



INSTRUCTIONS FOR E-CIGARETTE USE ASSESSMENT FOR FOLLOW-UP FORM ECF, VERSION 3.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The e-cigarette Use Assessment Form for Follow-up is completed during the participant's clinic visit.

This form is to be completed at Visit 5.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS 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 SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 1. **E-cigarette or vaped product use** Select only one option among the two possible choices.

- Select No if the subject has never used an electronic cigarette or vaped product. [GO TO END]
- Select Yes if the subject has used an electronic cigarette or vaped product.

Item 2b. **E-cigarette or vaped product contains nicotine** Select only one option among the four possible choices.

- Select No if the subject's electronic cigarette or vaped product does not contain nicotine.
- Select Yes if the subject's electronic cigarette or vaped product contains nicotine.
- Select Don't Know if the subject is unsure if the electronic cigarette or vaped product contains nicotine.
- Select Other if the subject's electronic cigarette or vaped product contains another substance (exclude flavoring).

If other, specify in Item 2b1.

Item 2c. **E-cigarette or vaped product contains cannabis (marijuana)** Select only one option among the three possible choices.

- Select No if the subject's electronic cigarette or vaped product does not contain cannabis. [GO TO Q3]
- Select Yes if the subject's electronic cigarette or vaped product contains cannabis.
- Select Don't Know if the subject is unsure if the electronic cigarette or vaped product contains cannabis. [GO TO Q3]

Item 2e. **Frequency of use containing cannabis** Select only one option among the five possible choices according to how often the subject reports using an e-cigarette or vaped product that contains cannabis.

- Item 2f. **Vape a THC product** Select only one option among the three possible choices.
- Select No if the subject's electronic cigarette or vaped product does not contain THC. [GO TO Q2e]
 - Select Yes if the subject's electronic cigarette or vaped product contains THC.
 - Select Don't Know if the subject is unsure if the electronic cigarette or vaped product contains THC. [GO TO Q2e]
- Item 2f1. **Concentration of THC** Select only one option among the five possible choices according to the concentration of THC in the e-cigarette or vaped product.
- Item 2g. **Vape a CBD product** Select only one option among the three possible choices.
- Select No if the subject's electronic cigarette or vaped product does not contain CBD. [GO TO Q3]
 - Select Yes if the subject's electronic cigarette or vaped product contains CBD.
 - Select Don't Know if the subject is unsure if the electronic cigarette or vaped product contains CBD. [GO TO Q3]
- Item 2g1. **Concentration of CBD** Select only one option among the five possible choices according to the concentration of CBD in the e-cigarette or vaped product.
- Item 3. **Reason for starting use product use** Select only one option among the two possible choices.
- Select No if the subject did not start using e-cigarettes or vape products because s/he wanted to cut down and/or stop smoking regular cigarettes.
 - Select Yes if the subject start using e-cigarettes or vape products because s/he wanted to cut down and/or stop smoking regular cigarettes.
- Item 4. **Belief about product use** Select only one option among the two possible choices.
- Select No if the subject does not believe use of e-cigarettes or vape products helps to either stop smoking or decrease the number of regular cigarettes you smoke each day.
 - Select Yes if the subject does believe use of e-cigarettes or vape products helps to either stop smoking or decrease the number of regular cigarettes you smoke each day.
- Item 5. **Reason for starting use product use** Select only one option among the two possible choices.
- Select No if the subject did not start using e-cigarettes or vape products because s/he wanted to improve his/her health.
 - Select Yes if the subject start using e-cigarettes or vape products because s/he wanted to improve his/her health.
- Item 6. **E-cigarette or vaped product use since last visit** Select only one option among the two possible choices.
- Select No if the subject has not used an electronic cigarette or vaped product since his/her last SPIROMICS visit. [GO TO END]
 - Select Yes if the subject has used an electronic cigarette or vaped product since his/her last SPIROMICS visit.
- Item 7. **Date of start using products.** Record the date the subject started using e-cigarettes or vape products. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.
- Item 8. **E-cigarette or vaped product flavorings** Select only one option among the three possible choices.
- Select No if the e-cigarettes or vape product liquids used did not have flavorings. [GO TO Q9]

- Select Yes if the e-cigarettes or vape product liquids used have flavorings.
- Select Don't know if the subject does not know whether the e-cigarettes or vape product liquids used have flavorings. [GO TO Q9]

Item 8a. **E-cigarette or vaped product flavorings.** Select the flavors of the electronic cigarette or vaped product.

