SOURCE
SPIROMICS Study of Early COPD Progression

FOLLOW-UP E-CIGARETTE USE ASSESSMENT

ID NUMBER: ☐☐☐☐☐☐☐☐

FORM CODE: **ECF**
VERSION: **1.0 10/21/2022**

Event: _____

0a) Date of Collection: ☐☐ / ☐☐ / ☐☐☐☐   0b) Staff Code: ☐☐☐

Instructions: *This form should be completed during the participant's SOURCE follow-up visits and/or during the Bronchoscopy Sub-study visit.*

Notes:
- *For the 18-month follow-up phone call, all questions should be answered thinking back to the baseline visit as the last SOURCE contact.*
- *For the 3-year follow-up clinic visit, all questions should be answered thinking back to the 18-month follow-up phone call as the last SOURCE contact.*
- *For the Bronchoscopy Sub-study visit, all questions should be answered thinking back to either: (1) the baseline clinic visit; (2) the 18-month follow-up phone call; or (3) the 3-year follow-up clinic visit as the last SOURCE contact that precedes the Pre-Bronchoscopy Visit 1.*

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1) Were you using an electronic cigarette or vape product regularly at your last SOURCE *(clinic visit or telephone contact)*?
   ☐ No$_0$ → **Go to 2**
   ☐ Yes$_1$

   1a) Are you currently using an electronic cigarette or vape product regularly?
       ☐ No$_0$
       ☐ Yes$_1$ → **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*)?
   ☐ No$_0$ → **Go to End**
   ☐ Yes$_1$

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

3) Does(Did) your electronic cigarette or vape product contain nicotine?
   ☐ No$_0$
   ☐ Yes$_1$
   ☐ Don't know$_2$

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

☐ No$_0$ → **Go to 6**

☐ Yes$_1$

☐ Don't know$_2$ → **Go to 6**

☐ Prefer not to say$_3$ → **Go to 6**

5) How often do(did) you use e-cigarettes or vape products containing cannabis?
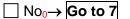
☐ Less than once a month$_1$

☐ Less than once a week$_2$

☐ 1-3 days a week$_3$

☐ 4-6 days a week$_4$

☐ Every day$_5$

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

☐ No$_0$ → **Go to 7**

☐ Yes$_1$

☐ Don't know$_2$ → **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 know$_5$

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

☐ No$_0$ → **Go to 8**

☐ Yes$_1$

☐ Don't know$_2$ → **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 know$_5$

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

☐ No$_0$ → **Go to 9**

☐ Yes$_1$

☐ Don't know$_2$ → **Go to 9**

3b8a) If yes, what flavor is(was) it?

- ☐ Menthol$_1$
- ☐ Candy$_2$
- ☐ Fruit$_3$
- ☐ Tobacco$_4$
- ☐ Clove or spice$_5$
- ☐ Chocolate$_6$
- ☐ Mint$_7$
- ☐ Dessert or other sweet$_8$
- ☐ 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)$_{10}$
- ☐ Other$_{11}$

    8a1) Please specify other: _____

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

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

6 9) How often do you use e-cigarettes or vape products?

- ☐ Every day$_1$
- ☐ Most days$_2$
- ☐ 4+ days a week$_3$
- ☐ 1-3 days a week$_4$
- ☐ Less than once a week$_5$
- ☐ Less than once a month$_6$

7 10) When did you last use an e-cigarette or vape product?

- ☐ Within the last hour$_1$
- ☐ Sometime today$_2$
- ☐ Yesterday$_3$
- ☐ Within the last week$_4$
- ☐ Within the last month$_5$
- ☐ More than a month ago$_6$

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

[ ][ ] times → **Go to 15**

14 12) How long did you use e-cigarettes or vape products? [ ][ ] months [ ][ ] years

15 13) How long has it been since you used an e-cigarette or vape product? [ ][ ] months [ ][ ] years

14) How often did you use e-cigarettes or vape products? [16]

☐ Every day$_1$
☐ Most days$_2$
☐ 4+ days a week$_3$
☐ 1-3 days a week$_4$
☐ Less than once a week$_5$
☐ Less than once a month$_6$

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

☐ 15 mL$_1$
☐ 30 mL$_2$
☐ 60 mL$_3$
☐ 100 mL$_4$
☐ 120 mL$_5$
☐ Other$_6$
☐ Don't know$_7$ → **Go to 17**
☐ Not Applicable$_8$ → **Go to 17**

15a) Please specify other: _____

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

☐ <1 day$_1$
☐ 1 day$_2$
☐ 2-4 days$_3$
☐ 4-7 days$_4$
☐ 1.5 weeks$_5$
☐ 2 weeks$_6$
☐ >2 weeks$_7$
☐ Other$_8$
☐ Don't know$_9$

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 <u>started</u> 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 know$_9$

18) 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 know$_9$

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

☐ JUUL$_1$
☐ MOTI$_2$
☐ Blu$_3$
☐ Puff Bar$_4$
☐ HQD$_5$
☐ GeekVape$_6$
☐ SMOK$_7$
☐ Vaporesso$_8$
☐ VooPoo$_9$
☐ Uwell$_{10}$
☐ Other$_{11}$

     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?

☐ No$_0$ → **Go to 21**
☐ Yes$_1$
☐ Don't know$_2$ → **Go to 21**

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

☐ No$_0$
☐ Yes$_1$
☐ Don't know$_2$

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?

☐ No$_0$ → **Go to 22**
☐ Yes$_1$
☐ Don't know$_2$ → **Go to 22**

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

    ☐ No$_0$
    ☐ Yes$_1$
    ☐ Don't know$_2$

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

$_{12}$22) 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}$23) 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$_1$

$_{13}$24) Did you start using e-cigarettes or vape products because you wanted to improve your health?

☐ No$_0$
☐ Yes$_1$

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

☐ Very much$_1$
☐ Somewhat$_2$
☐ Slightly$_3$
☐ Not at all$_4$
☐ Prefer not to answer$_5$

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 all$_0$
- ☐ 1$_1$
- ☐ 2$_2$
- ☐ 3$_3$
- ☐ 4$_4$
- ☐ 5$_5$
- ☐ 6$_6$
- ☐ 7$_7$
- ☐ 8$_8$
- ☐ 9$_9$
- ☐ 10, Very much$_{10}$
- ☐ Prefer not to answer$_{11}$

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

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

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?

☐ No$_0$
☐ Yes$_1$
☐ Prefer not to answer$_2$

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

☐ No$_0$
☐ Yes$_1$
☐ Prefer not to answer$_2$

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

☐ No$_0$
☐ Yes$_1$
☐ Prefer not to answer$_2$

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

☐ No$_0$
☐ Yes$_1$

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