

**2019 LUNG INJURY RESPONSE**  
**UNDERSTANDING VAPING PRACTICES IN THE UNITED STATES**

Form Approved  
OMB Control No.:0920-XXXX  
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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?	<input type="radio"/> Yes <input type="radio"/> No
[If Yes] Continue survey	
[If No] End survey	
Do you live in State (to be determined)	<input type="radio"/> Yes <input type="radio"/> No
[If Yes] Continue survey	
[If No] End survey	
Have you used nicotine-containing vaping products in the past 3 months?	<input type="radio"/> Yes <input type="radio"/> No
[If Yes] Continue survey	
[If No] End survey	
In the past year, have you been diagnosed with lung injury associated with your use of vaping or dabbing products or e-cigarettes?	<input type="radio"/> Yes <input type="radio"/> No
[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 dabbled 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 that were given to you by someone.	<input type="radio"/> Yes <input type="radio"/> No
[If Yes] Continue survey	
[If No] End survey	
<b>The next few questions are about your use of THC vaping products in the past 3 months</b>	
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 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.	
Which THC substance(s) did you use in an e-cigarette, vaping device, vaporizer, or dab rig in the past 3 months? (Select all that apply)	<input type="checkbox"/> Marijuana herb (flower or leaves) <input type="checkbox"/> THC oils <input type="checkbox"/> Butane hash oil <input type="checkbox"/> THC concentrate (e.g., wax, badder/budder, crumble, shatter, pull and snap) <input type="checkbox"/> THC powder form (e.g., dry sift) Other (Specify)
[If Yes to THC oils or Butane hash oil] In what form did you use	<input type="checkbox"/> Pre-filled cartridge or pod

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

	<input type="radio"/> Number of days: (enter number of days in a week)  <input type="radio"/> 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?	<input type="radio"/> < 3 months <input type="radio"/> 3-6 months <input type="radio"/> 7-12 months <input type="radio"/> >1 year
Have you vaped any THC-containing products in the last 30 days?	<input type="radio"/> Yes <input type="radio"/> No
<b>The next few questions are about your use of nicotine-containing products in the past 3 months</b> <b>Remember: Your participation in this survey is voluntary and you can decline to answer any question at any time.</b>	
Have you used any nicotine-containing vaping products in the past 3 months?	<input type="radio"/> Yes <input type="radio"/> No <b>If NO skip to next section</b>
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?	<input type="radio"/> Yes <input type="radio"/> No
In what form did you use nicotine-containing products in the past 3 months? (Select all that apply)	<input type="checkbox"/> Pre-filled cartridge or pod <input type="checkbox"/> Liquid or oil used to fill a cartridge or tank <input type="checkbox"/> Other (Specify)
Where did you obtain the nicotine-containing product you vaped? (Select all that apply)	<input type="checkbox"/> Medical dispensary <input type="checkbox"/> Recreational dispensary (retail cannabis/marijuana shop) <input type="checkbox"/> Vape shop <input type="checkbox"/> Pop-up shop <input type="checkbox"/> Convenience store/gas station <input type="checkbox"/> Family or friend <input type="checkbox"/> Illicit dealer <input type="checkbox"/> Online <input type="checkbox"/> Other (Specify)
In the past 3 months, what type of device(s) did you vape nicotine? (Select all that apply)	<input type="checkbox"/> Disposable e-cigarette or vape <input type="checkbox"/> E-cigarette or vape with prefilled cartridges <input type="checkbox"/> E-cigarette or vape with a tank that you refill with

	<input type="checkbox"/> liquids (including sub-ohm, mod or modifiable systems) <input checked="" type="checkbox"/> E-cigarette or vape with prefilled or refillable pods or pod cartridges (e.g. JUUL, Suorin) <input type="checkbox"/> Other (Specify)
Approximately how frequently did you vape nicotine-containing products in the past 3 months?	<input type="checkbox"/> Monthly or less <input type="checkbox"/> A few days per month <input type="checkbox"/> Number of days: (enter number of days in a month) <input type="checkbox"/> A few days per week <input type="checkbox"/> Number of days: (enter number of days in a week) <input checked="" type="checkbox"/> Daily
Within a day, how many times did you vape nicotine-containing products on average in the past 3 months?	<input checked="" type="checkbox"/> (Enter number of times within a day)
How long have you been vaping nicotine-containing products?	<input type="checkbox"/> < 3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 7-12 months <input checked="" type="checkbox"/> >1 year
Have you used nicotine-containing products in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>The next few questions are about your use of other substances</b></p> <p>Remember: Your participation in this survey is voluntary and you can decline to answer any question at any time.</p>	
Have you used any of the following substances in the past 3 months? (Select all that apply)	<input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Cigars <input checked="" type="checkbox"/> Hookah <input checked="" type="checkbox"/> Chewing tobacco <input checked="" type="checkbox"/> Marijuana (i.e., not used with an e-cigarette, vaping device, or dab rig) <input checked="" type="checkbox"/> Synthetic marijuana (e.g., K2, spice) <input checked="" type="checkbox"/> CBD <input checked="" type="checkbox"/> Other (Specify)
<b>[If selected cigarettes]</b> About how many cigarettes did you smoke per day in the past 3 months?	<input type="checkbox"/> <1 cigarette a day <input type="checkbox"/> Quarter of a pack of cigarettes <input type="checkbox"/> Half a pack of cigarettes <input type="checkbox"/> More than half but less than a pack of cigarettes <input type="checkbox"/> A pack of cigarettes

	<input type="radio"/> More than a pack of cigarettes
<b>[If selected cigarettes]</b> For how long have you smoked cigarettes?	<input type="radio"/> <1 year <input type="radio"/> 1-2 years <input type="radio"/> 3-5 years <input type="radio"/> 6-8 years <input type="radio"/> >8 years
<b>[If selected marijuana]</b> In the past 3 months, how did you most frequently use marijuana? (Select all that apply) Remember: Your participation in this survey is voluntary and you can decline to answer any question at any time.	<input type="checkbox"/> Smoked it (i.e., joint, pipe, or blunt) <input type="checkbox"/> Ate it (i.e., in brownies, cakes, cookies, or candy) <input type="checkbox"/> Drank it (i.e., in tea, cola, or alcohol) <input type="checkbox"/> Used it some other way (Specify) <input type="checkbox"/> Do not know/not sure
<b>[If selected marijuana]</b> When you used marijuana during the past 3 months, was it for (Select all that apply) Remember: Your participation in this survey is voluntary and you can decline to answer any question at any time.	<input type="checkbox"/> Medical reasons (recommended by a doctor or other health professional) <input type="checkbox"/> Non-medical (recreational) reasons (to have fun or fit in or for the feeling or experience the marijuana causes) <input type="checkbox"/> Other (Specify)
<b>[If selected marijuana]</b> How often did you smoke marijuana in the past 3 months?	<input type="radio"/> Monthly or less <input type="radio"/> A few days per month <input type="radio"/> Number of days: (enter number of days in a month) <input type="radio"/> A few days per week <input type="radio"/> Number of days: (enter number of days in a week) <input type="radio"/> Daily
Within a day, on average how many times did you smoke marijuana in the past 3 months?	(Enter number of times within a day)
Have you used any other substances or flavors in e-cigarettes and/or vaping devices in the past 3 months? (select all that apply) Remember: Your participation in this survey is voluntary and you can decline to answer any question at any time.	<input type="checkbox"/> Cannabidiol (CBD) <input type="checkbox"/> Synthetic marijuana (such as K2, spice) <input type="checkbox"/> Flavors alone (without substances such as nicotine, THC, CBD) Other substances (Specify)

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