If other, specify in Item 8a1.

Item 9. **E-cigarette or vaped product use** Select only one option among the two possible choices.

- Select No if the subject no longer uses an electronic cigarette or vaped product. [GO TO Q13]
- Select Yes if the subject still uses an electronic cigarette or vaped product.

Item 10. **Frequency of use** Select only one option among the six possible choices according to how often the subject reports using an e-cigarette or vaped product.

Item 11. **Last use** Select only one option among the six possible choices according to the when the subject reports his/her last use of an e-cigarette or vaped product.

Item 12. **Use in the last 24 hours.** Record the number of times the subject reported using e-cigarettes or vape products in the last 24 hours.

Item 13. **Duration of use.** Record how long the subject reported using e-cigarettes or vape products. Duration should be entered in the months and years.

Item 14. **Time since last use.** Record how long it has been that subject reported since using e-cigarettes or vape products. Time should be entered in the months and years.

Item 15. **How often e-cigarettes used** Select only one option among the six possible choices according to the how often the subject reports using an e-cigarette or vaped product when s/he used e-cigarettes or vaped products.

Item 16. **Bottle size** Select only one option among the seven possible choices of the size bottle of e-liquid the subject reported purchasing when s/he used e-cigarettes or vaped products.

If other, specify in Item 16a1.

Item 17. **How long does the bottle last** Select only one option among the nine possible choices of the amount of time the subject reported that the bottle lasted.

If other, specify in Item 17a.

Item 18. **Nicotine concentration** Select only one option among the nine possible choices of the concentration of nicotine the subject reported using when s/he started using e-cigarettes or vape products.

Item 19. **Current nicotine concentration** Select only one option among the nine possible choices of the concentration of nicotine the subject reported currently.

Items 20-22 have been removed.

Items 23-26 are based on current use.

Item 23. **Brand of e-cigarette or vape product** List the brand of the product that the subject is currently using.

Item 24. **Adjust battery voltage** Select only one option among the three possible choices.

- Select No if the subject cannot change the voltage on the e-cigarette or vaped product. [GO TO Q25]
- Select Yes if the subject can change the voltage on the e-cigarette or vaped product.
- Select Don't Know if the subject is unsure if s/he can change the voltage on the e-cigarette or vaped product. [GO TO Q25]

Item 24a. **Change battery voltage** Select only one option among the three possible choices.

- Select No if the subject does not change the voltage on the e-cigarette or vaped product.
- Select Yes if the subject does change the voltage on the e-cigarette or vaped product.
- Select Don't Know if the subject is unsure if s/he changes the voltage on the e-cigarette or vaped product.

Item 25. **Adjust temperature** Select only one option among the three possible choices.

- Select No if the subject cannot adjust the temperature on the e-cigarette or vaped product. [GO TO Q26]
- Select Yes if the subject can adjust the temperature on the e-cigarette or vaped product.
- Select Don't Know if the subject is unsure if s/he can adjust the temperature on the e-cigarette or vaped product. [GO TO Q26]

Item 25a. **Change temperature** Select only one option among the three possible choices.

- Select No if the subject does not change the temperature on the e-cigarette or vaped product.
- Select Yes if the subject does change the temperature on the e-cigarette or vaped product.
- Select Don't Know if the subject is unsure if s/he changes the temperature on the e-cigarette or vaped product.

Item 26. **E-cigarette or vape product**

- If the subject has his/her e-cigarette or vape product with them today, please take a picture 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.

Save and close the form.