

FOLLOW-UP E-CIGARETTE USE ASSESSMENT, ECF QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Follow-up E-Cigarette Use Assessment (ECF) is to be completed by the study coordinator 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.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.).* Beside each item input is a small double bracket icon which looks like this: >>. Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at a follow-up visit or another event.

- Item 0a.** Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0b.** Record the SOURCE staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SOURCE data, please contact the GIC in order to receive your own individual staff code.
- Item 1.** Select only one option among the two possible choices. If 'No' is selected, go to Item 2.
- Item 1a.** Select only one option among the two possible choices. If 'Yes' is selected, go to Item 3.
- Item 1b.** Record the date the participant stopped using an electronic cigarette or vape product regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. Then, go to Item 3.

Item 2. Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, and **Save and Close** the form.

Item 2a. Record the date the participant started using an electronic cigarette or vape product regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 3. Select only one option among the two possible choices.

Item 4. Select only one option among the two possible choices. If 'No' is selected, go to Item 6.

Item 5. Select only one option among the five possible choices.

Item 6. Select only one option among the two possible choices. If 'No' is selected, go to Item 7.

Item 6a. Select only one option among the four possible choices.

Item 7. Select only one option among the two possible choices. If 'No' is selected, go to Item 8.

Item 8. Select only one option among the two possible choices. If 'No' is selected, go to Item 9.

Item 8a. Select only one option among the eleven possible choices. If 'Other' is selected, go to Item 8a1.

Item 8a1. Specify other e-cigarette or vape product liquid flavoring in the space provided.

NOTE:

- If 'No' to Item 1a, Go to 12.
- If 'Yes' to Item 1a or Item 2, Go to 9.

Items 9-10. Select only one option among the six possible choices.

Item 11. Record the number of times the participant has used an e-cigarette or vape product in the last 24 hours in the space provided. Then, go to Item 15.

Item 12. Record how many months and/or years the participant used e-cigarettes or vape products since their last contact in the space(s) provided. *NOTE: Do not leave either field blank. Enter 0 if appropriate.*

Item 13. Record how many months and/or years it has been since the participant used an e-cigarette or vape product in the space(s) provided. *NOTE: Do not leave either field blank. Enter 0 if appropriate.*

Item 14. Select only one option among the six possible choices.

Item 15. Select only one option among the six possible choices. If 'Other' is selected, go to Item 15a.

Item 15a. Specify other e-liquid bottle size the participant purchased in the space provided.

Item 16. Select only one option among the eight possible choices. If 'Other' is selected, go to Item 16a.

Item 16a. Specify other length of time one e-liquid bottle lasts in the space provided.

NOTE:

- If 'No' to Item 3, Go to 19.
- If 'Yes' to Item 3, Go to 17.

Items 17-18. Select only one option among the eight possible choices.

Item 19. Select only one option among the eleven possible choices. If 'Other' is selected, go to Item 19a.

Item 19a. Specify other brand of e-cigarette or vape product the participant uses in the space provided.

Item 20. Select only one option among the two possible choices. If 'No' is selected, go to Item 21.

Item 20a. Select only one option among the two possible choices.

Item 21. Select only one option among the two possible choices. If 'No' is selected, go to Item 22.

Item 21a. Select only one option among the two possible choices.

NOTE: Read the script preceding Item 22 to the participant.

Items 22-24. Select only one option among the two possible choices.

Item 25. Select only one option among the four possible choices.

Item 26. Select only one option among the eleven possible choices.

NOTE:

- If 'No' to Item 1a, Go to 28.
- If 'Yes' to Item 1a or Item 2, Go to 27.

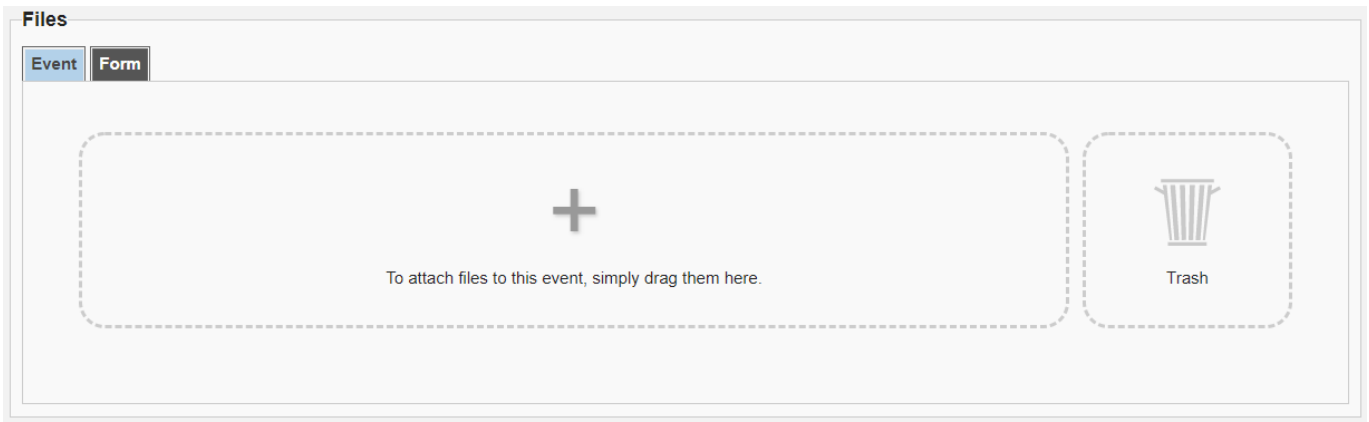
Item 27.

Items 27a-27q. Use the check boxes to answer all the symptoms that apply that the participant has experienced and believe may be caused by using e-cigarette or vaping devices since their last contact.

Item 27o1. If Item 27o is checked, specify other symptom in the space provided.

Items 28-30. Select only one option among the two possible choices.

Item 31. Select only one option among the two possible choices. **NOTE: If 'Yes' is selected, take a picture of the participant's e-cigarette or vape product and upload to CDART. To do so, save the picture as a .jpg file and simply drag and drop the image to the box at the bottom of the screen as pictured below:**



Select **Save and Close** at the bottom of the page/screen.