

E-Cigarette Assessment for Youth – Revised

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The following questions ask you about your vaping device use in the (TIMEFRAME OF INTEREST).

We are interested in WHICH of these PRODUCTS you have used in your vaping device:

- NICOTINE
- FLAVORING ONLY (without nicotine)
- both NICOTINE and MARIJUANA at the SAME TIME and in the SAME DEVICE

If you have ONLY vaped MARIJUANA WITHOUT NICOTINE, we will ask about that in a DIFFERENT QUESTIONNAIRE.

This space should contain photos (labeled with the product description) depicting the following:

Cartridges (carts)

Pods

Disposables

Tank/Mods

1. In the (TIMEFRAME OF INTEREST), have you used a vaping device CONTAINING:

(If you are NOT SURE, please ASK a staff member to help you).

	No	Yes
NICOTINE	<input type="radio"/>	<input type="radio"/>
FLAVORING only (without nicotine)	<input type="radio"/>	<input type="radio"/>
Both NICOTINE and MARIJUANA at the SAME TIME and in the SAME DEVICE	<input type="radio"/>	<input type="radio"/>

You SAID you HAVE used:

endorsed categories will autopopulate here

these categories will then each populate a separate set of questions identical to those shown below for each SPECIFIC CONTENT TYPE and each TIMEFRAME OF INTEREST

You SAID you have NOT used:

non-endorsed categories will autopopulate here

PLEASE REVIEW YOUR ANSWERS ABOVE AND CORRECT THEM IF NEEDED!

this automatically appears at the bottom of each page

PAGE COMPLETE!

All questions answered! Go to next page!

this appears at the bottom of each page when all items have been answered

For this next section you will be answering questions about your **USE** of a vaping device containing **(SPECIFIC CONTENT TYPE)** in the **(TIMEFRAME OF INTEREST)**.

2. Was **THIS** the **FIRST TIME** in your **LIFE** that you **USED** a vaping device containing **(SPECIFIC CONTENT TYPE)**?

- No
 Yes
-

3. Was the **FIRST** vaping device that you **EVER USED**, containing **(SPECIFIC CONTENT TYPE)**, **FLAVORED** to taste like menthol, mint, clove, spice, candy, fruit, chocolate, alcohol (such as wine or cognac), or other sweets?

- No
 Yes
-

4. In the **(TIMEFRAME OF INTEREST)**, have you used a vaping device containing **(SPECIFIC CONTENT TYPE)** **REGULARLY** (i.e., **every day** or **almost every day**)?

- No
 Yes
-

PAGE COMPLETE!

All questions answered! Go to next page!

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For this next section you will be answering questions about your **USE** of a vaping device containing **(SPECIFIC CONTENT TYPE)** in the **(TIMEFRAME OF INTEREST)**.

RESEARCH STAFF USE:

If child endorses use of more than one type of product, check to see if frequency and quantity are different for each product. If frequency and/or quantity are exactly the same for different products, follow up with child to double-check that they meant to answer the same frequency and/or quantity for each different product.

Masked from the participant.

This information is to **HELP** you answer the following questions. You **MAY** provide **ANY** answer you choose and are **NOT LIMITED** to the information below.

One day a week = 52 days
Two days a week = 104 days
Three days a week = 156 days
Four days a week = 208 days
Five days a week = 260 days
Six days a week = 316 days
Every day (seven days a week) = 365 days

5. In the **(TIMEFRAME OF INTEREST)**, on **HOW MANY DAYS** did you **USE** a vaping device containing **(SPECIFIC CONTENT TYPE)**?

(If UNSURE, please ASK a staff member to help you).

(Days)

This space should, once again, contain the same photos as at the top of the measure (labeled with the product description) depicting the following:

Cartridges (carts)
Pods

**Disposables
Tank/Mods**

6. In the (TIMEFRAME OF INTEREST), HOW did you MEASURE HOW MUCH product you USED in a vaping device containing (SPECIFIC CONTENT TYPE)?

(Please, fill in ONE bubble PER ROW and answer YES to ALL that apply).

(If UNSURE, please ASK a staff member to help you).

		No	Yes
# or % of a Disposable used <i>if endorsed, branches to questions 7 – 9[a]</i>	<input type="radio"/>	<input type="radio"/>	
# or % of a Pod used <i>if endorsed, branches to questions 10 – 11[a]</i>	<input type="radio"/>	<input type="radio"/>	
# or % of a Cartridge (cart) used <i>if endorsed, branches to questions 12 – 13[a]</i>	<input type="radio"/>	<input type="radio"/>	
# or % of a Tank used <i>if endorsed, branches to questions 14 – 16[a]</i>	<input type="radio"/>	<input type="radio"/>	
# or % of a Bottle of E-liquid/Oil/Wax used <i>if endorsed, branches to questions 17 – 18[a]</i>	<input type="radio"/>	<input type="radio"/>	

7. In the (TIMEFRAME OF INTEREST), on the days you used a disposable vaping device containing (SPECIFIC CONTENT TYPE) what SIZE DISPOSABLE DEVICE did you typically use?

