Electronic Cigarette Survey

Implied Informed Consent Form for Social Science Research

The Pennsylvania State University

Title of Project: Examining the psychological and biological effects associated with the use of electronic cigarette devices

Principal Investigator:

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Other Investigator(s):

Jonathan Foulds, Ph.D., Professor, Division of Health Services Research, Arthur Berg, Ph.D., Assistant Professor, Biostatistics & Bioinformatics, Gang Chen, Ph.D., Assistant Professor, Division of Epidemiology

1. Purpose of the Study: The purpose of this online survey is to improve our understanding of the use of electronic cigarettes (“e-cigs”), including the types of e-cigs people are using, how frequently they are used and whether or not they are being used to replace other types of tobacco use.

2. Procedures to be followed: You will be asked to answer several questions regarding your use of e-cigs, such as how long you have used them and what types of devices you use. You will also be asked questions about your use of tobacco products. If you agree to and are eligible to participate in the lab study you will be contacted and consented for that portion separately.

3. Discomforts and Risks: There are no risks in participating in this survey beyond those experienced in everyday life.

4. Benefits: You will not benefit directly from this research study.

The benefits to society include developing a better understanding of the factors that may contribute to cigarette smoking behavior, as well as the collection of information that may be useful for assisting people who are trying to quitting smoking.
5. **Duration/Time:** It will take about 15 minutes to complete the survey.

6. **Statement of Confidentiality:** Your confidentiality will be kept to the degree permitted by the technology being used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties. All possible steps have been taken to assure your privacy. The Pennsylvania State University’s Office for Research Protections, the Institutional Review Board, and the Office for Human Research Protections in the Department of Health and Human Services may review records related to this research study.

7. **Right to Ask Questions:** Please contact Dr. Stephen Wilson at (814) 865-6219 with questions, complaints or concerns about this research. You can also call this number if you feel this study has harmed you. If you have any questions, concerns, problems about your rights as a research participant or would like to offer input, please contact The Pennsylvania State University’s Office for Research Protections (ORP) at (814) 865-1775. The ORP cannot answer questions about research procedures. Question about research procedures can be answered by the research team.

8. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

You must be 18 years of age or older to take part in this research study.

Completion and submission of the survey implies that you have read the information in this form and consent to take part in the research.

Please print off this form to keep for your records.

If you would like a copy of the implied consent form, you may download a copy to print here:

[Attachment: "IRB approved Implied Consent 12-14-12.pdf"]
To continue with the survey, select continue. If you do not want to participate in the survey, click on "exit survey".
Electronic Cigarette Online Survey

Have you used electronic cigarettes on more than 30 days in your lifetime?  
☐ Yes  ☐ No

For how many days have you used your electronic cigarette?  
______________________________

For how many MONTHS have you used electronic cigarettes?  
______________________________

How old are you?  
______________________________
(Enter age in years. Please use only numbers, no letters.)

Are you a Man or Woman?  
☐ Male  ☐ Female

In which country do you live?  
☐ USA  ☐ Other

You indicated you live in a country other than the USA. Please tell us where you live.  
______________________________

In what city do you live?  
______________________________
In what state do you live?

Are you Hispanic or Latino?

What race or ethnicity BEST describes you?

Please enter what race or ethnicity describes you.

What is the highest level of education that you have achieved?
Which of these best describes your current employment status?

- [ ] Full-time employment
- [ ] Part-time employment
- [ ] A full-time homemaker/stay at home caregiver
- [ ] A full-time student
- [ ] Part-time student
- [ ] Retired
- [ ] Unemployed/Laid off
- [ ] Unable to work due to long term disability/sickness

What is your occupation (if you work)?

