

Background Assessment:

1. Age: I am _____ years old
2. How many times have you used an electronic nicotine product in your entire life?
 - 1 time, even just a few puffs
 - 2 to 10 times
 - 11 to 20 times
 - 21 to 50 times
 - 51 to 99 times
 - 100 or more times
 - Don't know
3. On how many of the past 30 days did you use an electronic nicotine product?
 - _____ days
 - Don't know
4. At the time you started using electronic nicotine products, were you also using some other type of tobacco product(s)?
 - Yes (If yes, go to 4.1)
 - No (If no, go to 4.2)
 - o 4.1 Please select which tobacco product(s) you were using when you started using electronic nicotine products. Choose all that apply:
 - Cigarettes
 - Cigars (including traditional cigars, cigarillos, or little filtered cigars)
 - Pipes
 - Hookah
 - Smokeless tobacco (including chewing tobacco, snuff, or dip)
 - Snus
 - Other, please specify _____
 - o 4.2 Was your electronic nicotine product the first experience you had with a product containing nicotine?
 - Yes
 - No (If no, go to 4.3.a)
 - o 4.2.a What other tobacco products have you tried? Choose all that apply:
 - Cigarettes
 - Cigars (including traditional cigars, cigarillos, or little filtered cigars)
 - Pipes
 - Hookah
 - Smokeless tobacco (including chewing tobacco, snuff, or dip)
 - Snus
5. How old were you when you first started using an electronic nicotine product?
 - o _____ Years old

6. When you first started using electronic nicotine products, was it flavored to taste like menthol, mint, clove, spice, candy, fruit, chocolate, or other sweets? (Please do not include tobacco flavor)
- Yes
 - No
 - Don't know
- o 6.1 In the past 30 days, which flavors have you used in your electronic nicotine product?
- Choose all that apply:
 - Tobacco-flavored
 - Menthol or mint
 - Clove or spice
 - Fruit
 - Chocolate
 - An alcoholic drink (such as wine, cognac, margarita or other cocktails)
 - A non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)
 - Candy, desserts or other sweets
 - Some other flavor, specify: _____
 - Don't know
7. What do you call the electronic nicotine device you use most often...?
- _____
8. Is the device you just described the same type as the device you used when you started using electronic nicotine products?
- Yes
 - No
- o If not, please describe the first device type you used: _____
9. Where do you buy your electronic nicotine product most of the time?
- A vape shop or vapor lounge
 - Online
 - A mall kiosk
 - A convenience store or gas station
 - A supermarket, grocery store, or drug store
 - A bar, pub, restaurant or casino
 - A friend or relative
 - A liquor store
 - Somewhere else, specify: _____
10. What brand of electronic nicotine product do you own?
- _____
 - Don't know
11. How addicted to your electronic nicotine product do you feel?
- not at all
 - somewhat addicted
 - very addicted

- o 11.1 On the days that you use an electronic nicotine product, how soon after you wake up do you typically take your first puff of the day? Please enter the number of minutes or hours.
 - _____ minutes after waking
 - _____ hours after waking
 - Don't know
- 12. What concentration of nicotine do you usually use?
 - I don't know the concentration
 - 0mg or 0%
 - 1-12mg or 0.1-1.2%
 - 13-17 mg or 1.3-1.7%
 - 18-24mg or 1.8-2.4%
 - 25+mg or 2.5+%
 - Other (please specify): _____
- 13. About how much did you pay for your device? Do not include the cost of additional cartridges or accessories unless they were included in a starter kit.
 - Less than \$10
 - \$10 to \$20
 - \$21 to \$100
 - More than \$100
 - Don't know
- 14. Have you smoked at least 100 cigarettes in your entire life?
 - Yes
 - No
- o 14.1 Do you now smoke cigarettes every day, some days, or not at all?
 - Every day (go to 14.1.a & 14.1.b)
 - Some days (go to 14.1.a & 14.1.b)
 - Not at all (If no to 14. and currently uses not at all, go to 14.1.c; If yes to 14. and currently uses not at all, go to 14.1.d.i & 14.1.d.ii)
- o 14.1.a How addicted to cigarettes do you feel?
 - not at all
 - somewhat addicted
 - very addicted
- o 14.1.b On the days that you smoke cigarettes, how soon after you wake up do you typically take your first puff of the day? Please enter the number of minutes or hours.
 - _____ minutes after waking
 - _____ hours after waking
 - Don't know
- o 14.1.c Have you ever tried cigarette smoking, even one or two puffs?
 - Yes
 - No
- o 14.1.d.i At any time during the past 12 months, did you completely switch from smoking traditional cigarettes to using e-cigarettes?
 - Yes

- No
 - 14.1.d.ii How long has it been since you completely stopped smoking cigarettes?
 - [] [] days/ months/ years
- 15. Have you ever used a nicotine replacement therapy product, such as nicotine patches, gum, or lozenge?
 - Yes
 - No
 - 15.1 Are you currently using a nicotine replacement therapy product, such as nicotine patch, gum, or lozenge?
 - Yes
 - No
- 16. In the past 12 months, have you tried to quit using electronic nicotine products completely?
 - Yes
 - No
 - 16.1 Are you thinking about quitting the use of electronic nicotine products for good?
 - Yes (If yes, go to 16.1.a)
 - No
 - Don't know/ not sure
 - 16.1.a How soon are you likely to quit using electronic nicotine products?
 - Within the next 30 days
 - Within the next 6 months
 - Within the year
 - Longer than a year
 - Don't know/ Not sure
 - 16.2 (Among dual e-cigarette/ cigarette users) Are you thinking about quitting the use of all tobacco products for good?
 - Yes (If yes, go to 16.2.a)
 - No
 - Don't know/ not sure
 - 16.2.a (Among dual e-cigarette/ cigarette users) How soon are you likely to quit using tobacco/ nicotine products?
 - Within the next 30 days
 - Within the next 6 months
 - Within the year
 - Longer than a year
 - Don't know/ Not sure

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