

BASELINE E-CIGARETTE USE ASSESSMENT

ID NUMBER:

FORM CODE: ECA
VERSION: 1.0 04/23/2021

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

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

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

- No₀ → **Go to End**
 Yes₁

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

- No₀
 Yes₁
 Other (exclude flavoring)₂
 Don't know₃

2a) Please specify other: _____

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

- No₀ → **Go to 5**
 Yes₁
 Don't know₂ → **Go to 5**

4) 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

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

- No₀ → **Go to 6**
 Yes₁
 Don't know₂ → **Go to 6**

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5a) 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

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

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

6a) 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

₂7) When did you start using e-cigarettes or vape products? / (mm/yyyy)

_{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
- 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: _____

₄9) Do you currently use e-cigarettes or vape products?

- No₀ → **Go to 13**
- Yes₁

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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

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

times → **Go to 16**

1413) How long did you use e-cigarettes or vape products?

months years

1514) How long has it been since you used an e-cigarette or vape product?

months years

1615) 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

16) 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 18**
- Not Applicable₈ → **Go to 18**

16a) Please specify other: _____

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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
- Other₈
- Don't know₉

17a) Please specify other: _____

If 'No' or 'Other (exclude flavoring)' to Item 2, Go to 20

If 'Yes' to Item 2, Go to 18

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 currently 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

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

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

20a) Please specify other: _____

21) 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 22**
- Yes₁
- Don't know₂ → **Go to 22**

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

- No₀
- Yes₁
- Don't know₂

22) 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 23**
- Yes₁
- Don't know₂ → **Go to 23**

22a) Do(Did) you change the temperature on your e-cigarette or vape product?

- No₀
- Yes₁
- Don't know₂

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

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

- No₀
- Yes₁

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5c24) 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

1325) Did you start using e-cigarettes or vape products because you wanted to improve your health?

- No₀
- Yes₁

26) 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

If 'No' to Item 9, Go to 28

If 'Yes' to Item 9, Go to 27

27) 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

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

- 28a) Dry mouth
- 28b) Shortness of breath
- 28c) Fever and chills
- 28d) Cough
- 28e) Nausea
- 28f) Vomiting
- 28g) Diarrhea

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- 28h) Chest pain
- 28i) Headache
- 28j) Irregular heartbeat
- 28k) Rash
- 28l) Heartburn
- 28m) High blood pressure
- 28n) Loss of taste/smell
- 28o) Other
- 28p) None of the above
- 28q) Prefer not to answer

28o1) Please specify other: _____

- 29) 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

- 30) Have you ever been hospitalized because of respiratory problems associated with e-cigarette/vaping device use?
- No₀
 - Yes₁
 - Prefer not to answer₂

- 31) Were you ever in intensive care because of respiratory problems associated with e-cigarette/vaping device use?
- No₀
 - Yes₁
 - Prefer not to answer₂

- 32) 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