2019 LUNG INJURY RESPONSE

UNDERSTANDING VAPING PRACTICES IN THE UNITED STATES

Form Approved OMB Control No.:0920-XXXX Expiration date: XX/XX/XXXX

Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX.

Assurance of Confidentiality: The voluntarily provided information obtained in this survey that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Are you 18 years or older?					
Tirky 10 - P		0	Yes		
[If Yes] Continue survey		0	No		
[If No] End survey					
Do you live in State (to be determined)					
Do you live in State (to be determined)		_	V		
[If Yes] Continue survey		0	Yes		
[If No] End survey		0	No		
[II NO] Elia salvey					
Have you used nicotine-containing vaping products in the past 3		0	Yes		
months?		О	No		
[If Yes] Continue survey					
[If No] End survey					
In the past year, have you been diagnosed with lung injury		0	Yes		
associated with your use of vaping or dabbing products or e-		0	No		
cigarettes?					
[If Yes] End survey					
[If No] Continue survey					
Remember: Your participation in this survey is voluntary and you can					
decline to answer any question at any time.					
In the past 3 months, have you vaped or dabbed marijuana or THC					
(the psychoactive compound in marijuana) at least five times? This					
includes items you've purchased at a store, bought off the street, or	•	Yes			
that were given to you by someone. [If Yes] Continue survey		res No			
[If No] End survey	0	NO			
	tha n	act	2 months		
The next few questions are about your use of THC vaping products in the past 3 months Remember: Your participation in this survey is voluntary and you can decline to answer any question at any					
time. The voluntarily provided information obtained in this survey that we					
individual or institution is collected with a guarantee that it will be held in		_	-		
for the purposes stated, and will not otherwise be disclosed or released					
or the institution.					
Which THC substance(s) did you use in an e-cigarette, vaping device,	•	€	Marijuana herb (flower or		
vaporizer, or dab rig in the past 3 months? (Select all that apply)		_	leaves)		
		€	THC oils		
		€	Butane hash oil		
	•	€	THC concentrate (e.g., wax,		
			badder/budder, crumble, shatter, pull and snap)		
		€	THC powder form (e.g., dry		
		C	sift)		
			Other (Specify)		
[If Yes to THC oils or Butane hash oil] In what form did you use		€	Pre-filled cartridge or pod		
in 165 to The ons of Butane hash on all minute form and you asc		_	The filled call thage of pour		

these THC-containing products? (Select all that apply)	€	
		cartridge or tank Other (Specify)
How many different brands of THC-containing products did you vape		(Enter whole number)
or dab in the past 3 months?		(Effet Whole Humber)
Did you use flavored THC-containing products in the past 3 months?	0	Yes
	0	No
Where did you obtain these THC-containing products? (Select all	€	Medical dispensary
that apply)	€	Recreational dispensary
		(retail cannabis/marijuana shop)
	€	Vape shop
		Pop-up shop
		Convenience store/gas
		station
	€	Family or friend
	€	•
	€	Online
		Other (Specify)
What type of device(s) did you use to vape or dab THC-containing	€	
products in the past 3 months? (Select all that apply)	_	vape
	€	E-cigarette or vape with
	_	prefilled cartridges
	€	E-cigarette or vape with a tank that you refill with
		liquids (including sub-ohm,
		mod or modifiable systems)
	€	E-cigarette or vape with
	Ŭ	prefilled or refillable "pods"
		or pod cartridges (e.g. JUUL,
		Suorin)
	€	Dab rig
	€	Vaporizer (for dry herbs,
		etc.)
		Other (Specify)
What brand of THC-containing cartridge(s) were used with device(s)?	€	Rove
(Select all that apply)	€	Dank Vapes
	€	
	€	
		Other (Specify)
Approximately how frequently did you vape THC-containing	0	Monthly or less
products in the past 3 months?	0	A few days per month
		O Number of days:
		(enter number of
		days in a month)
	0	A few days per week

	o Number of days: (enter number of days in a week) Daily
Within a day, on average how many times did you vape THC-containing products in the past 3 months?	(Enter number of times)
How long have you been vaping or dabbing THC-containing products?	0 < 3 months0 3-6 months0 7-12 months>1 year
Have you vaped any THC-containing products in the last 30 days?	o Yes No
The next few questions are about your use of nicotine past 3 months Remember: Your participation in this survey is voluntary and you can time. Have you used any nicotine-containing vaping products in the past 3 months?	
If NO skip to next section In the past 3 months, how many different brands of nicotine- containing products did you vape in the past 3 months?	(enter whole number)
Did you use flavored nicotine-containing products in the past 3 months?	O Yes O No
In what form did you use nicotine-containing products in the past 3 months? (Select all that apply)	 € Pre-filled cartridge or pod € Liquid or oil used to fill a cartridge or tank € Other (Specify)
Where did you obtain the nicotine-containing product you vaped? (Select all that apply)	 € Medical dispensary € Recreational dispensary (retail cannabis/marijuana shop) € Vape shop € Pop-up shop € Convenience store/gas station € Family or friend € Illicit dealer € Online
In the past 3 months, what type of device(s) did you vape nicotine? (Select all that apply)	Other (Specify) € Disposable e-cigarette or vape € E-cigarette or vape with prefilled cartridges € E-cigarette or vape with a tank that you refill with

