

Baseline Assessment

DEMOGRAPHICS

The first questions ask you for some basic demographic information.

Please confirm your age. Years Old

Where in the U.S. do you live? State

What is your sex?

☐ Male

☐ Female

☐ Transgender

DEMOGRAPHICS

Are you Hispanic, Latino, or of Spanish origin? Choose all that apply. (Males)

☐

No, not of Hispanic, Latino, or Spanish origin

☐

Yes, Mexican, Mexican American, or Chicano

☐

Yes, Puerto Rican

☐

Yes, Cuban

☐

Yes, Another Hispanic, Latino, or Spanish origin

DEMOGRAPHICS

Are you Hispanic, Latina, or of Spanish origin? Choose all that apply. (Females)

- ☐ No, not of Hispanic, Latina, or Spanish origin
- ☐ Yes, Mexican, Mexican American, or Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Another Hispanic, Latina, or Spanish origin

What is your race? Choose all that apply.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native

DEMOGRAPHICS

☐

Asian Indian

☐

Chinese

☐

Filipino

☐

Japanese

☐

Korean

☐

Vietnamese

☐

Other Asian

☐

Native Hawaiian

☐

Guamanian or Chamorro

DEMOGRAPHICS

☐

Samoaan

☐

Other Pacific Islander

DEMOGRAPHICS

The final questions ask about some basic demographic information. Some of these questions may be sensitive. You are free to skip over any questions you do not wish to answer.

What is your marital status?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

What is the highest grade or level of school you completed?

- ☐ Less than high school
- ☐ Some high school, no diploma
- ☐ GED
- ☐ High school graduate—diploma
- ☐ Some college but no degree
- ☐ Associate degree—occupational/vocational
- ☐ Associate degree—academic program
- ☐ Bachelor's degree (ex: BA, AB, BS)
- ☐ Master's degree (ex: MA, MS, MEng, Med, MSW)
- ☐ Professional school degree (ex: MD, DDS, DVM, JD)
- ☐ Doctorate degree (ex: PhD, EdD)

DEMOGRAPHICS

Which of the following categories best describes your total household income in the past 12 months?

This is the total income before taxes of all persons in your household combined . Please include money from jobs, relatives, pensions, dividends, interest, social security payments or retirement benefits, net income from business, farm or rent, and any other money received by household members.

- ☐ Less than \$10,000
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more

CIGARETTE SMOKING (BASELINE)

The next questions are about regular tobacco cigarettes.

Have you ever smoked a cigarette, even one or two puffs?

- ☐ Yes
☐ No

How many cigarettes have you smoked in your entire life? A pack usually has 20 cigarettes in it.

- ☐ 1 or more puffs but never a whole cigarette
☐ 1 to 10 cigarettes (about ½ pack total)
☐ 11 to 20 cigarettes (about ½ pack to 1 pack)
☐ 21 to 50 cigarettes (more than 1 pack but less than 3 packs)
☐ 51 to 99 cigarettes (more than 2 ½ packs but less than 5 packs)
☐ 100 or more cigarettes (5 packs or more)

In the past 30 days, have you smoked a cigarette, even one or two puffs?

- ☐ Yes
☐ No

Do you now smoke cigarettes...

- ☐ Every day
☐ Some days
☐ Not at all

CIGARETTE SMOKING (BASELINE)

How old were you the first time you smoked part ___ Years Old
or all of a cigarette?

Have you ever smoked cigarettes fairly regularly?

- ☐ Yes
- ☐ No

How old were you when you first started smoking
cigarettes fairly regularly?

___ Years Old

CIGARETTE SMOKING (BASELINE)

About how long have you been smoking _____ Years
cigarettes fairly regularly? Do not count any time
you may have stayed off cigarettes. You may
answer in years or months. _____ Months

On how many of the past 30 days did you smoke
cigarettes? _____ Days

On average, on those days you smoked, how
many cigarettes did you usually smoke each day?
A pack usually has 20 cigarettes in it. _____ cigarettes per day

FORMER CIGARETTE SMOKERS

The next questions are about when you used to smoke cigarettes.

When did you completely quit smoking cigarettes?

☐ Within the past 12 months

☐ More than 12 months ago

- ☐ Within the past 12 months
- ☐ More than 12 months ago

About how many years has it been since you _____ years
completely quit smoking cigarettes?

About how long has it been since you completely _____ months
quit smoking cigarettes? You may answer in
months or days (If it was earlier today, enter 1
day). _____ days

About how long did you smoke fairly regularly ? ___ Years

Do not count any time you may have stayed off
cigarettes. ___ Months

CIGARETTE DEPENDENCE

The next questions ask about your experience with tobacco cigarettes.

In the past 12 months, did you find it difficult to keep from smoking cigarettes in places where it was prohibited?

☐ Yes

☐ No

Please rate your level of agreement for each statement using the following scale: 1= not true of me at all to 5=extremely true of me.

I find myself reaching for cigarettes without thinking about it.

