

FOLLOW-UP E-CIGARETTE USE ASSESSMENT

ID NUMBER:

FORM CODE: ECF
VERSION: 1.0 01/14/2022

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's SOURCE follow-up visit(s) and/or during the Bronchoscopy Substudy visit.

1) Were you using an electronic cigarette or vape product regularly at your last SOURCE (*clinic visit or telephone contact*)?

No₀ → **Go to 2**

Yes₁

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

No₀

Yes₁ → **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 SOURCE (*clinic visit or telephone contact*)?

No₀ → **Go to End**

Yes₁

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

/ /

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

No₀

Yes₁

Don't know₂

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

No₀ → **Go to 6**

Yes₁

Don't know₂ → **Go to 6**

Prefer not to say₃ → **Go to 6**

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5) How often do(did) 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

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

- No₀ → **Go to 7**
- Yes₁
- Don't know₂ → **Go to 7**

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

- 0-10%₁
- 11-20%₂
- 21-30%₃
- 31-40%₄
- Don't know₅

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

- No₀ → **Go to 8**
- Yes₁
- Don't know₂ → **Go to 8**

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

- 0-10%₁
- 11-20%₂
- 21-30%₃
- 31-40%₄
- Don't know₅

3a) 8) Usually, do(did) the e-cigarette or vape product liquids you use(used) have flavorings?

- No₀ → **Go to 9**
- Yes₁
- Don't know₂ → **Go to 9**

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

- Menthol₁
- Candy₂
- Fruit₃
- Tobacco₄
- Clove or spice₅
- Chocolate₆
- Mint₇
- Dessert or other sweet₈

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- An alcoholic drink (such as wine, cognac, margarita, or other cocktails)⁹
- A non-alcoholic drink (such as coffee, soda, energy drinks, or other beverage)¹⁰
- Other¹¹

8a1) Please specify other: _____

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

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

69) 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

710) 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

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

times → **Go to 15**

1412) How long did you use e-cigarettes or vape products?

months years

1513) How long has it been since you used an e-cigarette or vape product?

months years

1614) How often did 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

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

- 15 mL₁
- 30 mL₂
- 60 mL₃
- 100 mL₄
- 120 mL₅
- Other₆
- Don't know₇ → **Go to 17**
- Not Applicable₈ → **Go to 17**

15a) Please specify other: _____

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

- <1 day₁
- 1 day₂
- 2-4 days₃
- 4-7 days₄
- 1.5 weeks₅
- 2 weeks₆
- >2 weeks₇
- Other₈
- Don't know₉

16a) Please specify other: _____

If 'No' to Item 3, Go to 19

If 'Yes' to Item 3, Go to 17

17) 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

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

- 0 mg/mL (0.0%)₁
- 3 mg/mL (0.3%)₂

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

- JUUL₁
- MOTI₂
- Blu₃
- Puff Bar₄
- HQD₅
- GeekVape₆
- SMOK₇
- Vaporesso₈
- VooPoo₉
- Uwell₁₀
- Other₁₁

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?

- No₀ → **Go to 21**
- Yes₁
- Don't know₂ → **Go to 21**

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

- No₀
- Yes₁
- Don't know₂

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?

- No₀ → **Go to 22**
- Yes₁
- Don't know₂ → **Go to 22**

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

- No₀
- Yes₁
- Don't know₂

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

1222) Did you start using e-cigarettes or vape products because you wanted to cut down and/or stop smoking regular cigarettes?

- No₀
 Yes₁

5023) 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?

- No₀
 Yes₁

1324) Did you start using e-cigarettes or vape products because you wanted to improve your health?

- No₀
 Yes₁

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

- Very much₁
 Somewhat₂
 Slightly₃
 Not at all₄
 Prefer not to answer₅

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 all₀
 1₁
 2₂
 3₃
 4₄
 5₅
 6₆
 7₇
 8₈
 9₉
 10, Very much₁₀
 Prefer not to answer₁₁

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

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

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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: _____

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

- No₀
- Yes₁
- Prefer not to answer₂

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

- No₀
- Yes₁
- Prefer not to answer₂

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

- No₀
- Yes₁
- Prefer not to answer₂

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31) 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