Appendix 1

Vaping Questionnaire for adults

NAME: DATE:

GENDER: DOB:

How long have you been vaping?

Do you vape every day?

What brand are you vaping?

Is there nicotine in your vapes?

Are there flavours in it? Do you have a favourite flavour?

Do you vape and smoke-dual use?

How much does your e-cigarette or vape pod cost you?

How much does it cost you each day? Per week?

Do you know that you need a prescription from your doctor to get electronic cigarettes from 1st October? Yes/No

Will/Does that effect your using it? ……

The Penn State [Electronic] Cigarette Dependence Index

1. How many *times* per day do you usually vape or *use your electronic cigarette?* [a] *(assume that one "time" consists of around 15 puffs or lasts around 10 minutes*)
   (Scoring: 0–4 times/day = 0, 5–9 times/day = 1, 10–14 times/day = 2, 15–1 times/day 9 = 3, 20–29 times/day = 4, 30+ times/day = 5)

2. On days that you can *use your electronic cigarette or vape* freely, how soon after you wake up do you *first use your electronic cigarette or vape*? [a]
   (Scoring: 0–5 mins = 5, 6–15mins = 4, 16–30mins = 3, 31–60 mins = 2, 61–120 mins = 1, 121 mins+ = 0)

3. Do you sometimes awaken at night to *use your electronic cigarette or vape*? [b]
   (Scoring: Yes = 1, No = 0)

4. If yes, how many nights per week do you typically *use your electronic cigarette or vape*? [b]
   (Scoring: 0–1 night = 0, 2–3 nights = 1, 4+ nights = 2)

5. Do you vape or *use an electronic cigarette* now because it is really hard to quit? [c]
   (Scoring: Yes = 1, No = 0)

6. Do you ever have strong cravings to vape or *use an electronic cigarette*? [c]
   (Scoring: Yes = 1, No = 0)

7. Over the past week, how strong have the urges to vape or *use an electronic cigarette* been?[d]
   (Scoring: None/Slight = 0, Moderate/Strong= 1, Very Strong/Extremely Strong = 2)

8. Is it hard to keep from vaping or *using an electronic cigarette* in places where you are not supposed to? [c]
   (Scoring: Yes = 1, No = 0)

9. When you haven't used *an electronic cigarette or vaped* for a while, do you feel more irritable because you couldn't vape or *use an electronic cigarette*? [c]
   (Scoring: Yes = 1, No = 0)

10. Did you feel nervous, restless, or anxious because you couldn't vape or *use an electronic cigarette*? [c]
    (Scoring: Yes = 1, No = 0)

Scoring:

Total scoring: 0–3= not dependent, 4–8 low dependence, 9–12 medium dependence, 13+ = high dependence.

[a] From Fagerström Test for Nicotine Dependence & Heaviness of Smoking Index (FTND/HIS).

[b] From Bover *et al., 2008*

[c] From Hooked on Nicotine Checklist.

[d] From Fiddler *et al.*, 2011

Reference:

Foulds, J., Veldheer, S., Yingst, J., Hrabovsky, S., Wilson, S. J., Nichols, T. T., & Eissenberg, T. (2015). Development of a questionnaire for assessing dependence on electronic cigarettes among a large sample of ex-smoking E-cigarette users. *Nicotine & Tobacco Research*, *17*(2), 186-192. https://doi.org/10.1093/ntr/ntu204