



## e-cigarette Use Assessment for Follow-up

ID NUMBER:

FORM CODE: ECF  
VERSION: 2.0 03/08/2018

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

0a) Date of Collection   /   /

0b) Staff Code

**Instructions:** This form should be completed during the participant's clinic visit. For numerical responses, enter the number so that the last digit appears in the rightmost box.

1) Have you ever used an electronic cigarette or vaped product?

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

2) Did your electronic cigarette or vaped product contain any of the substances below?

- Nicotine<sub>1</sub>  
 Cannabis (marijuana)<sub>2</sub>  
 Don't know<sub>3</sub>  
 Other (exclude flavoring)<sub>4</sub>

2a) Please specify other \_\_\_\_\_

<sup>12</sup>3) 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>  
 Yes<sub>1</sub>

<sup>5c</sup>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<sub>0</sub>  
 Yes<sub>1</sub>

<sup>13</sup>5) Did you start using e-cigarettes or vape products because you wanted to improve your health?

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

<sup>1</sup>6) Since your last SPIROMICS visit, have you used electronic cigarettes or vape products?

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

<sup>2</sup>7) When did you start using e-cigarettes or vape products?   /     month/year

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3a) 8) Usually did the e-cigarettes or vape product liquids you used have flavorings?

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

3b) 8a) If yes, what flavor was it?

- Menthol<sub>1</sub>
- Candy<sub>2</sub>
- Fruit<sub>3</sub>
- Tobacco<sub>5</sub>
- Other<sub>4</sub>

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

4) 9) Do you still use e-cigarettes or vape products?

- No<sub>0</sub> → **Go to 13**
- Yes<sub>1</sub>

6) 10) 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>

7) 11) 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>

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

times → **Go to 16**

14) 13) 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 product?

months   years

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16 15) When you did use, 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>

16) 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>
- Don't know<sub>6</sub>
- Other<sub>7</sub>

16a1) Please specify other \_\_\_\_\_

17) 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>
- Don't know<sub>8</sub>
- Other<sub>9</sub>

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 %) <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>

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19) 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>

What type or generation of e-cigarette or vape product do/did you use?

20) First Generation

- No <sub>0</sub> → **Go to 21**
- Yes <sub>1</sub>

20a) Electronic Cigarette

- No <sub>0</sub> → **Go to 20b**
- Yes <sub>1</sub>

20a1) Type of Electronic Cigarette

- Disposable <sub>1</sub>
- Rechargeable <sub>2</sub>

20b) Cig-a-likes

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

20c) Minis

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

21) Second Generation

- No <sub>0</sub> → **Go to 22**
- Yes <sub>1</sub>

21a) Vaporizer pens (vape pens)

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

22) Third Generation

- No <sub>0</sub> → **End Form**
- Yes <sub>1</sub>

22a) Type of third generation product

- Mechanical Modified Nicotine Delivery Systems (MODs) <sub>1</sub>

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Event \_\_\_\_\_

- Vape MODs/personal vaporizer<sub>2</sub>
- Electronic Hookah<sub>3</sub>
- Don't know<sub>4</sub>

**END OF FORM**