

# 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:

Dr. Stephen Wilson, Assistant Professor of Psychology, 140 Ritenour Building, University Park, PA 16802, (814) 865-6219, sjw42@psu.edu

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 quit 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".

- Continue with survey
- 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?

- AK
- AL
- AR
- AZ
- CA
- CO
- CT
- DE
- FL
- GA
- HI
- IA
- ID
- IL
- IN
- KS
- KY
- LA
- MA
- MD
- ME
- MI
- MN
- MO
- MS
- MT
- NC
- ND
- NE
- NH
- NJ
- NM
- NV
- NY
- OH
- OK
- OR
- PA
- RI
- SC
- SD
- TN
- TX
- UT
- VA
- VT
- WA
- WI
- WV
- WY

Are you Hispanic or Latino?

- Yes  No

What race or ethnicity BEST describes you?

- Caucasian/White
- African American/Black
- Asian
- American Indian/Alaskan Native
- Native Hawaiian or Pacific Island
- Other

Please enter what race or ethnicity describes you.

\_\_\_\_\_

What is the highest level of education that you have achieved?

- Less than High School Diploma
- High School Diploma or GED
- Some College/Technical School
- College Degree
- Graduate Degree

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?

\_\_\_\_\_ (Days)

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)

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?

\_\_\_\_\_ (For example: Vanilla from Totally Awesome )

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:

\_\_\_\_\_ (Enter "DK" if you don't know)

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:

\_\_\_\_\_ (Enter "DK" if you don't know)

What kind of atomizer does your e-cig use?

\_\_\_\_\_ (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 (mlliamp 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.

---

What year did you start using this one?

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013

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

---

What year did you start using this one?

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013

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

---

What year did you start using this one?

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013

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

---

What year did you start using this one?

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013

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

---

What year did you start using this one?

- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013

**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

---

---

**When you haven't used an electronic cigarette for a while... OR when you tried to stop using...**

Yes

No

Did you feel more irritable because you couldn't use an electronic cigarette?

Did you feel nervous, restless or anxious because you couldn't use an electronic cigarette?

---

---

**Which of the following e-cig characteristics are important to you?**

	Not important	A little important	Very important
Variety of liquid flavors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaped like a cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast battery charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long battery life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides good vapor quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?**

	No, never	Yes, rarely	Yes, quite often	Yes, at least once per week
Dry mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throat irritation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth irritation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:**

	Yes	No
Have you ever been a pipe smoker?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a cigar smoker?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used smokeless/chewing tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a hookah user?	<input type="checkbox"/>	<input type="checkbox"/>

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"**

	1	2	3	4	5	6	7	8	9	10
How IMPORTANT is it for you to stay off smoked tobacco use now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How CONFIDENT are you that you can succeed in staying off smoked tobacco use now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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...**

	Yes	No
Did you feel more irritable because you couldn't smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel nervous, restless or anxious because you couldn't smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Is/was your usual brand of cigarette a "light" ("low tar") brand?	<input type="checkbox"/>	<input type="checkbox"/>
Is/was your usual brand of cigarette a menthol brand?	<input type="checkbox"/>	<input type="checkbox"/>

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?**

Compared 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.**

	Yes, I use it every day	Yes, occasionally (not every day)	No, but I have used it in the past	No, I never used these products
Are you currently using a nicotine replacement medication? (patch, gum, tablet, inhaler or nasal spray)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently using the smoking cessation drug called bupropion (Zyban, Wellbutrin etc also marketed as an antidepressant)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently using the smoking cessation drug called varenicline (Chantix or Champix)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_