Appendix S1 Study questionnaire.

1. Are there any addictions is	n your family:	
[] Yes	[] No	
If "YES", please spec	eify which addictions were in your family:	
Chemical addictions: a) [] alcohol	Please indicate the relationship of the addic	eted person:
	[] Parents: [] mother [] Siblings: [] sister [] Grandparents: [] grandmother [] aunt/uncle: [] uncle	[] brother
b) [] drugs (specify?).	Please indicate the relationship of the addic	eted person:
	[] Parents: [] mother [] Siblings: [] sister [] Grandparents: [] grandmother [] aunt/uncle: [] uncle	[] brother
c) [] nicotine (cigarett	es, e-cigarettes, pipe, cigars, nicotine chewir Please indicate the relationship of the addic	
	[] Parents: [] mother [] Siblings: [] sister [] Grandparents: [] grandmother [] aunt/uncle: [] uncle	[] brother[] grandfather
Behavioral addiction:		
a) [] gambling	Please indicate the relationship of the addic [] Parents: [] mother [] Siblings: [] sister [] Grandparents: [] grandmother [] aunt/uncle: [] uncle	eted person: [] father [] brother [] grandfather [] aunt
b) [] Computer games	-	eted person:
	[] Parents: [] mother [] Siblings: [] sister [] Grandparents: [] grandmother [] aunt/uncle: [] uncle	[] father[] brother[] grandfather[] aunt

2. Do you think you are addicted to a	any of the following:		
[] Alcohol			
[] Drugs (specify?)			
[] Nicotine (Please choose t	the form of nicotine d	lelivery):	
[] cigarette [] pipe	[] e-cigarette [] shisha	[] cigar [] chewing	nicotine
[] Gambling			
[] Computer Games			
3. Whether someone smoked a cigarette	or an e-cigarette in yo	ur family home?	•
a) cigarette	Yes []	No []
"Yes", please indicate which househousehousehousehousehousehousehouse	old smoked		
b) e-cigarette	Yes []	No []
"Yes", please indicate which househousehousehousehousehousehousehouse	old smoked		
4. Whether in the current place of your	residence someone sm	oked/smokes?	
a) cigarette	Yes []	No []
"Yes", please indicate which househousehousehousehousehousehousehouse	old smoke		
b) e-cigarette	Yes []	No []
"Yes", please indicate which househousehousehousehousehousehousehouse	old smoke		
5. Is someone currently smoking a ci	garette or e-cigarette	in your closest	t surrounding?
	Ciga	arette	E-cigarette
a) parents		[]	[]
b) siblings		[]	[]
c) grandparents		[]	[]
d) partner		[]	[]
e) roommate		[]	[]
f) one of three closest friends		[]	[]

Questions about cigarette smoking 6. How long do you smoke? months 7. How often do you smoke? [] Everyday [] 2-3 times a week [] Once a week [] Less than once a week 8. How many cigarettes per day do you smoke cigarettes per day 9. What are the average intervals between cigarettes? (Please circle the correct one) Minutes 2 3 5 8 9 4 6 10

	-		
Н	O	u	rs

60

1	2	3	4	5	6	7	8	9	10

10. . When did you stop smoking, did any of these symptoms occur?

Duration of symptom [months]

50

20

[

30

40

11 1 1	1	_	2	4	_		7	0	0	10
] headache	1	2	3	4	5	6	/	8	9	10
] irritability	1	2	3	4	5	6	7	8	9	10
] anxiety in the hands	1	2	3	4	5	6	7	8	9	10
] difficulty in concentratio	1	2	3	4	5	6	7	8	9	10
] increased appetite	1	2	3	4	5	6	7	8	9	10
] insomnia	1	2	3	4	5	6	7	8	9	10
] anxiety	1	2	3	4	5	6	7	8	9	10
] frequent cough	1	2	3	4	5	6	7	8	9	10

Questions about e-cigarette use 11. How long do you use e-cigarette? months 12. How often do you use e-cigarette? [] Everyday [] 2-3 times a week [] Once a week [] Less than once a week 13. How many times a day do you use an e-cigarette (number of e-smoking session: one e-smoking session consist of 15 puffs or approximately 10 minutes of use)? number of e-smoking sessions 14. What are the average intervals between e-smoking sessions? (Please circle the correct one) Minutes

20	30	40	50	60

Hours

1	2 3	4	5	6	7	8	9	10
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15. When did you stop e-smoking, did any of these symptoms occur?