i e e e e e e e e e e e e e e e e e e e		Parada Parada de la
		liquids (including sub-ohm,
	_	mod or modifiable systems)
	€	E-cigarette or vape with
		prefilled or refillable pods or
		pod cartridges (e.g. JUUL,
		Suorin)
	0	Other (Specify)
Approximately how frequently did you vape nicotine-containing	0	Monthly or less
products in the past 3 months?	0	A few days per month
		o Number of days:
		(enter number of
		days in a month)
	0	A few days per week
		O Number of days:
		(enter number of
		days in a week)
	€	Daily
Within a day, how many times did you vape nicotine-containing	€	(Enter number of
products on average in the past 3 months?	Ŭ	times within a day)
		•
How long have you been vaping nicotine-containing products?	0	< 3 months
	О	3-6 months
	0	7-12 months
	€	>1 year
		r i yeai
Have you used nicotine-containing products in the last 30 days?	0	Yes
Have you used nicotine-containing products in the last 30 days?		<u> </u>
	0 0	Yes No
The next few questions are about your use of other sub	o o ostan	Yes No Ces
The next few questions are about your use of other suk Remember: Your participation in this survey is voluntary and you can de	o o ostan	Yes No Ces
The next few questions are about your use of other sub- Remember: Your participation in this survey is voluntary and you can detime.	o o ostan cline to	Yes No Ces answer any question at any
The next few questions are about your use of other subsequences. Remember: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months?	o o ostan	Yes No ces Dianswer any question at any Cigarettes
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The next few questions are about your use of other subsequences. Remember: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months?	0 0 cline to € € €	Yes No Ces Danswer any question at any Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping
The next few questions are about your use of other subsequences. Remember: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months?	0 0 cline to € € €	Yes No Ces Description and any Cigarettes Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig)
The next few questions are about your use of other subsequences. Remember: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months?	0 0 cline to € € €	Yes No Ces Description and any Cigarettes Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig) Synthetic marijuana (e.g.,
The next few questions are about your use of other subsequences. Remember: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months?	0 0 ostan cline to € € €	Yes No Ces Danswer any question at any Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig) Synthetic marijuana (e.g., K2, spice)
The next few questions are about your use of other subsequences. Remember: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months?	0 0 ostan cline to € € € €	Yes No Ces Deanswer any question at any Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig) Synthetic marijuana (e.g., K2, spice) CBD
The next few questions are about your use of other subsequences: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months? (Select all that apply)	0 0 cline to € € € €	Yes No Ces Department of a service of the service
The next few questions are about your use of other subsequences: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months? (Select all that apply) [If selected cigarettes] About how many cigarettes did you smoke	0 0 0 0 0 0 cline to € € € € €	Yes No Ces Danswer any question at any Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig) Synthetic marijuana (e.g., K2, spice) CBD Other (Specify) <1 cigarette a day
The next few questions are about your use of other subsequences: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months? (Select all that apply)	0 0 cline to € € € €	Yes No Ces Danswer any question at any Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig) Synthetic marijuana (e.g., K2, spice) CBD Other (Specify) <1 cigarette a day Quarter of a pack of
The next few questions are about your use of other subsequences: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months? (Select all that apply) [If selected cigarettes] About how many cigarettes did you smoke	0 0 0 0 0 0 cline to € € € € €	Yes No Ces Department of a pack of cigarettes Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig) Synthetic marijuana (e.g., K2, spice) CBD Other (Specify) <1 cigarette a day Quarter of a pack of cigarettes
The next few questions are about your use of other subsequences: Your participation in this survey is voluntary and you can detime. Have you used any of the following substances in the past 3 months? (Select all that apply) [If selected cigarettes] About how many cigarettes did you smoke	0 0 0 0 0 0 cline to € € € € €	Yes No Ces Description and any question at any Cigarettes Cigars Hookah Chewing tobacco Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig) Synthetic marijuana (e.g., K2, spice) CBD Other (Specify) <1 cigarette a day Quarter of a pack of cigarettes Half a pack of cigarettes
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	0	More than a pack of
	U	cigarettes
[If selected cigarettes] For how long have you smoked cigarettes?	0	<1 year
[In science digarettes] For flow long have you smoked digarettes.	0	1-2 years
	0	3-5 years
	0	6-8 years
		>8 years
[If calcuted we will come] by the most Our could be been did now went	0 €	•
[If selected marijuana] In the past 3 months, how did you most frequently use marijuana? (Select all that apply)	€	Smoked it (i.e., joint, pipe, or blunt)
Remember: Your participation in this survey is voluntary and you can	€	Ate it (i.e., in brownies,
decline to answer any question at any time.		cakes, cookies, or candy)
	€	Drank it (i.e., in tea, cola, or alcohol)
	€	Used it some other way
		(Specify)
	€	Do not know/not sure
[If selected marijuana] When you used marijuana during the past 3	€	Medical reasons
months, was it for		(recommended by a doctor
(Select all that apply)		or other health professional)
Remember: Your participation in this survey is voluntary and you can	€	Non-medical (recreational)
decline to answer any question at any time.		reasons (to have fun or fit in
		or for the feeling or
		experience the marijuana
		causes)
	€	Other (Specify)
[If selected marijuana] How often did you smoke marijuana in the	0	Monthly or less
past 3 months?	0	A few days per month
		o Number of days:
		(enter number of
		days in a month)
	0	A few days per week
		0 Number of days:
		(enter number of
		days in a week)
	0	Daily
Within a day, on average how many times did you smoke marijuana		(Enter number of times
in the past 3 months?	within	,
Have you used any other substances or flavors in e-cigarettes and/or	€	•
vaping devices in the past 3 months? (select all that apply)	€	Synthetic marijuana (such as
Remember: Your participation in this survey is voluntary and you can		K2, spice)
decline to answer any question at any time.	€	
		substances such as nicotine, THC, CBD)
	(Other substances (Specify)
		outer substances (specify)

You have reached the end of the survey. Thank you for your time.