

e-cigarette Use Assessment for Follow-up

ID NUMBER: FORM CODE: ECF VERSION: 3.0 09/24/2019 Event:
0a) Date of Collection
Instructions: This form should be completed during the participant's clinic visit.
 1) Have you ever used an electronic cigarette or vaped product? □ No₀ → Go to End □ Yes₁
 2b) Did your electronic cigarette or vaped product contain nicotine? No₀ Yes₁ Don't know₃ Other (exclude flavoring)₄ 2b1) Please specify other
 2c) Did your electronic cigarette or vaped product contain cannabis (marijuana)? □ No₀ → Go to 3 □ Yes₁ □ Don't know₉ → Go to 3
 2e) How often do you use e-cigarettes or vape products containing cannabis? Less than once a month₁ Less than once a week₂ 1-3 days a week₃ 4-6 days a week₄ Every day₅
2f) Do you vape a THC product? No₀→ Go to 2g Yes1 Don't know₉→ Go to 2g 2f1) What is the concentration of THC in your e-cigarette or vape products? 0-10%₁ 11-20%₂ 21-30%₃ 31-40%₄ Don't know₉

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Event: _____

2g)	Do	you	vape	эa	CBD	product?
-37		J				

			_
\square No ₀ \rightarrow	Go	to	3

Yes₁

 \Box Don't know₉ \rightarrow **Go to 3**

2g1) What is the concentration of CBD in your e-cigarette or vape products?

0-10%1

☐ 11-20%<mark>2</mark>

21-30%<mark>3</mark>

31-40%4

Don't know₉

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

No ₀
Yes ₁

_{5c}4) 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 ₀
Yes ₁

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

No₀

Yes

16) Since your last SPIROMICS visit, have you used electronic cigarettes or vape products?

□ No ₀ →	Go	to	End	
Yes ₁				

27) When did you start using e-cigarettes or vape products?

		month/year
--	--	------------

3a8) Usually did the e-cigarettes or vape product liquids you used have flavorings?

$ No_0 \rightarrow \textbf{Go to 9} $
Yes1
Don't know₂ → Go to 9
_{3b} 8a) If yes, what flavor was it?
Menthol₁
Candy ₂
☐Fruit ₃
Clove or spice ₆
Chocolate ₇
☐ Mint ₈

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 Dessert or other sweet₉ An alcoholic drink (such as wine, cognac, margarita, or other A non-alcoholic drink (such as coffee, soda, energy drinks, or Other₄ 8a1) Please specify other 	
 49) Do you currently use e-cigarettes or vape products? No₀ → Go to 13 Yes₁ 	
 610) How often do you use e-cigarettes or vape products? Every day₁ Most days₂ 4+ days a week₃ 1-3 days a week₄ Less than once a week₅ Less than once a month₆ 	
 711) When did you last use an e-cigarette or vape product? Within the last hour₁ Sometime today₂ Yesterday₃ Within the last week₄ Within the last month₅ More than a month ago₆ 	
⁸ 12) In the last 24 hours, how many times have you used an e-cigarette times \rightarrow Go to 16	or vape product?
1413) How long did you use e-cigarettes or vape products?	months years
$_{15}$ 14) How long has it been since you used an e-cigarette or vape produ	uct? months years
 1615) When you did use, how often did you use e-cigarettes or vape prod Every day1 Most days2 4+ days a week3 1-3 days a week4 Less than once a week5 Less than once a month6 	ducts?
16) If you use or used to use e-cigarettes or vape products, what size be	ottle of e-liquid do/did you purchase?

e-cigarette Use Assessment for Follow-up, ECF

🗌 15 ml<mark>1</mark>

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☐ 30 ml ₂ ☐ 60 ml ₃ ☐ 100 ml ₄ ☐ 120 ml ₅		
Don't know ₆		
Other ₇		
16a1) Please specify other		
 17) How long does/did one bottle last? <1 day₁ 1 day₂ 2-4 days₃ 4-7 days₄ 1.5 weeks₅ 2 weeks₆ >2 weeks₇ Don't know₈ Other₉ 17a) Please specify other 		

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

- 0 mg/ml (0.0 %)₁
- 3 mg/ml (0.3%)₂
- 6 mg/ml (0.6%)₃
- 9 mg/ml (0.9%)₄
- 12 mg/ml (1.2%)₅
- 15 mg/ml (1.5%)₆
- 18 mg/ml (1.8%)₇
- □ >18 mg/ml (>1.8%)₈
- Don't know₉
- 19) What concentration of nicotine do you <u>currently</u> use (or used when you quit e-cigarettes or vape products?
 - 0 mg/ml (0.0 %)1
 3 mg/ml (0.3%)2
 6 mg/ml (0.6%)3
 9 mg/ml (0.9%)4
 - 12 mg/ml (1.2%)₅
 - 15 mg/ml (1.5%)₆
 - 18 mg/ml (1.8%)₇
 - □ >18 mg/ml (>1.8%)₈
 - Don't know₉

Questions 20-22 have been removed.

23) What brand of e-cigarette or vape product do you currently use?

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

\square No ₀ \rightarrow Go to 2	5
Yes ₁	_
_ Don't know ₉ →	Go to 25
Day Day and ahan	

24a) Do you change the voltage on your e-cigarette or vape product?

No	0
Ye	S1
-	

Don't know₉

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

No ₀ → Go to 26	
☐ Yes₁	
☐ Don't know₀→ Go to 26	
25a) Do you change the temperature on your e-cigarette or vape produc	t?
□ No ₀	
☐ Yes₁	
Don't know ₉	

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

No₀

Yes₁

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