



## INSTRUCTIONS FOR E-CIGARETTE USE ASSESSMENT FOR FOLLOW-UP FORM ECF, VERSION 2.0, QUESTION BY QUESTION (QxQ)

### I. GENERAL INSTRUCTIONS

The e-cigarette Use Assessment Form for Follow-up is completed during the participant's clinic visit.

This form is to be completed at Visit 5.

**Header Information:** The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

- Item 1. **E-cigarette or vaped product use** Select only one option among the two possible choices.
- Select No if the subject has never used an electronic cigarette or vaped product. [GO TO END]
  - Select Yes if the subject has used an electronic cigarette or vaped product.
- Item 2. **E-cigarette or vaped product substances.** Check all of the substances that apply that the electronic cigarette or vaped product contained.
- If other, specify in Item 2a.
- Item 3. **Reason for starting use product use** Select only one option among the two possible choices.
- Select No if the subject did not start using e-cigarettes or vape products because s/he wanted to cut down and/or stop smoking regular cigarettes.
  - Select Yes if the subject start using e-cigarettes or vape products because s/he wanted to cut down and/or stop smoking regular cigarettes.
- Item 4. **Belief about product use** Select only one option among the two possible choices.
- Select No if the subject does not believe use of e-cigarettes or vape products helps to either stop smoking or decrease the number of regular cigarettes you smoke each day.
  - Select Yes if the subject does believe use of e-cigarettes or vape products helps to either stop smoking or decrease the number of regular cigarettes you smoke each day.
- Item 5. **Reason for starting use product use** Select only one option among the two possible choices.
- Select No if the subject did not start using e-cigarettes or vape products because s/he wanted to improve his/her health.
  - Select Yes if the subject start using e-cigarettes or vape products because s/he wanted to improve his/her health.

- Item 6. **E-cigarette or vaped product use since last visit** Select only one option among the two possible choices.
- Select No if the subject has not used an electronic cigarette or vaped product since his/her last SPIROMICS visit. [GO TO END]
  - Select Yes if the subject has used an electronic cigarette or vaped product since his/her last SPIROMICS visit.
- Item 7. **Date of start using products.** Record the date the subject started using e-cigarettes or vape products. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.
- Item 8. **E-cigarette or vaped product flavorings** Select only one option among the three possible choices.
- Select No if the e-cigarettes or vape product liquids used did not have flavorings. [GO TO Q9]
  - Select Yes if the e-cigarettes or vape product liquids used have flavorings.
  - Select Don't know if the subject does not know whether the e-cigarettes or vape product liquids used have flavorings. [GO TO Q9]
- Item 8a. **E-cigarette or vaped product flavorings.** Select the flavors of the electronic cigarette or vaped product.
- If other, specify in Item 8a1.
- Item 9. **E-cigarette or vaped product use** Select only one option among the two possible choices.
- Select No if the subject no longer uses an electronic cigarette or vaped product. [GO TO Q13]
  - Select Yes if the subject still uses an electronic cigarette or vaped product.
- Item 10. **Frequency of use** Select only one option among the six possible choices according to the how often the subject reports using an e-cigarette or vaped product.
- Item 11. **Last use** Select only one option among the six possible choices according to the when the subject reports his/her last use of an e-cigarette or vaped product.
- Item 12. **Use in the last 24 hours.** Record the number of times the subject reported using e-cigarettes or vape products in the last 24 hours.
- Item 13. **Duration of use.** Record how long the subject reported using e-cigarettes or vape products. Duration should be entered in the months and years.
- Item 14. **Time since last use.** Record how long it has been that subject reported since using e-cigarettes or vape products. Time should be entered in the months and years.
- Item 15. **How often e-cigarettes used** Select only one option among the six possible choices according to the how often the subject reports using an e-cigarette or vaped product when s/he used e-cigarettes or vaped products.
- Item 16. **Bottle size** Select only one option among the seven possible choices of the size bottle of e-liquid the subject reported purchasing when s/he used e-cigarettes or vaped products.
- If other, specify in Item 16a1.

Item 17. **How long does the bottle last** Select only one option among the nine possible choices of the amount of time the subject reported that the bottle lasted.

If other, specify in Item 17a.

Item 18. **Nicotine concentration** Select only one option among the nine possible choices of the concentration of nicotine the subject reported using when s/he started using e-cigarettes or vape products.

Item 19. **Current nicotine concentration** Select only one option among the nine possible choices of the concentration of nicotine the subject reported currently.

Item 20. **First generation product** Select only one option among the two possible choices.

- Select No if the subject does not use a first generation e-cigarette or vaped product. [GO TO Q21]
- Select Yes if the subject uses a first generation e-cigarette or vaped product.

Item 20a. **Electronic cigarette** Select only one option among the two possible choices.

- Select No if the subject does not use an electronic cigarette. [GO TO Q20b]
- Select Yes if the subject uses an electronic cigarette.

Item 20a1. **Type of electronic cigarette** Select only one option among the two possible choices.

- Select Disposable if the subject uses a disposable electronic cigarette.
- Select Rechargeable if the subject uses a rechargeable electronic cigarette.

Item 20b. **Cig-a-likes** Select only one option among the two possible choices.

- Select No if the subject does not use a Cig-a-like.
- Select Yes if the subject uses a Cig-a-like.

Item 20c. **Minis** Select only one option among the two possible choices.

- Select No if the subject does not use a Mini.
- Select Yes if the subject uses a Mini.

Item 21. **Second generation product** Select only one option among the two possible choices.

- Select No if the subject does not use a second generation e-cigarette or vaped product. [GO TO Q22]
- Select Yes if the subject uses a second generation e-cigarette or vaped product.

Item 21a. **Vaporizer pens** Select only one option among the two possible choices.

- Select No if the subject does not use a vaporizer pen.
- Select Yes if the subject uses a vaporizer pen.

Item 22. **Third generation product** Select only one option among the four possible choices of third generation e-cigarette or vaped product.

Save and close the form.