☐ 1 = Not true of me at all

☐ 2

☐ 3

☐ 4

☐ 5 = Extremely true of me

I frequently crave cigarettes.

☐ 1 = Not true of me at all

☐ 2

☐ 3

☐ 4

☐ 5 = Extremely true of me

CIGARETTE DEPENDENCE

My urges keep getting stronger if I don't smoke cigarettes.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

Cigarettes control me.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

My cigarette smoking is out of control.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

I usually want to smoke cigarettes right after I wake up

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

CIGARETTE DEPENDENCE

I can only go a couple of hours without smoking cigarettes.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

I frequently smoke without thinking about it.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

Smoking cigarettes really helps me feel better if I've been feeling down.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

Smoking cigarettes helps me think better.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

CIGARETTE DEPENDENCE

I feel alone without my cigarettes.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

I would find it really hard to stop smoking cigarettes.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

I would find it hard to stop smoking cigarettes for a week.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

After not smoking cigarettes for a while, I need to smoke cigarettes in order to feel less restless and irritable.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

CIGARETTE DEPENDENCE

After not smoking cigarettes for a while, I need to smoke cigarettes in order to keep myself from experiencing any discomfort.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

INTENTIONS TO QUIT SMOKING

Do you plan to ever quit smoking cigarettes for good?

- ☐ Yes
- ☐ No

When do you plan to quit smoking cigarettes for good?

- ☐ In the next 7 days
- ☐ In the next 30 days
- ☐ In the next 6 months
- ☐ In the next year
- ☐ More than one year from now

Follow-Up Assessments

JUUL USE (FOLLOW-UP)	
The next questions are about JUUL products.	
Have you used a JUUL in the past 30 days, even one or two puffs?	
<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
How many JUULpods have you used in the past 30 days? A pack usually has 4 JUULpods in it.	
<div><input type="checkbox"/> 1 or more puffs but never a whole pod</div> <div><input type="checkbox"/> 1 to 2 pods (about ½ pack total)</div> <div><input type="checkbox"/> 3 to 4 pods (about ½ pack to 1 pack)</div> <div><input type="checkbox"/> 5 to 12 pods (more than 1 pack but less than 3 packs)</div> <div><input type="checkbox"/> 13 to 19 pods (more than 2 ½ packs but less than 5 packs)</div> <div><input type="checkbox"/> 20 or more pods (5 packs or more)</div>	
Do you now use a JUUL...	
<div><input type="checkbox"/> Every day</div> <div><input type="checkbox"/> Some days</div> <div><input type="checkbox"/> Not at all</div>	

JUUL USE (FOLLOW-UP)

On how many of the past 30 days did you use a ___ Days
JUUL?

On average, on those days you used a JUUL, ___ times per day
how many times did you usually use a JUUL each
day? Assume that one "time" consists of around
15 puffs, or 10 minutes.

CIGARETTE SMOKING (FOLLOW-UP)

The next questions are about regular tobacco cigarettes.

In the past 30 days, have you smoked a cigarette, even one or two puffs?

☐ Yes

☐ No

Do you now smoke cigarettes...

☐ Every day

☐ Some days

☐ Not at all

On how many of the past 30 days did you smoke cigarettes? ____ Days

On average, on those days you smoked, how many cigarettes did you usually smoke each day?

A pack usually has 20 cigarettes in it.

_____ cigarettes per day

JUUL DEPENDENCE

The next questions ask about your experience with using JUUL in the past 30 days.

In the past 30 days, did you find it difficult to keep from using a JUUL in places where it was prohibited?

☐ Yes

☐ No

Please rate your level of agreement for each statement using the following scale: 1= not true of me at all to 5=extremely true of me.

I find myself reaching for a JUUL without thinking about it.

☐ 1 = Not true of me at all

☐ 2

☐ 3

☐ 4

☐ 5 = Extremely true of me

I frequently crave a JUUL.

☐ 1 = Not true of me at all

☐ 2

☐ 3

☐ 4

☐ 5 = Extremely true of me

JUUL DEPENDENCE

My urges keep getting stronger if I don't use a JUUL.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

My JUUL controls me.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

My JUUL use is out of control.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

I usually want to use a JUUL right after I wake up

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

JUUL DEPENDENCE

I can only go a couple of hours without using a JUUL.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

I frequently use a JUUL without thinking about it.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

Using a JUUL really helps me feel better if I've been feeling down.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

Using a JUUL helps me think better.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

JUUL DEPENDENCE

I feel alone without my JUUL.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

I would find it really hard to stop using a JUUL.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

I would find it hard to stop using a JUUL for a week.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

After not using a JUUL for a while, I need to use a JUUL in order to feel less restless and irritable.

- ☐ 1 = Not true of me at all
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 = Extremely true of me

JUUL DEPENDENCE

After not using a JUUL for a while, I need to use a JUUL in order to keep myself from experiencing any discomfort.

☐ 1 = Not true of me at all

☐ 2

☐ 3

☐ 4

☐ 5 = Extremely true of me