(If UNSURE, please ASK a staff member to help you).

- 300 puffs included (Cuvie/original/traditional)
 - 600 - 800 puffs included (HQD super/super/plus)
 - 1000 - 1200 puffs included (HQD plus/plus)
 - 1300 - 1600 puffs included
 - 1700 - 2000 puffs included
 - 2100 - 2500 puffs included
 - 2600 - 3000 puffs included
 - 3100 - 4000 puffs included
 - more than 4000 puffs include
-

8. In the (TIMEFRAME OF INTEREST), on the days that you used that size of disposable vaping device containing (SPECIFIC CONTENT TYPE) how MANY DISPOSABLE DEVICES did you typically use?

(If UNSURE, please ASK a staff member to help you).

- 10 or less puffs per day (less than 1/4 of a disposable per day)
 - 25 or less puffs per day (less than 1/4 of a disposable per day)
 - 1/4 of a disposable per day
 - 1/3 of a disposable per day
 - 1/2 of a disposable per day
 - 1 disposable per day
 - 2 disposables per day
 - 3 or more disposables per day
-

9. In the (TIMEFRAME OF INTEREST), how MANY DAYS did it typically take for you to FINISH a SINGLE DISPOSABLE vaping device containing (SPECIFIC CONTENT TYPE)?

(If UNSURE, please ASK a staff member to help you).

- 1 day or less
 - 2 days
 - 3-6 days
 - More than 7 days *if endorsed, this branches to question 9a*
-

9a. If more than 7 days...

_____ (Days)

10. In the (TIMEFRAME OF INTEREST), on the days you used a vaping device that uses pods containing (SPECIFIC CONTENT TYPE) how MANY PODS did you typically use?

(If UNSURE, please ASK a staff member to help you).

- 10 or less puffs per day (less than 1/4 of a pod per day)
 - 1/4 of a pod per day
 - 1/3 of a pod per day
 - 1/2 of a pod per day
 - 1 pod per day
 - 2 pods per day
 - 3 or more pods per day
-

11. In the (TIMEFRAME OF INTEREST), how MANY DAYS did it typically take for you to FINISH a SINGLE POD containing (SPECIFIC CONTENT TYPE)?

(If UNSURE, please ASK a staff member to help you).

- 1 day or less
- 2 days
- 3-6 days

More than 7 days *if endorsed, this branches to question 11a*

11a. If more than 7 days...

(Days)

12. In the **(TIMEFRAME OF INTEREST)**, on the days you used a vaping device that uses cartridges (carts) containing **(SPECIFIC CONTENT TYPE)** how **MANY CARTRIDGES (CARTS)** did you typically use?

(If UNSURE, please ASK a staff member to help you).

- 10 or less puffs per day (less than 1/4 of a cartridge [cart per day])
 - 1/4 of a cartridge (cart) per day
 - 1/3 of a cartridge (cart) per day
 - 1/2 of a cartridge (cart) per day
 - 1 pod cartridge (cart) per day
 - 2 cartridges (carts) per day
 - 3 or more cartridges (carts) per day
-

13. In the **(TIMEFRAME OF INTEREST)**, how **MANY DAYS** did it typically take for you to **FINISH** a **SINGLE CARTRIDGE (CART)** containing **(SPECIFIC CONTENT TYPE)**?

(If UNSURE, please ASK a staff member to help you).

- 1 day or less
 - 2 days
 - 3-6 days
 - More than 7 days *if endorsed, this branches to question 13a*
-

13a. If more than 7 days...

(Days)

14. In the **(TIMEFRAME OF INTEREST)**, on the days you used a vaping device that uses tanks containing **(SPECIFIC CONTENT TYPE)** what was the **TANK SIZE** you typically used?

(If UNSURE, please ASK a staff member to help you)

- Less than 1 mL
- 1.1 – 2 mL
- 3.1 - 4 mL

- 4.1 - 5 mL
 - 5.1 - 6 mL
 - 6.1 - 7 mL
 - 7.1 - 8 mL
 - Other *if endorsed, this branches to question 14a*
-

14a. If **OTHER**, please **SPECIFY**.

