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Questionnaire on Vaping and Smoking Habits & Self-Reported Respiratory Symptoms Survey for Vapers and Smokers

This survey is about Vaping and Smoking Habits and the Self-Reported Respiratory Symptoms of using electronic cigarette (vaping) and cigarette smoking. This study is being carried out by researchers from Manchester Metropolitan University. This study has been ethically approved by the Institutional Review Board (IRB) of the Department of Life Sciences. By answering the below questions, you agree to take part in this survey. All the data will be anonymised.

If you have any questions, please contact Mohammad Darabseh via email:

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* Required

1. Your sex *

Mark only one oval.

- ☐ Male
- ☐ Female
- ☐ Other

2. Your place of living (country)? *

3. Your age *

4. Your weight (please state if it is in stones and pounds or in kg) *

5. Your height (please state if it is in feet and inches or in cm) *

6. Are you diagnosed with any respiratory or cardiac diseases? Do you have any medical condition? If yes, please write it in the below box. *

Skip to question 7

Electronic cigarette users vs. Cigarette smokers

7. Please choose one of the below: *

Mark only one oval.

☐ I am using e-cigarette only, and I am NOT a former/ex-smoker

Skip to question 8

☐ I am using e-cigarette only, and I am a former/ex-smoker *Skip to question 8*

☐ I am only a cigarette smoker *Skip to question 36*

Vaping habits

INSTRUCTIONS- This set of questions asks for your vaping habits. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

8. If you are a former smoker, at what age did you START smoking? *

9. If you are a former smoker, at what age did you STOP smoking? *

10. What is your style (type of inhaling) of vaping? *

Mark only one oval.

☐ Mouth to Lung (MTL)

☐ Direct to Lung (DL)

11. What system do you use to vape? *

Mark only one oval.

- ☐ Pod system
- ☐ Tank system
- ☐ Other: _____

12. What is the voltage/wattage (battery) that you usually vape at? *

13. At what age did you START vaping? *

14. How long have you been using e-cigarettes/vape? *

15. What age did you STOP vaping? (If appropriate)

16. What kind of e-liquid/juice do you normally vape? *

Mark only one oval.

- ☐ 70 PG / 30 VG
- ☐ 30 PG/ 70 VG
- ☐ 50 PG / 50 VG
- ☐ 70 G / 30 PG
- ☐ 80 G / 20 PG
- ☐ 100% VG
- ☐ Other: _____

17. How much e-liquid / juice are you consuming per day ml/day? *

Mark only one oval.

- ☐ 1-2 ml/day
- ☐ 2-4 ml/day
- ☐ 4-6 ml/day
- ☐ Other: _____

18. How many e-liquid /juice pods/cartridges/tanks do you consume per week? *

Mark only one oval.

- ☐ 1-2 per/week
- ☐ 2-4 per/week
- ☐ 4-6 per/week
- ☐ Other: _____

19. What is the capacity of the pod/cartridge/tank you use? *

Mark only one oval.

- ☐ 1 ml
- ☐ 1.5 ml
- ☐ 2 ml
- ☐ Other: _____

20. How many bottles of e-liquid/juice do you consume per week? *

Mark only one oval.

- ☐ 1-2 per/week
- ☐ 2-4 per/week
- ☐ 4-6 per/week
- ☐ 7 or more per/week
- ☐ Other: _____

21. Do you use vape e-liquid / juice that contains nicotine? *

Mark only one oval.

- ☐ Yes
- ☐ No

22. What is the nicotine strength you vape? *

Mark only one oval.

- ☐ Zero
- ☐ 3 mg/ml
- ☐ 6 mg/ml
- ☐ 9 mg/ml
- ☐ 12 mg/ml
- ☐ 18 mg/ml
- ☐ Other: _____

23. What is the flavour of the e-liquid/juice that you vape? *

24. How soon after waking up do you vape? *

Mark only one oval.

☐ 5 min

☐ 5-30 min

☐ 31-60 min

☐ Other: _____

25. Do you find it difficult to not vape in places where it is forbidden? e.g. Church, Library, etc *

Mark only one oval.

☐ Yes

☐ No

26. Which e-cigarette use would you hate to miss? *

Mark only one oval.

☐ Morning use

☐ Any other

27. Do you vape frequently in the morning? *

Mark only one oval.

☐ Yes

☐ No

28. Do you vape even if you are sick or in bed most of the day? *

Mark only one oval.

☐ Yes

☐ No

29. How many puffs do you usually make per use (when you turn on the device)? *

Mark only one oval.

☐ 1-3

☐ 3-6

☐ 6-9

☐ Other: _____

30. Approximately, how many puffs do you usually make per day? *

Mark only one oval.

☐ 10-20

☐ 20-30

☐ 30-40

☐ Other: _____

31. How long, approximately, is your puff (puff duration in seconds)? *

32. What is the approximate interval (time) between puffs of single use? *

33. Did you smoke cigarettes /cigar/ pipe before starting vaping? If yes, please write for how long *

34. Did vaping act as a way of encouraging you to take up smoking? *

Mark only one oval.

