

Young Peoples E-Smoking Study (YUPESS)

Dear Sir or Madam,

We invite you to take part in an international study on e-cigarette smoking (e-smoking) among university students. It is an international, multicenter project involving 15 centers from 10 countries (Belarus, Canada, Czech Republic, Georgia, Lithuania, Macedonia, Poland, Romania, Russia, Slovakia).

Electronic cigarette (e-cigarette) use is increasing in popularity, especially as an alternative to traditional tobacco cigarette smoking. At present, the impact of E-cigarette use on health is unclear. With your help we hope to better understand this relationship.

The aim of this study is to assess the impact of e-cigarettes on lung health. The first part of the project is a survey. It consists of 6 parts, containing a total of 46 questions addressed to both non-smokers and smokers of traditional and/or e-cigarettes.

I. General Information:

1. Gender:

☐ Female

☐ Male

2. Age:

.....

3. University:

College/Department:

.....

...../.....

4. Year of studies:

.....

II. Questions regarding smoking:

5. Have you ever smoked / tried a traditional tobacco cigarette?

☐ Yes

☐ No

If "Yes", at what age did you smoke your first cigarette? years

6. Have you ever smoked / tried an e-cigarette?

☐ Yes

☐ No

If "Yes", at what age did you smoke your first e-cigarette? years

7. Do you currently smoke cigarettes?

- ☐ Yes, I smoke traditional tobacco cigarettes
- ☐ Yes, I use e-cigarettes
- ☐ Yes, I smoke traditional cigarettes and e-cigarettes
- ☐ No, I don't smoke

7.1 If you have ever smoked, which product did you try first?

- ☐ cigarettes
- ☐ e-cigarette

8. In the near future do you plan to start using e-cigarettes?

- ☐ Yes
- ☐ No
- ☐ Already using

9. In the near future do you plan to start smoking traditional cigarettes?

- ☐ Yes
- ☐ No
- ☐ Already smoking

10. Do you think you can become addicted to e-cigarettes?

- ☐ Yes
- ☐ No
- ☐ No opinion

11. If "Yes", then:

- ☐ E-cigarettes are as addictive as a traditional cigarette
- ☐ E-cigarettes are less addictive than traditional cigarettes
- ☐ E-cigarettes are more addictive than traditional cigarettes

12. Do you think that using e-cigarettes in public places should be banned?

- ☐ Yes
- ☐ No

13. Do you think e-cigarettes are safe for your health?

- ☐ Yes
- ☐ No
- ☐ No opinion

14. If "Yes", then:

- ☐ E-cigarettes are completely safe for your health
- ☐ E-cigarettes are safer than traditional cigarettes
- ☐ E-cigarettes and traditional cigarettes are just as safe

III. Questions regarding respiratory symptoms.

15. Has a doctor ever said you had any of the following illnesses:

- | | | |
|---|------------------------------|-----------------------------|
| a) asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) asthmatic, spastic or obstructive bronchitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) other chronic respiratory diseases | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (specify)..... | | |

16. Do you use aerosolized / inhaled medications?

- ☐ Yes ☐ No

17. Have you ever experienced, without contact with the smoke from a cigarette or e-cigarette:

- | | | |
|---|------------------------------|-----------------------------|
| a) wheezing or whistling in the chest | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) shortness of breath at rest | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) shortness of breath during exertion | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) dry chronic cough unrelated to infection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) chronic sinusitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) chest tightness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) impaired sense of smell | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) exercise intolerance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you do not use traditional cigarettes or e-cigarettes here, thank you for completing the questionnaire and please move on to the LAST PAGE of this survey.

If you smoke cigarettes or e-cigarettes, please continue to the next section.

IV. Questions for people who smoke / smoked traditional cigarettes

18. How long have you smoke / smoked traditional cigarettes?

..... number of months (1 year = 12 months)

19. How many days per week do you smoke tobacco cigarettes?

☐ Daily

☐ 2-3 times per week

☐ Weakly

☐ Less than once a week

20. How many cigarettes do you smoke on average per day?

..... number of cigarettes per day

20a. On average, how much do you spend on traditional cigarettes in a month?

..... \$ (Change to local currency zł)

21. Have you ever tried to quit smoking traditional cigarettes?

☐ Yes

☐ No

21a. If "Yes", how many times have you tried to quit:

21b. If you have successfully quit smoking traditional cigarettes, for how many months have you not smoked: number of months (1 year = 12 months)

21c. Did you use any of the following pharmaceuticals when quitting smoking of traditional cigarettes?