__________________________________
Please answer the following questions about your e-cigarette use.

On how many days out of the past 28, have you used an electronic cigarette? ____________________________

How many TIMES per DAY do you usually use your electronic cigarette? (assume one "TIME" consists of around 15 puffs, or lasts around 10 minutes) ____________________________

Do you have a preferred type of e-cig? (one that you currently use) ☐ Yes ☐ No

Is your e-cig almost exactly the same length and width as a regular cigarette? ☐ Yes, same size as a cigarette ☐ No, smaller than a cigarette ☐ No, larger than a cigarette

What company makes your current preferred e-cig? ____________________________________________ (Enter “DK” if you don’t know)

What is the model name of your current e-cig? ____________________________________________ (Enter “DK” if you don’t know)

Does your e-cig come with a choice of nicotine cartridge/liquid strengths, including zero nicotine? ☐ Yes ☐ No ☐ Don’t know

What concentration or strength of nicotine is in the liquid or cartridge you typically use with your e-cig? (For example, is it zero nicotine, 12mg/mL, 15mg, 21mg, labeled as low, medium or high? Please be as precise as possible.) __________________________________________________________________________________________

Do you have a preferred flavor of e-cig liquid? ☐ Yes ☐ No

What is your favorite flavor and what brand of flavored liquid do you prefer? __________________________________________________________________________________________

Does the liquid you use for your e-cig come in prefilled cartridges that screw into the e-cig, do you manually "drip-feed" your liquid or do you use a tank feed system? ☐ Prefilled cartridges ☐ Drip-feed from bottle ☐ Tank feed ☐ Don’t know ☐ Other

You indicated you use a type of cartridge other than prefilled, drip-feed or tank system. Please explain what type you use here: __________________________________________________________________________________________

Which type of liquid do you typically use in your e-cig? ☐ Propylene Glycol (PG) ☐ Vegetable Glycerine (VG) ☐ Both PG and VG ☐ Don’t Know ☐ Other

You indicated you use another type of e-cig liquid. Please describe: __________________________________________________________________________________________

You indicated both "PG and VG," please estimate the PG to VG ratio: __________________________________________________________________________________________

Do you know what kind of thread pattern connects your e-cig battery/switch to the atomizer/cartomizer? (e.g., 510, 901, 801 etc)? ☐ Yes ☐ No ☐ Don’t Know

Please indicate the thread pattern here: __________________________________________________________________________________________

What kind of atomizer does your e-cig use? __________________________________________________________________________________________

(Enter “DK” if you don’t know)

(Enter “DK” if you don’t know)
Is your atomizer/cartomizer "low resistance"?

☐ Yes  ☐ No  ☐ Don't Know

If you know the resistance of your atomizer/cartomizer, indicate it here:


Does your e-cig have a button that you can press just prior to inhalation/puffing?

☐ Yes  ☐ No  ☐ Don't know

Does your e-cig require more than one battery at a time?

☐ Yes  ☐ No  ☐ Don't Know

Does your e-cig use a single standard 3.7 volt battery?

☐ Yes  ☐ No  ☐ Don't Know

Does your e-cig use a battery that is proprietary to the model of e-cig and is larger than a standard 3.7 volt battery that fits in a cigarette-sized e-cig?

☐ Yes  ☐ No  ☐ Don't Know

Do you know the "mahs" (milliamp hours) delivered by your e-cig battery?

☐ Yes  ☐ No

What are the mahs (milliamp hours) delivered?


(MAHS)

Does your e-cig have a button or control on it that allows you to control or vary the battery voltage?

☐ Yes  ☐ No  ☐ Don't know

Is your main e-cig a "mod" (that is, one that has been modified from a standard cigarette-shaped style of e-cig with the aim of producing more consistent battery power and/or voltage)?

☐ Yes  ☐ No  ☐ Don't Know

Do you usually use a drip tip with your e-cig?

☐ Yes  ☐ No  ☐ Don't know

How many models of electronic cigarette have you used prior to the one you usually use now?


(Enter 0 if your current e-cig model is the only one you have used.)
Please list the main types of e-cig you have previously used starting with the first one (up to 5).

Please write the name/type of the first e-cig you ever used. __________________________________________


Please write the name/type of the second e-cig you used. __________________________________________


Please write the name/type of the third e-cig you used. __________________________________________


Please write the name/type of the fourth e-cig you used. __________________________________________

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Please write the name/type of the fifth e-cig you used.

What year did you start using this one?

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</table>
E-cig continued...

