

## 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?

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

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

- No<sub>0</sub>  
 Yes<sub>1</sub>  
 Other (exclude flavoring)<sub>2</sub>  
 Don't know<sub>3</sub>

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

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

- No<sub>0</sub> → **Go to 5**  
 Yes<sub>1</sub>  
 Don't know<sub>2</sub> → **Go to 5**

4) How often do(did) you use e-cigarettes or vape products containing cannabis?

- Less than once a month<sub>1</sub>  
 Less than once a week<sub>2</sub>  
 1-3 days a week<sub>3</sub>  
 4-6 days a week<sub>4</sub>  
 Every day<sub>5</sub>

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

- No<sub>0</sub> → **Go to 6**  
 Yes<sub>1</sub>  
 Don't know<sub>2</sub> → **Go to 6**

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

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

5a) What is(was) the concentration of THC in your e-cigarette or vape product?

- 0-10%<sub>1</sub>
- 11-20%<sub>2</sub>
- 21-30%<sub>3</sub>
- 31-40%<sub>4</sub>
- Don't know<sub>5</sub>

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

- No<sub>0</sub> → **Go to 7**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 7**

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

- 0-10%<sub>1</sub>
- 11-20%<sub>2</sub>
- 21-30%<sub>3</sub>
- 31-40%<sub>4</sub>
- Don't know<sub>5</sub>

<sub>2</sub>7) When did you start using e-cigarettes or vape products?        /     (mm/yyyy)

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

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

<sub>3b</sub>8a) If yes, what flavor is(was) it?

- Menthol<sub>1</sub>
- Candy<sub>2</sub>
- Fruit<sub>3</sub>
- Tobacco<sub>4</sub>
- Clove or spice<sub>5</sub>
- Chocolate<sub>6</sub>
- Mint<sub>7</sub>
- Dessert or other sweet<sub>8</sub>
- An alcoholic drink (such as wine, cognac, margarita, or other cocktails)<sub>9</sub>
- A non-alcoholic drink (such as coffee, soda, energy drinks, or other beverage)<sub>10</sub>
- Other<sub>11</sub>

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

<sub>4</sub>9) Do you currently use e-cigarettes or vape products?

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

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

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

610) 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>

711) 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>

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 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>
- Other<sub>6</sub>
- Don't know<sub>7</sub> → **Go to 18**
- Not Applicable<sub>8</sub> → **Go to 18**

16a) Please specify other: \_\_\_\_\_

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

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

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>
- Other<sub>8</sub>
- Don't know<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>

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>

ID NUMBER:									
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VERSION: 1.0 04/23/2021

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

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

- JUUL<sub>1</sub>
- MOTI<sub>2</sub>
- Blu<sub>3</sub>
- Puff Bar<sub>4</sub>
- HQD<sub>5</sub>
- GeekVape<sub>6</sub>
- SMOK<sub>7</sub>
- Vaporesso<sub>8</sub>
- VooPoo<sub>9</sub>
- Uwell<sub>10</sub>
- Other<sub>11</sub>

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?

- No<sub>0</sub> → **Go to 22**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 22**

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

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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?

- No<sub>0</sub> → **Go to 23**
- Yes<sub>1</sub>
- Don't know<sub>2</sub> → **Go to 23**

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

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

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

<sup>12</sup>23) 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>

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

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

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?

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

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

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

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

- Very much<sub>1</sub>  
 Somewhat<sub>2</sub>  
 Slightly<sub>3</sub>  
 Not at all<sub>4</sub>  
 Prefer not to answer<sub>5</sub>

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 all<sub>0</sub>  
 1<sub>1</sub>  
 2<sub>2</sub>  
 3<sub>3</sub>  
 4<sub>4</sub>  
 5<sub>5</sub>  
 6<sub>6</sub>  
 7<sub>7</sub>  
 8<sub>8</sub>  
 9<sub>9</sub>  
 10, Very much<sub>10</sub>  
 Prefer not to answer<sub>11</sub>

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  
28h)  Chest pain  
28i)  Headache  
28j)  Irregular heartbeat

ID NUMBER:									
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VERSION: 1.0 04/23/2021

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

- 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?  
 No<sub>0</sub>  
 Yes<sub>1</sub>  
 Prefer not to answer<sub>2</sub>

30) Have you ever been hospitalized because of respiratory problems associated with e-cigarette/vaping device use?  
 No<sub>0</sub>  
 Yes<sub>1</sub>  
 Prefer not to answer<sub>2</sub>

31) Were you ever in intensive care because of respiratory problems associated with e-cigarette/vaping device use?  
 No<sub>0</sub>  
 Yes<sub>1</sub>  
 Prefer not to answer<sub>2</sub>

32) Do you have your e-cigarette or vape product with you today?  
 No<sub>0</sub>  
 Yes<sub>1</sub>

*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**