10

	Dura	ation c	of sym	ptom	[mont	hs]				
[] headache	1	2	3	4	5	6	7	8	9	10
[] irritability	1	2	3	4	5	6	7	8	9	10
[] anxiety in the hands	1	2	3	4	5	6	7	8	9	10
[] difficulty in concentratio	1	2	3	4	5	6	7	8	9	10
[] increased appetite	1	2	3	4	5	6	7	8	9	10
[] insomnia	1	2	3	4	5	6	7	8	9	10
[] anxiety	1	2	3	4	5	6	7	8	9	10
[] frequent cough	1	2	3	4	5	6	7	8	9	10

16. Which type of cigarette smoking?	provides greater sa	tisfaction in selected aspe	ects that accompany
_	cigarette	no difference	e-cigarette
Feeling of relax	[]	[]	[]
Breathing in	[]	[]	[]
Breathing out	[]	[]	[]
Smoking satisfaction	[]	[]	[]
Taste	[]	[]	[]
Smell	[]	[]	[]
With a cup of coffee	[]	[]	[]
After meal	[]	[]	[]
After sex	[]	[]	[]
In a group of friends	[]	[]	[]
17. Have you noticed any c	changes in the last sy improvement	mptoms since you have no difference	used the e-cigarette?
Tolerance of effort			
Cough	[]	[]	[]
Tightness of the chest	[]	[]	[]
Wheezing, squeaks in the chest	[]	[]	[]
Beathlessness	[]	[]	[]
Dizziness	[]	[]	[]
Weakness	[]	[]	[]
Headache	[]	[]	[]
Scratching in the throat	[]	[]	[]
	L J	ſ J	()
Smell	[]	[]	[]
Smell Taste			

18. If you are currently smoking traditional cigarettes, ple	ease answer the following questions:
How soon after waking up do you reach for a cigarette	[] within 5 min[] 6-30 min[] 31-60 min[] after 60 min
How many cigarettes per day do you smoke?	[] 10 or less [] 11-20 [] 21-30 [] 31 or more
Do you find it difficult to refrain from smoking in places where it is forbidden?	[] Yes [] No
Which cigarette would you hate most to give up?	[] the first one in the morning[] any other
Do you smoke more frequently during the first hours after waking than during the rest of the day??	[] Yes [] No
Do you smoke if you are so ill that you are in bed most of the day?	[] Yes [] No
19. <u>If you currently use an e-cigarette, please</u>	answer the following questions:
How soon after waking up do you reach for an ecigarette	[] within 5 min [] 6-30 min [] 31-60 min [] after 60 min
How many times a day do you use e-cigarette? (e-smoking sessions; one e-smoking session consist of 15 puffs or approximately 10 minutes of use)	[] 10 or less [] 11-20 [] 21-30 [] 31 or more
Do you find it difficult to refrain from e-smoking in places where it is forbidden?	[] Yes [] No
Which e-smoking session would you hate most to give up?	[] the first one in the morning [] any other
Do you use e-cigarette more frequently during the first hours after waking than during the rest of the day?	[] Yes [] No
Do you use e-cigarette if you are so ill that you are in bed most of the day?	[] Yes [] No

Questions about e-smoking habits

20. Questions about e-liquid			
a) E-liquid Manufacturer (please write the most comliquid, please note that)		if you seld-mad	le e-
b) Most frequently used taste of e-liquid:			
c) Nicotine concentration in e-liquid (%):		•••	
d) E-liquid consumption (ml) dailly:	montl	nly:	
21. Have you ever modified the technical parameters	s of the e-cigarette?	Yes	No
22.Have you ever used a self made e-liquid?		Yes	No
23. How many different models of e-cigarette you us	ed:		
24. Where did you find out about the e-cigarette:			
25. Source of knowledge about e-cigarettes (mark al	l appropriate):		
 [] Internet forums [] E-cigarette users discussion groups on I [] Websites of e-cigarette shops [] Friends who use e-cigarette [] Other (please specify) 		=	