Did you purchase your main CURRNET e-cig from a gas station or convenience store?  
☐ Yes  ☐ No  ☐ Don't Know

Did your e-cig cost more than $50 (not including extras such as extra cartridges, chargers, etc.)?  
☐ Yes  ☐ No

How much did your e-cig cost in US $, not including extras such as extra cartridges, chargers, etc.?  
________________________________________ ($)

How much do you spend in US $ to maintain your vaping per week? (atomizers, cartridges, batteries etc)  
________________________________________ ($)

What is the single most important reason you use an e-cig?

☐ I believe it is less harmful to my health  ☐ I believe it is less harmful to others  ☐ I prefer the taste of an e-cigarette  ☐ E-cigarette less toxic than tobacco  ☐ To deal with craving for tobacco  ☐ To quit smoking or avoid relapsing  ☐ To deal with withdrawal symptoms  ☐ E-cigarette cheaper than smoking  ☐ To avoid bothering others with tobacco  ☐ To deal with situations where I can't smoke (at work, etc)  ☐ To avoid having to go outside to smoke  ☐ To reduce tobacco consumption in preparation of a quit attempt  ☐ To reduce tobacco consumption with NO intention to quit smoking  ☐ Unable to stop using it

Are you planning to continue using your e-cig for at least the next year, or quit within that time frame?  
☐ I'll quit the e-cig within a year  ☐ I plan to continue using the e-cig  ☐ Don't Know

Did you switch to using your current preferred type of e-cig because it gives you a more satisfying "hit" than the previous e-cigs you tried?  
☐ Yes  ☐ No

On days that you can use your electronic cigarette freely, how soon after you wake up do you first use your electronic cigarette?  
________________________________________ (Minutes)

Do you sometimes awaken at night to use your electronic cigarette?  
☐ Yes  ☐ No

If yes, how many nights per week do you typically awaken to use your electronic cigarette?  
________________________________________ (Night(s) Per Week)

Do you use an electronic cigarette now because it is really hard to quit?  
☐ Yes  ☐ No

Do you ever have strong cravings to use an electronic cigarette?  
☐ Yes  ☐ No

Over the past week, how strong have the urges to use an electronic cigarette been?  
☐ No urges  ☐ Slight  ☐ Moderate  ☐ Strong  ☐ Very strong  ☐ Extremely strong

Are you typically able to use your e-cig in places smoking is banned?  
☐ Yes  ☐ No

Is it hard to keep from using an electronic cigarette in places where you are not supposed to?  
☐ Yes  ☐ No
<table>
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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Did you feel more irritable because you couldn't use an electronic cigarette?</td>
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<td>Did you feel nervous, restless or anxious because you couldn't use an electronic cigarette?</td>
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</table>
Which of the following e-cig characteristics are important to you?

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Not important</th>
<th>A little important</th>
<th>Very important</th>
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<tr>
<td>Variety of liquid flavors</td>
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<td>Shaped like a cigarette</td>
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<td>Fast battery charge</td>
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<td>Long battery life</td>
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<tr>
<td>Provides good vapor quality</td>
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</table>

Please describe any other e-cig characteristics that are important to you:

____________________________________

When you use your electronic cigarette for the first time of the day, does it ever make you feel dizzy or light-headed?

- [ ] No, never
- [ ] Yes, rarely
- [ ] Yes, quite often
- [ ] Yes, at least once a week
Which of the following effects have you experienced as a result of using electronic cigarettes?

<table>
<thead>
<tr>
<th>Effect</th>
<th>No, never</th>
<th>Yes, rarely</th>
<th>Yes, quite often</th>
<th>Yes, at least once per week</th>
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<tr>
<td>Dry mouth</td>
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<td>Dry cough</td>
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<tr>
<td>Throat irritation</td>
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<tr>
<td>Mouth irritation</td>
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<tr>
<td>Sore throat</td>
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<tr>
<td>Mouth ulcers</td>
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<tr>
<td>Dizziness</td>
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<tr>
<td>Headache</td>
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<td>Nausea</td>
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Please describe any other effects that you have experienced as a result of using e-cigs.

How many times have you previously completed a research survey about your e-cig use?