☐ Yes *Skip to question 52*

☐ No *Skip to question 52*

35. Are you vaping as a way to reduce your cigarette smoking? *

Mark only one oval.

☐ Yes *Skip to question 52*

☐ No *Skip to question 52*

Cigarette
smoking
habits

INSTRUCTIONS- This set of questions asks for your smoking habits. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

36. At what age did you START smoking? *

37. What age did you STOP smoking? (If appropriate)

38. What kind of tobacco do you normally smoke? *

Mark only one oval.

- ☐ Light
- ☐ Mild
- ☐ Heavy

39. 6) Do/did you normally inhale? *

Mark only one oval.

- ☐ Yes
- ☐ No

40. Do you use a filter or non-filter cigarettes? *

Mark only one oval.

- ☐ Filter
- ☐ No filter

41. How many cigarettes a day did you smoke when you started smoking? *

Mark only one oval.

- ☐ <10
- ☐ 11-20
- ☐ 21-30
- ☐ >31

42. How many cigarettes a day do you smoke now? *

43. How long (number of years) you been smoking? *

44. How much tobacco a day did you use when you started smoking?

45. How much tobacco a day do you use now?

46. How soon after waking do you smoke your first cigarette *

Mark only one oval.

☐ Within 5 min

☐ 5-30 min

☐ 31-60 min

47. Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. Church, Library, etc. *

Mark only one oval.

☐ Yes

☐ No

48. Which cigarette would you hate to give up? *

Mark only one oval.

☐ The first thing in the morning

☐ Any other

49. How many cigarettes a day do you smoke? *

Mark only one oval.

- ☐ 10 or less
- ☐ 11-20
- ☐ 21-30
- ☐ 31- or more

50. Do you smoke more frequently in the morning? *

Mark only one oval.

- ☐ Yes *Skip to question 52*
- ☐ No *Skip to question 52*

51. Do you smoke even if you are sick in bed most of the day? *

Mark only one oval.

- ☐ Yes *Skip to question 52*
- ☐ No *Skip to question 52*

Self-
Reported
Respiratory
symptoms

Please answer the below questions about your respiratory symptoms. If you are unsure about how to answer a question, please give the best answer you can.

52. Have you ever had wheezing or whistling in the chest at any time in the past? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know

53. How many attacks of wheezing or whistling in the chest have you had in the past 12 months? *

Mark only one oval.

- ☐ None
- ☐ 1 to 3
- ☐ 4 to 12
- ☐ More than 12
- ☐ Don't know

54. In the past 12 months, how often, on average has your sleep been disturbed due to wheezing? *

Mark only one oval.

- ☐ Never woken with wheezing
- ☐ Less than one night per week
- ☐ One or more nights per week
- ☐ Don't know

55. In the past 12 months, has wheezing ever been severe enough to limit your speech to only one or two words between breaths? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know

56. In the past 12 months, has your chest sounded wheezy during or after exercise? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know

57. A dry cough is a cough without phlegm or mucus. In the past 12 months, have you had a dry cough at night? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know

58. How often do you feel mouth irritation? *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

59. How often do you feel sore throat *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

60. How often do you feel increase in phlegm (sputum) production *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

61. How often do you have sinus problems? (may include symptoms such as: nasal obstruction or congestion that causes difficulty breathing through your nose, and pain and swelling around your eyes, cheeks, nose or forehead) *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

62. How often do you feel nasal congestion *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

63. How often do you feel shortness of breath *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

64. If you experience shortness of breath, when do you feel it? Please select as many answers from the list below that applies to you. *

Check all that apply.

- ☐ I don't feel shortness of breath at any time
- ☐ I feel short of breath when climbing stairs
- ☐ I feel short of breath when walking short distances e.g. around the house
- ☐ I feel short of breath walking longer distances e.g. outdoors walking to the shop
- ☐ I feel short of breath during aerobic exercise (any exercise that increases your breathing pattern)
- ☐ I feel short of breath during gym exercises
- ☐ I feel short of breath when lying down
- ☐ I feel short of breath all the time
- ☐ Other: _____

65. If you have answered the above question (shortness of breath), please select ^{*} one of the below

Mark only one oval.

- ☐ Grade 0 I only get breathless with strenuous exercise
- ☐ Grade 1 I get short of breath when hurrying on level ground or walking up a slight hill
- ☐ Grade 2 On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on the level
- ☐ Grade 3 I stop for breath after walking about 100 yards or after a few minutes on level ground
- ☐ Grade 4 I am too breathless to leave the house or I am breathless when dressing

66. How often do you feel chest pain ^{*}

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

67. How often do you feel heart palpitations (the feelings of having a fast beating, fluttering or pounding heart) ^{*}

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

68. How often do you feel choking? (full or partial blockage of the upper airway that prevents you from breathing effectively and may cause coughing) *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

69. How often do you have runny nose *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time)

70. How often do you cough *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

71. How often do you have difficulty breathing *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

72. How often do you have asthma attacks *

Mark only one oval.

- ☐ Not at all
- ☐ Rare
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time

73. What is your self-perception of your physical health? *

Mark only one oval.

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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