub>
- 7<sub>7</sub>
- 8<sub>8</sub>
- 9<sub>9</sub>
- 10, Very much<sub>10</sub>
- Prefer not to answer<sub>11</sub>

**If 'No' to Item 1a, Go to 28**

**If 'Yes' to Item 1a or Item 2, Go to 27**

27) Have you ever experienced any symptoms that you believe may be caused by using e-cigarette/vaping devices? (*check all that apply*)

- 27a)  Dry mouth
- 27b)  Shortness of breath
- 27c)  Fever and chills
- 27d)  Cough
- 27e)  Nausea
- 27f)  Vomiting
- 27g)  Diarrhea
- 27h)  Chest pain
- 27i)  Headache
- 27j)  Irregular heartbeat
- 27k)  Rash
- 27l)  Heartburn
- 27m)  High blood pressure
- 27n)  Loss of taste/smell
- 27o)  Other
- 27p)  None of the above
- 27q)  Prefer not to answer

27o1) Please specify other: \_\_\_\_\_

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28) Have you ever been to the emergency department because of respiratory problems associated with e-cigarette/vaping device use?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Prefer not to answer<sub>2</sub>

29) Have you ever been hospitalized because of respiratory problems associated with e-cigarette/vaping device use?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Prefer not to answer<sub>2</sub>

30) Were you ever in intensive care because of respiratory problems associated with e-cigarette/vaping device use?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Prefer not to answer<sub>2</sub>

31) Do you have your e-cigarette or vape product with you today?

- No<sub>0</sub>
- Yes<sub>1</sub>

*If Yes, please take a picture of the participant's e-cigarette or vape product and upload to CDART. Please see QxQ for instructions.*

**END OF FORM**