

Appendix S1 Study questionnaire.

1. Are there any addictions in your family:

Yes

No

If "YES", please specify which addictions were in your family:

Chemical addictions:

a) alcohol

Please indicate the relationship of the addicted person:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Parents: | <input type="checkbox"/> mother | <input type="checkbox"/> father |
| <input type="checkbox"/> Siblings: | <input type="checkbox"/> sister | <input type="checkbox"/> brother |
| <input type="checkbox"/> Grandparents: | <input type="checkbox"/> grandmother | <input type="checkbox"/> grandfather |
| <input type="checkbox"/> aunt/uncle: | <input type="checkbox"/> uncle | <input type="checkbox"/> aunt |
- (I-st line parent's brothers or sisters)

b) drugs (specify?).....

Please indicate the relationship of the addicted person:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Parents: | <input type="checkbox"/> mother | <input type="checkbox"/> father |
| <input type="checkbox"/> Siblings: | <input type="checkbox"/> sister | <input type="checkbox"/> brother |
| <input type="checkbox"/> Grandparents: | <input type="checkbox"/> grandmother | <input type="checkbox"/> grandfather |
| <input type="checkbox"/> aunt/uncle: | <input type="checkbox"/> uncle | <input type="checkbox"/> aunt |
- (I-st line parent's brothers or sisters)

c) nicotine (cigarettes, e-cigarettes, pipe, cigars, nicotine chewing)

Please indicate the relationship of the addicted person:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Parents: | <input type="checkbox"/> mother | <input type="checkbox"/> father |
| <input type="checkbox"/> Siblings: | <input type="checkbox"/> sister | <input type="checkbox"/> brother |
| <input type="checkbox"/> Grandparents: | <input type="checkbox"/> grandmother | <input type="checkbox"/> grandfather |
| <input type="checkbox"/> aunt/uncle: | <input type="checkbox"/> uncle | <input type="checkbox"/> aunt |
- (I-st line parent's brothers or sisters)

Behavioral addiction:

a) gambling

Please indicate the relationship of the addicted person:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Parents: | <input type="checkbox"/> mother | <input type="checkbox"/> father |
| <input type="checkbox"/> Siblings: | <input type="checkbox"/> sister | <input type="checkbox"/> brother |
| <input type="checkbox"/> Grandparents: | <input type="checkbox"/> grandmother | <input type="checkbox"/> grandfather |
| <input type="checkbox"/> aunt/uncle: | <input type="checkbox"/> uncle | <input type="checkbox"/> aunt |
- (I-st line parent's brothers or sisters)

b) Computer games

Please indicate the relationship of the addicted person:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Parents: | <input type="checkbox"/> mother | <input type="checkbox"/> father |
| <input type="checkbox"/> Siblings: | <input type="checkbox"/> sister | <input type="checkbox"/> brother |
| <input type="checkbox"/> Grandparents: | <input type="checkbox"/> grandmother | <input type="checkbox"/> grandfather |
| <input type="checkbox"/> aunt/uncle: | <input type="checkbox"/> uncle | <input type="checkbox"/> aunt |
- (I-st line parent's brothers or sisters)

2. Do you think you are addicted to any of the following:

Alcohol

Drugs (specify?).....

Nicotine (Please choose the form of nicotine delivery):

cigarette

e-cigarette

cigar

pipe

shisha

chewing nicotine

Gambling

Computer Games

3. Whether someone smoked a cigarette or an e-cigarette in your family home?

a) cigarette

Yes

No

"Yes", please indicate which household smoked

b) e-cigarette

Yes

No

"Yes", please indicate which household smoked

4. Whether in the current place of your residence someone smoked/smokes?

a) cigarette

Yes

No

"Yes", please indicate which household smoke

b) e-cigarette

Yes

No

"Yes", please indicate which household smoke

5. Is someone currently smoking a cigarette or e-cigarette in your closest surrounding?

	Cigarette	E-cigarette
a) parents	<input type="checkbox"/>	<input type="checkbox"/>
b) siblings	<input type="checkbox"/>	<input type="checkbox"/>
c) grandparents	<input type="checkbox"/>	<input type="checkbox"/>
d) partner	<input type="checkbox"/>	<input type="checkbox"/>
e) roommate	<input type="checkbox"/>	<input type="checkbox"/>
f) one of three closest friends	<input type="checkbox"/>	<input type="checkbox"/>

Questions about cigarette smoking

6. How long do you smoke ?

..... months

7. How often do you smoke ?

Everyday

2-3 times a week

Once a week

Less than once a week

8. How many cigarettes per day do you smoke

..... cigarettes per day

9. What are the average intervals between cigarettes? (Please circle the correct one)

Minutes

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

20	30	40	50	60
----	----	----	----	----

Hours

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

10. . When did you stop smoking, did any of these symptoms occur?

Duration of symptom [months]

headache

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

irritability

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

anxiety in the hands

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

difficulty in concentratio

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

increased appetite

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

insomnia

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

anxiety

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

frequent cough

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Questions about e-cigarette use

11. How long do you use e-cigarette?

..... months

12. How often do you use e-cigarette?

Everyday

2-3 times a week

Once a week

Less than once a week

13. How many times a day do you use an e-cigarette (number of e-smoking session: one e-smoking session consist of 15 puffs or approximately 10 minutes of use) ?

..... number of e-smoking sessions

14. What are the average intervals between e-smoking sessions? (Please circle the correct one)

Minutes

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

20	30	40	50	60
----	----	----	----	----

Hours

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

15. When did you stop e-smoking, did any of these symptoms occur?

Duration of symptom [months]

headache

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

irritability

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

anxiety in the hands

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

difficulty in concentratio

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

increased appetite

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

insomnia

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

anxiety

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

frequent cough

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

16. Which type of cigarette provides greater satisfaction in selected aspects that accompany smoking?

	cigarette	no difference	e-cigarette
Feeling of relax	[]	[]	[]
Breathing in	[]	[]	[]
Breathing out	[]	[]	[]
Smoking satisfaction	[]	[]	[]
Taste	[]	[]	[]
Smell	[]	[]	[]
With a cup of coffee	[]	[]	[]
After meal	[]	[]	[]
After sex	[]	[]	[]
In a group of friends	[]	[]	[]

17. Have you noticed any changes in the last symptoms since you have used the e-cigarette?

	improvement	no difference	deterioration
Tolerance of effort	[]	[]	[]
Cough	[]	[]	[]
Tightness of the chest	[]	[]	[]
Wheezing, squeaks in the chest	[]	[]	[]
Beathlessness	[]	[]	[]
Dizziness	[]	[]	[]
Weakness	[]	[]	[]
Headache	[]	[]	[]
Scratching in the throat	[]	[]	[]
Smell	[]	[]	[]
Taste	[]	[]	[]
Dry mucous membranes	[]	[]	[]