(Times)

Have you ever sold some aspect of an e-cigarette or its associated merchandising at a commercial level? (e.g. batteries, cartridges, websites, advertising)

- Yes
- No

Do e-cigarettes and the associated business provide a significant (>10%) part of your income recently?

- Yes
- No

Have you ever visited a website or an online discussion forum dedicated to electronic cigarettes?

- Yes
- No

Have you ever posted a message on a discussion forum devoted to electronic cigarettes?

- Yes
- No

Have you been active in advocating for e-cigs online?

- Yes
- No
Please answer the following questions about your current and past tobacco use. Tobacco includes manufactured and hand-rolled cigarettes, snuff, chew, snus, pipe tobacco, cigars and hookahs.

Have you ever been a traditional cigarette smoker?

☐ No, never  ☐ Yes, in the past  ☐ Yes, current occasional user  ☐ Yes, current daily user

You indicated that you smoked traditional cigarettes in the past. How long ago did you quit smoking?

☐ Years ago  ☐ Months ago  ☐ Days ago

How many YEARS ago did you quit smoking?

__________________________________  

How many MONTHS ago did you quit smoking?

__________________________________  

How many DAYS ago did you quit smoking?

__________________________________  

Did you quit smoking before or after you started using e-cigs?

☐ I quit smoking long before I started using e-cigs  ☐ I quit smoking after I started using e-cigs

How many days after you started using e-cigs did you quit smoking?

__________________________________  

(Days)
## Other types of tobacco usage:

<table>
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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>Have you ever been a pipe smoker?</td>
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<td>Have you ever been a cigar smoker?</td>
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<td>Have you ever used smokeless/chewing tobacco?</td>
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<td>Have you ever been a hookah user?</td>
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What was the traditional tobacco product you last used?

- [ ] Cigarette
- [ ] Cigar
- [ ] Pipe
- [ ] Chewing/smokeless
- [ ] Hookah

How many days is it since you last used a traditional tobacco (cigarette, cigar, pipe, chewing tobacco/smokeless, hookah) product?

(Days)

Have you used any of the following products in the PAST 7 DAYS? (choose all that apply)

- [ ] Electronic cigarette
- [ ] Cigarettes (traditional, combustible, roll your own)
- [ ] Chewing tobacco
- [ ] Snuff/ Dipping tobacco
- [ ] Snus
- [ ] Pipe tobacco
- [ ] Nicotine product
How often have you used the ANY amount of the following products during the past 7 days?

How many days in the last 7 did you use your electronic cigarette(s)?
(Number of days used out of 7)

During the past week, how many TIMES per DAY do you usually use your electronic cigarette? (assume one "TIME" consists of around 15 puffs, or lasts around 10 minutes)
(Times per Day)

How many days in the last 7 did you smoke cigarettes (traditional, combustible, includes roll your own)?
(Number of days used out of 7)

During the past week, how many traditional cigarettes did you smoke per day?
(Cigarettes per Day)

How many days in the last 7 did you use Chewing tobacco?
(Number of days used out of 7)

How many times per day did you use chewing tobacco?
(Times per Day)

How many days in the last 7 did you use snuff or dipping tobacco?
(Number of days used out of 7)

How many times per day did you use snuff or dipping tobacco?
(Times per Day)

How many days in the last 7 did you use snus?
(Number of days used out of 7)

How many times per day did you use snus?
(Times per Day)

How many days in the last 7 did you use Pipe Tobacco?
(Number of days used out of 7)

How many times per day did you use a pipe?
(Times per Day)

How many days in the last 7 did you use nicotine products (such as patch, gum, lozenge, inhaler or nasal spray)?
(Number of days used out of 7)

How many times per day did you use a nicotine product?
(Times per Day)
Choose which number that best describes your thoughts. 1 is "Not at all" and 10 is "Extremely"

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How IMPORTANT is it for you to stay off smoked tobacco use now?  [ ]

How CONFIDENT are you that you can succeed in staying off smoked tobacco use now?  [ ]

When you started using e-cigs, was it your intention to quit tobacco soon?  [ ] Yes [ ] No

How difficult would you find it to go 4 days without using ANY tobacco products at all? (Including NOT using your e-cig)

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

How difficult would you find it to go 4 days without using any tobacco products if you were able to use your e-cig during that time?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

Think back to when you were primarily a traditional cigarette smoker... before you used e-cigs. To the best of your ability, answer the following questions regarding your cigarette smoking at that time.

