

eCigarette

Please complete the survey below.

Thank you!

Section 1. Past eCigarette use

1. Have you ever used an electronic cigarette (eCigarette) or vaped product?
- Yes
 No

If No, then STOP.

2. Did your eCigarette or vape contain any of the following (check all that apply):
- Nicotine
 Cannabis (marijuana)
 Don't know
 None of the above
 Other: specify

3. When did you start using eCigarettes or vape?

a. Month _____
(month (01-12))

b. Year _____
(year)

4. Did you start using eCigarettes or vape because you wanted to cut down or stop smoking regular cigarettes?
- Yes
 No

5. Do you believe your use of eCigarettes helped you either stop smoking or decrease the number of regular cigarettes you smoke each day?
- Yes
 No

6. Did you start using eCigarettes or vape because you wanted to improve your health?
- Yes
 No

7. Have you used eCigarettes or vaped since your last COPDGene visit?
- Yes
 No

8. Were the eCigarette or vaping liquid you used, usually with flavorings?

- Yes
 No
 Don't know

a. If Yes, what flavor was it?

- Menthol
 Candy
 Fruit
 Tobacco
 Clove or Spice
 Chocolate
 An alcoholic drink (wine, cognac, margarita...)
 A non-alcoholic drink (coffee, soda, energy drink...)
 Other

Section 2: To be answered by all subjects who have used eCigs

1. If you vape or vaped, what size bottle of e-liquid do/did you purchase?

- 15 ml
 30 ml
 60 ml
 100 ml
 120 ml
 Other: Specify _____
 Don't know
 N/A

2. How long does/did one bottle last?

- < 1 day
 1 day
 2-4 days
 4-7 days
 1.5 weeks
 2 weeks
 >2 weeks
 Other: Specify _____
 N/A

3. What concentration of nicotine did you use when you started using eCigarettes or vaping?

- 0 mg/ml (0.0 %)
 3 mg/ml (0.3%)
 6 mg/ml (0.6%)
 9 mg/ml (0.9%)
 12 mg/ml (1.2%)
 15 mg/ml (1.5%)
 18 mg/ml (1.8%)
 >18 mg/ml (>1.8%)
 Don't know

4. What concentration of nicotine do you currently use (or used before you quit eCigarettes/vaping)?

- 0 mg/ml (0.0 %)
 3 mg/ml (0.3%)
 6 mg/ml (0.6%)
 9 mg/ml (0.9%)
 12 mg/ml (1.2%)
 15 mg/ml (1.5%)
 18 mg/ml (1.8%)
 >18 mg/ml (>1.8%)
 Don't know

5. What type of product do/did you use?

- First Generation: Electronic Cigarettes Disposable
- First Generation: Electronic Cigarettes Rechargeable
- First Generation: Cig-a-likes
- First Generation: Minis
- Second Generation: Vaporizer pens (Vape Pens)
- Third Generation: Mechanical Modified Nicotine Delivery Systems (MODs)
- Third Generation: Vape MODs/personal vaporizer
- Third Generation: Electronic Hookah
- Don't know

6. Some e-cigarettes or vape products allow you to adjust the battery voltage. Can you change the voltage of your eCigarette or vape product?

- No - Go to 8
- Yes - Go to 7
- Don't know

7. Do you change the voltage on your eCigarette or vape product?

- No - Go to 8
- Yes
- Don't know

8. Some eCigarettes or vape products allow you to adjust the temperature. Can you change the temperature on your e-cigarette or vape product?

- No - Go to 10
- Yes - Go to 9
- Don't know

9. Do you change the temperature on your eCigarette or vape product?

- No
- Yes
- Don't know

10. Do you still use eCigarettes or

vape? If no, go to section 3

- Yes
- No

11. How often do you use eCigarettes or vape?

- Every day
- 4+ days a week
- 1-3 days a week
- Less than once a week
- Less than once a month

12. When did you last use an eCigarette or vape?

- Within the last hour
- Sometime today
- Yesterday
- Within the last week
- Within the last month
- More than a month ago

13. In the last 24 hours, how many times have used an eCigarette or vaped?

(number of times)

Section 3: If you no longer use eCigarettes or vape:

1. For how many years/months did you use eCigarettes or vape products?

_____ (years)

a. Years

b. Months

_____ (months)

2. How many years/months has it been since you used eCigarettes or vape?

a. Years

_____ (years)

b. Months

_____ (months)

3. When you did use eCigarettes or vape, how often did you use it?

- Every day
- 4+ days a week
- 1-3 days a week
- Less than once a week
- Less than once a month