_____ (mL)

15. In the **(TIMEFRAME OF INTEREST)**, on the days you used a vaping device that uses this size tank containing **(SPECIFIC CONTENT TYPE)** how **MANY TANKS** did you typically use?

(If **UNSURE**, please **ASK** a staff member to help you).

- 10 or less puffs per day (less than 1/4 of a tank per day)
 - 1/4 of a tank per day
 - 1/3 of a tank per day
 - 1/2 of a tank per day
 - 1 tank per day
 - 2 tanks per day
 - 3 or more tanks per day
-

16. In **the (TIMEFRAME OF INTEREST)**, how **MANY DAYS** did it typically take for you to **FINISH** a **SINGLE TANK** of this size containing **(SPECIFIC CONTENT TYPE)**?

(If **UNSURE**, please **ASK** a staff member to help you)

- 1 day or less
 - 2 days
 - 3-6 days
 - More than 7 days *if endorsed, this branches to question 16a*
-

16a. If more than 7 days...

_____ (Days)

17. In the **(TIMEFRAME OF INTEREST)**, on the days you used a vaping device that you refill with a bottle of e-liquid/oil/wax containing **(SPECIFIC CONTENT TYP)** what **SIZE BOTTLE** did you typically use to refill your device?

(If **UNSURE**, please **ASK** a staff member to help you).

- 10 mL
- 15 mL
- 16.5 mL
- 20 mL
- 30 mL
- 60 mL
- 75 mL
- 100 mL
- 120 mL
- 180 mL
- 200 mL

18. In the (TIMEFRAME OF INTEREST), how MANY DAYS did it typically take for you to FINISH a SINGLE BOTTLE of this size containing (SPECIFIC CONTENT TYPE)?

(If UNSURE, please ASK a staff member to help you).

- 1 day or less
- 2 days
- 3-6 days
- More than 7 days *if endorsed, this branches to question 18a*

18a. If more than 7 days...

_____ (Days)

PAGE COMPLETE! GO TO NEXT PAGE!

PLEASE REVIEW YOUR ANSWERS ABOVE AND CORRECT THEM IF NEEDED!

For this next section you will be answering questions about your PATTERN of using a vaping device containing (SPECIFIC CONTENT TYPE) in the (TIMEFRAME OF INTEREST).

Users of vaping devices sometimes remember their daily use in different ways. For example, one user may remember how many times that day they took their device out to use, whereas another may remember how many total puffs they took that day.

19. In the (TIMEFRAME OF INTEREST), on the days you used a vaping device containing (SPECIFIC CONTENT TYPE) how many TIMES, on average, did you TAKE IT OUT

to use **PER DAY**?

(TIMES per day)

20. In the **(TIMEFRAME OF INTEREST)**, on the days you used a vaping device containing **(SPECIFIC CONTENT TYPE)** approximately how many **PUFFS** did you take on your device **EACH TIME** you **TOOK IT OUT** to use it?

(PUFFS per time)

21. In the **(TIMEFRAME OF INTEREST)**, on the days you used a vaping device containing **(SPECIFIC CONTENT TYPE)** approximately how many **PUFFS TOTAL** did you take on your device(s) **PER DAY** ?

(TOTAL puffs per day)

PAGE COMPLETE! GO TO NEXT PAGE!

PLEASE REVIEW YOUR ANSWERS ABOVE AND CORRECT THEM IF NEEDED!

For this next section you will be answering questions about **WHERE** you have **GOTTEN** your vaping device containing **(SPECIFIC CONTENT TYPE)** in the **(TIMEFRAME OF INTEREST)**.

22. In the **(TIMEFRAME OF INTEREST)**, **WHERE** did you get, borrow, or buy the vaping device containing **(SPECIFIC CONTENT TYPE)** that you used?

22a. At a **GAS STATION** or **CONVENIENCE STORE**?

- No
 Yes *if endorsed, this branches to question 22b*

22b. How **OFTEN** have you been **ASKED FOR YOUR ID/CARDED/ID'ed** when **PURCHASING** vaping products from a **GAS STATION** or **CONVENIENCE STORE**?

0%

50%

100%



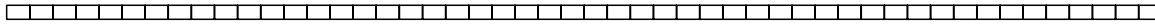
(Place a mark on the scale above)
this is provided as a slider

22c. At a **GROCERY STORE**?

- No
- Yes *if endorsed, this branches to question 22d*

22d. How **OFTEN** have you been **ASKED FOR YOUR ID/CARDED/ID'ed** when **PURCHASING** vaping products from a **GROCERY STORE**?

0% 50% 100%



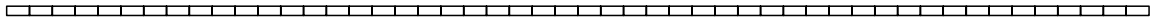
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22e. At a **DRUGSTORE**?