☐ Yes, I used nicotine patches

☐ Yes, I used nicotine pills

☐ Yes, I used nicotine gum

☐ Yes, I used other forms of nicotine (specify).....

☐ Yes, I used non-nicotine products

☐ No

22. Are you going to quit smoking in the near future?

☐ Yes

☐ No

☐ I have already quit

V. Questions for people who smoke traditional cigarettes, e-cigarettes or both types of cigarettes (dual smokers).

23. Have you observed any of the following symptoms **since you started smoking** cigarettes or e-cigarettes:

	after a cigarette	after a e-cigarette
a) wheezing or whistling in the chest	[]	[]
b) shortness of breath at rest	[]	[]
c) shortness of breath during exertion	[]	[]
d) dry chronic cough unrelated to infection	[]	[]
e) chronic sinusitis	[]	[]
f) chest tightness	[]	[]
g) impaired sense of smell	[]	[]
h) exercise intolerance	[]	[]

24. Immediately after smoking a cigarette or e-cigarette, do you experience any of the following:

	after a cigarette	after a e-cigarette
a) cough	[]	[]
b) shortness of breath	[]	[]
c) dizziness/vertigo	[]	[]
d) nausea	[]	[]
e) weakness	[]	[]
f) impaired sense of smell	[]	[]
g) chest tightness	[]	[]
h) headache	[]	[]
i) sore throat	[]	[]
j) bad taste in mouth	[]	[]

25. **Since you started smoking**, have you had a cough?

☐ Yes

☐ No

25a. **If "Yes", the cough was:** (please check all that apply)

after a cigarette

after an e-cigarette

☐ all the time

☐ all the time

☐ only during the day

☐ only during the day

☐ mostly in the evening/night

☐ mostly in the evening/night

☐ dry cough

☐ dry cough

☐ moist cough

☐ moist cough

(with phlegm)

(with phlegm)

26. Do you smoke more often during the following situations? (please check all that apply)

cigarette

e- cigarette

☐ workdays

☐ workdays

☐ weekends, days off work

☐ weekends, days off work

☐ holidays

☐ holidays

☐ Periods of increased studying

☐ Periods of increased studying

(eg.:exams)

(eg.:exams)

☐ other (specify).....

☐ other (specify).....

If you did not use e-cigarettes this month, thank you for completing the survey and please move on to the LAST PAGE.

If you SMOKE E-CIGARETTES, please continue to the next section.

VI. Questions regarding smoking of e-cigarettes (this part of the questionnaire is to be completed only by people who stated in question 7 that they use an e-cigarette)

27. How long have you been using e-cigarettes?

..... number of months (1 year = 12 months)

28. How many days per week do you use the e-cigarette?

☐ Daily

☐ 2-3 times per week

☐ Weekly

☐ Less than once a week

29. How many times per day do you use an e-cigarette?

..... number of sessions of e-smoking per day

30. How many times do you take a puff of an e-cigarette during a session of smoking?

☐ 1-6

☐ 7-15

☐ 16-20 average number of drags per smoking session

☐ more than 20

30a. On average, how much do you spend on smoking e-cigarettes in a month?

..... \$ (Change to local currency zł)

31. Did health considerations make you reach for the e-cigarette?

☐ Yes, my health did not allow me to smoke traditional cigarettes

☐ Yes, but for considerations not related to traditional cigarettes

☐ No

If "Yes", please indicate the symptoms that prompted you to reach for e-cigarettes:

(please check all that apply)

- a) wheezing or whistling in the chest []
- b) shortness of breath at rest []
- c) shortness of breath during exertion []
- d) dry chronic cough unrelated to infection []
- e) chronic sinusitis []
- f) chest tightness []
- g) impaired sense of smell []
- h) exercise intolerance []
- i) other (specify).....]

32. When choosing an e-cigarette (device) you **mainly based this decision on:**

- [] Price
- [] Opinion about the product (friends/Internet)
- [] Technical specifications of the device
- [] other (specify):

33. Why did you start using e-cigarettes? (**Select max. 3**)

- [] The desire to quit smoking traditional cigarettes
- [] Less harmful to my health
- [] Less harmful to the health of others
- [] Less harmful to my appearance (nails, teeth, odour)
- [] Price
- [] Desire to try something new
- [] Trendy and modern appearance of e-cigarette
- [] Unique flavours
- [] Simplicity of operation
- [] Family, friends have convinced me to buy
- [] Received as a gift
- [] Other:

34. When selecting an e-liquid (liquid for e-cigarette) what are important criteria: (**Select max. 2**)

- ☐ Concentration of nicotine
- ☐ Price
- ☐ Taste
- ☐ Smell
- ☐ Opinion about the product (friends/Internet)
- ☐ Chemical composition

