

FOLLOW-UP E-CIGARETTE USE

ID NUMBER:

FORM CODE: **ECF**
 VERSION: 1.0 02/06/2025

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

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

0c) Very first study visit: / /

0d) Were you using an electronic cigarette or vape product regularly at your very first in-person clinic/study visit?

No₀ → **Go to 1**
 Yes₁

0d1) When did you start using an electronic cigarette or vape product regularly?

/ /

0e) Last study visit: / /

1) Were you using an electronic cigarette or vape product regularly at your last study visit?

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 study visit?

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

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- 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**

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+ days a week₄
- Most days₅
- ⁵ Every day₆

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

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

- No₀ → **Go to 9**
- Yes₁

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Don't know₂ → **Go to 9**

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: _____

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

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

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

- Less than once a month₁
- Less than once a week₂
- 1-3 days a week₃
- 4+ days a week₄
- Most days₅
- Every day₆

10) 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

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

times → **Go to 15**

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

months years

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

months years

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

- ⁶ Less than once a month₁
- ⁵ Less than once a week₂
- ⁴ 1-3 days a week₃
- ³ 4+ days a week₄
- ² Most days₅
- ¹ Every day₆

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
- 5-7 days₄
- ¹⁰ 8-10 days₅
- ⁵ 1.5 weeks or 11 days₆
- ¹¹ 12-13 days₇
- ⁶ 2 weeks₈
- ⁷ >2 weeks₉
- ⁸ Other₁₀ → **Go to 16a**
- ⁹ Don't know₁₁

16a) Other, Please specify: _____

If 'No' to Item 3, Go to 19

If 'Yes' to Item 3, Go to 17

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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
- 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?

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- 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

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

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

- No₀ → **Go to 24**
- Yes₁

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?

- No₀
- Yes₁

24) 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

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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

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

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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

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