- No
- Yes *if endorsed, this branches to question 22f*

22f. How **OFTEN** have you been **ASKED FOR YOUR ID/CARDED/ID'ed** when **PURCHASING** vaping products from a **DRUGSTORE**?

0% 50% 100%



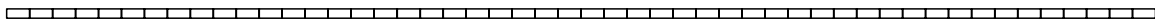
(Place a mark on the scale above)
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22g. At a **MALL** or **SHOPPING CENTER** kiosk/stand?

- No
- Yes *if endorsed, this branches to question 22h*

22h. How **OFTEN** have you been **ASKED FOR YOUR ID/CARDED/ID'ed** when **PURCHASING** vaping products from a **MALL** or **SHOPPING CENTER** kiosk/stand?

0% 50% 100%



(Place a mark on the scale above)
this is provided as a slider

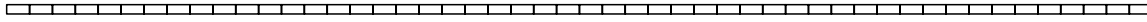
22i. On the **INTERNET**?

- No

Yes *if endorsed, this branches to question 22j*

22j. How **OFTEN** have you been **ASKED FOR YOUR ID/CARDED/ID'ed** when **PURCHASING** vaping products from the **INTERNET**?

0% 50% 100%



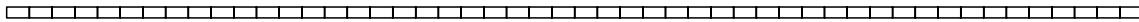
(Place a mark on the scale above)
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22k. At a **VAPE SHOP** or other store that only sells vaping products?

- No
 Yes *if endorsed, this branches to question 22l*
-

22l. How **OFTEN** have you **been ASKED FOR YOUR ID/CARDED/ID'ed** when **PURCHASING** vaping products from a **VAPE SHOP**?

0% 50% 100%



(Place a mark on the scale above)
this is provided as a slider

22m. From a **FAMILY MEMBER**?

- No
 Yes
-

22n. At **SCHOOL**?

- No
 Yes
-

22o. From **ANOTHER SOURCE**?

- No
 Yes *if endorsed, this branches to question 22p*
-

22p. If **ANOTHER SOURCE**, please **SPECIFY**.

(Specify)

PLEASE REVIEW YOUR ANSWERS ABOVE AND CORRECT THEM IF NEEDED!

23. In the (TIMEFRAME OF INTEREST), have you OWNED a vaping device containing (SPECIFIC CONTENT TYPE)?

- No
 Yes
-

24. What FLAVOR(S) do you enjoy using in the vaping device containing (SPECIFIC CONTENT TYPE)?

(Please, check ALL that you regularly use/buy).

- | | |
|--------------------|-----------------------|
| Tobacco | <input type="radio"/> |
| Menthol | <input type="radio"/> |
| Mint | <input type="radio"/> |
| Candy | <input type="radio"/> |
| Fruit | <input type="radio"/> |
| Beverage | <input type="radio"/> |
| Custard and Cream | <input type="radio"/> |
| Bakery and Dessert | <input type="radio"/> |
| Other | <input type="radio"/> |

if Other is endorsed, this branches to question 23a

23a. If OTHER, please SPECIFY .

(Specify)

25. Do you have a PREFERRED BRAND of vaping device containing (SPECIFIC CONTENT TYPE)?

- No
 Yes *if endorsed, this branches to question 24a*
-

24a. WHAT is your PREFERRED BRAND of vaping device containing (SPECIFIC CONTENT TYPE)?

(Brand)

26. WHAT NICOTINE CONCENTRATION do you typically use with your vaping device containing (SPECIFIC CONTENT TYPE)?

- 0%
 - 3%
 - 5%
 - 6%
 - 0 mg
 - 3 mg
 - 6 mg
 - 9 mg
 - 12 mg
 - 18 mg
 - 24 mg
 - More than 24mg
-

27. Do you have a **REGULAR BRAND** of vaping device that you typically **USE/BUY** containing **(SPECIFIC CONTENT TYPE)**?

- No
 - Yes *if endorsed, this branches to question 26a*
-

26a. **WHAT BRAND** of vaping device do you typically **USE/BUY** containing **(SPECIFIC CONTENT TYPE)**?

(Please provide the **SPECIFIC MODEL**).

(Please list **ALL BRANDS** if you use **MULTIPLE** brands of vaping device[s] containing **[SPECIFIC CONTENT TYPE]**).

(Please provide **ALL** the **INFORMATION** you can).

(Feel free to **CHECK** the **INTERNET** for the specifics of your vaping device).

(Brand)

PAGE COMPLETE! GO TO NEXT PAGE!

PLEASE REVIEW YOUR ANSWERS ABOVE AND CORRECT THEM IF NEEDED!