35. Where do you **most frequently** buy refills (e-liquid) for e-cigarettes?? (**Select max. 2**)

- ☐ Convenience Store (eg. 7-11 – **change to local store name**)
- ☐ Booth in a shopping mall
- ☐ A store that sells e-cigarette products specifically
- ☐ Internet store
- ☐ Auction sites (eg. e-bay – **change to local auction site**)

36. Can you determine the exact amount of nicotine in the e-liquid you use **most frequently**?

- ☐ I pay no attention to that
- ☐ Nicotine free 0 mg
- ☐ Under 8 mg
- ☐ 8-16 mg mg (average concentration of nicotine in e-liquid)
- ☐ 16 mg and more

37. Since you started using an e-cigarette, the average content of nicotine in e-liquid:

- ☐ Increased (on average by how much)..... mg
- ☐ Decreased (on average by how much)..... mg
- ☐ No changes, I use e-liquid with a constant level of nicotine

38. What flavour of e-liquid do you choose **most often**:

- ☐ tobacco
- ☐ fruit
- ☐ mint/menthol
- ☐ other (specify).....

39. When do you usually use the e-cigarette? (**Select max. 2**)?

- ☐ To relax
- ☐ Spending time with friends
- ☐ During a party or social event
- ☐ In every free moment
- ☐ In a situation where I would normally smoke traditional cigarettes
- ☐ In a situation where I have no access to a traditional cigarette

40. Have you used traditional cigarettes since the time you started using e-cigarettes?

- ☐ No, I only smoke e-cigarettes
- ☐ Yes

40a. Since you started using an e-cigarette, the daily number of traditional cigarettes you smoke:

- ☐ Decreased (on average by how many).....
- ☐ No change
- ☐ Increased (on average by how many).....
- ☐ E-cigarette helped me quit smoking traditional cigarettes

41. In your opinion, compared to the traditional cigarette you reach for an e-cigarette:

- ☐ More often
- ☐ Less often
- ☐ The same

42. Did you try to quit using traditional cigarettes before you started using e-cigarettes??

- ☐ No, I never smoked traditional cigarettes
- ☐ No, I have never tried to stop smoking traditional cigarettes (still smoking)
- ☐ Yes, I tried to quit smoking, but without success
- ☐ Yes, I have successfully quit smoking traditional cigarettes

43. Have you tried to quit smoking e-cigarettes?

☐ Yes

☐ No

43a. If "Yes", how many times have you tried to quit smoking e-cigarettes:

43b. If you've successfully quit smoking e-cigarettes, how long (in months) have you not smoked:

..... number of months (1 year = 12 months)

43c. When quitting e-cigarettes did you use pharmaceuticals?

☐ Yes, I used nicotine patches

☐ Yes, I used nicotine pills

☐ Yes, I used nicotine gum

☐ Yes, I used other forms of nicotine (specify).....

☐ Yes, I used non-nicotine formulations

☐ No

44. In the near future you plan to quit smoking e-cigarettes?

☐ Yes

☐ No

45. Do you think you are addicted to e-cigarettes?

☐ Yes

☐ No

46. Do you promote the idea of smoking e-cigarettes as an alternative to traditional cigarettes to those people close to you?

☐ Yes, I recommend to everyone

☐ Yes, I encourage smokers of traditional cigarettes to change to e-cigarettes

☐ No, I do not encourage, but I willingly share my experience in e-smoking

☐ No, I do not recommend e-cigarettes to others

Thank you for participating in the survey!

Your feedback is a valuable source of information that will allow us to better investigate the impact of e-cigarettes on health.

Dear Sir or Madam,

In our project, we also have more advanced questions. To further explore the impact of cigarette and e-cigarette use on respiratory function, we plan to perform spirometry and FeNO measurement, so we would appreciate it if you leave your contact information. This is not necessary and you can return an anonymously completed questionnaire without giving any of the following information. Participation in the study will provide a unique opportunity for a free check of your respiratory status. This study is also offered to non-smokers. We assure you that all information obtained will not be communicated without your consent.

Contact Details (voluntary) :

We are interested in any form of contact. If you do not want to give full details just leave your email.

First Name:

Last Name:

Telephone:

e-mail:

If you have any questions or concerns, please contact the person responsible for the project:

Mateusz Jankowski tel. 692 250 620 e- mail: matejankowski@gmail.com

Dr Grzegorz Brożek tel. (32) 2523734 e- mail: brozekg@sum.edu.pl

Change to local research centre contact details.

We will gladly to answer all your questions.