How many traditional cigarettes per day did you usually smoke?  ____________________________ (Cigarettes Per Day)

On days that you could smoke cigarettes freely, how soon after you wake up do you smoke your first cigarette of the day?  ____________________________ (Minutes)

Did you sometimes awaken at night to have a cigarette?  [ ] Yes [ ] No

If yes, how many nights per week did you typically awaken to smoke?  ____________________________ (Night(s) Per Week)

Did you smoke traditional cigarettes because it was really hard to quit?  [ ] Yes [ ] No

Did you ever have strong cravings to smoke a cigarette?  [ ] Yes [ ] No

Over a typical week, how strong were the urges to smoke a traditional cigarette? (check one)

- No urges
- Slight
- Moderate
- Strong
- Very strong
- Extremely strong

Was it hard to keep from smoking a cigarette in places where you were not supposed to?  [ ] Yes [ ] No
Still thinking back to a time when you were primarily a traditional cigarette smoker, before using e-cigarettes:

When you hadn't used cigarettes for a while... OR when you tried to stop smoking...

Did you feel more irritable because you couldn't smoke? □ Yes □ No

Did you feel nervous, restless or anxious because you couldn't smoke? □ Yes □ No

Is/was your usual brand of cigarette a "light" ("low tar") brand? □ Yes □ No

How many times have you tried to quit smoking traditional cigarettes? __________ (Times)

When you smoked your first cigarette of the day, did it ever make you feel dizzy or light-headed?

□ No, never □ Yes, rarely □ Yes, quite often □ Yes, at least once per week (Times)

Compared to how you smoke/smoked your traditional cigarettes please describe any ways that you use your e-cig differently. For example, do you use it more or less frequently (per day), and do you inhale more or less deeply than you did with a regular cigarette?

Comparing to cigarettes, do you feel you get more or less nicotine from your e-cig? (per typical 10 minute use)

□ Much more nicotine from cigarette □ Slightly more nicotine from cigarette

□ About the same □ Slightly more nicotine from e-cig □ Much more nicotine from e-cig

Do you feel that e-cigs helped you to quit smoking traditional cigarettes?

□ Yes □ No
Please answer the following question regarding any current efforts you may be making to quit using tobacco.

<table>
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<th>Yes, I use it every day</th>
<th>Yes, occasionally (not every day)</th>
<th>No, but I have used it in the past</th>
<th>No, I never used these products</th>
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Are you currently using a nicotine replacement medication? (patch, gum, tablet, inhaler or nasal spray)

- ☐
- ☐
- ☐
- ☐

Are you currently using the smoking cessation drug called bupropion (Zyban, Wellbutrin etc also marketed as an antidepressant)?

- ☐
- ☐
- ☐
- ☐

Are you currently using the smoking cessation drug called varenicline (Chantix or Champix)?

- ☐
- ☐
- ☐
- ☐

How did you learn about this survey? (on which website etc?)

______________________________

Please provide any additional information you believe a public health researcher should know, in order to understand the electronic cigarette.

______________________________
Researchers at Penn State University are conducting a laboratory study on the effects of e-cigs.

You may be eligible for this study which will involve attending one research visit at Penn State University in either Hershey, PA or State College, PA (Central PA).

It will also involve providing blood samples and having an fMRI brain scan before and after vaping on your e-cig.

Are you interested in participating in a laboratory research study on the effects of electronic cigarettes? □ Yes □ No

Which location would be the most convenient for you to attend an in-person study visit?

□ Hershey, PA  □ State College, PA  □ Neither, but I am interested in other e-cig research

Please provide your contact details below. Researchers may contact you to discuss details of the study and assess whether it is suitable for you.

First Name: __________________________

Phone number: (Including area code. Enter as 555-555-5555.) __________________________

Re-type your phone number to check for typos: (Including area code. Enter as 555-555-5555) __________________________

Email address: __________________________

Re-type your Email address to check for typos: __________________________