



eCigarette Use Assessment

ID NUMBER:									
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FORM CODE: ECA
VERSION: 1.0 06/11/14

Visit Number		
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SEQ #			
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ADMINISTRATIVE INFORMATION

0a. Completion Date:

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Month
Day
Year

0b. Staff Code:

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Instructions: Please complete this questionnaire during one of the study annual visits. This version of the questionnaire should be completed the first time the questionnaire is administered.

1. Have you ever used an electronic cigarette or eCigarette?

Yes 1
No 0 → **Go to END**

2. When you did start smoking eCigarettes?

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3a. Usually, were the eCigarettes you smoke/smoked with flavorings?

Yes 1
No 0
Don't Know 2

3b. If yes, what flavor was it?

Menthol 1
Candy 2
Fruit 3
Other 4

4. Do you still smoke eCigarettes?

Yes 1
No 0 → **Go to Q14**

5a. Do you still smoke regular tobacco cigarettes?

Yes 1
No 0 → **Go to Q6**

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5b. If Yes, how many regular cigarettes do you smoke a day:

5c. Has your use of eCigarettes decreased the number of regular cigarettes you smoke each day?.....

Yes 1
No..... 0 → **Go to Q6**

5c1. If **Yes**, about how many *fewer* cigarettes a day do you now smoke?

6. How often do you smoke eCigarettes?.....

Every day..... 1
Most days (4+ days a week)..... 2
Some days (1-3 days a week) ... 3
Less than once a week..... 4
Less than once a month 5

7. When did you last smoke an eCigarette?.....

Within the last hour 1
Sometime today 2
Yesterday 3
Within the last week 4
Within the last month..... 5
More than a month ago 6

8. In the last 24 hours, how many times have you smoked an eCigarette? times

9. What brand of eCigarette do you now smoke?

blu 1
Henley 2
Joye..... 3
NJOY..... 4
V2..... 5
Other 6
Specify: _____

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10. What cartridge size do you use most often with your eCigarettes?.....

- 0 mg 1
 - 6-8 mg 2
 - 9-12 mg 3
 - 13-16 mg 4
 - Do not know 5
 - Other 6
- Specify: mg

11. In one week, how many eCigarette cartridges do you use? cartridges

12. Did you start smoking eCigarettes because you wanted to cut down or stop smoking regular cigarette?

- Yes 1
- No 0

13. Did you start smoking eCigarettes because you wanted to improve your health?

- Yes 1
- No 0

Answer the following questions only if you no longer smoke eCigarettes (i.e., Question 4= N)

14. If **No**, for how long did you smoke eCigarettes?

days months years

15. How long has it been since you smoked an eCigarette?

days months years

16. When you did smoke eCigarettes, how often did you smoke eCigarettes?.....

- Every day 1
- Most days 2
- 4+ days a week 3
- 1-3 days a week 4

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Less than once a week 5
Less than once a month..... 6

17. What brand of eCigarette did you usually smoke?.....

- blu 1
 - Henley 2
 - Joye..... 3
 - NJOY..... 4
 - V2..... 5
 - Other 6
- Specify: _____

18. What cartridge size did you use most often with your eCigarettes?.....

- 0 mg 1
 - 6-8 mg 2
 - 9-12 mg 3
 - 13-16 mg 4
 - Do not know 5
 - Other 6
- Specify: mg

19. On average, in one week, how many eCigarette cartridges did you use? cartridges