

JS

Q1 **DEFINITIONS:**

**Marijuana:** Also called weed, herb, pot, grass, bud, ganja, Mary Jane, and a vast number of other slang terms--is a greenish-gray mixture of the dried flowers of Cannabis sativa. Tetrahydrocannabinol (THC) is the main psychoactive chemical while Cannabidiol (CBD) is a non-psychoactive substance in marijuana.

**Electronic vaping products (EVPs):** EVPs, including electronic-cigarettes, can be used to aerosolize a variety of liquids or substances (also known as e-liquids), including nicotine, flavors, and marijuana extracts and oils (THC and CBD). The use of EVPs is sometimes referred to as "vaping" or "juuling."

**Have you EVER used an electronic vaping product EVEN ONE TIME?**

- Yes (1)
- No (2)
- Don't know (3)

Display This Question:

If DEFINITIONS: Marijuana: Also called weed, herb, pot, grass, bud, ganja, Mary Jane, and a vast nu... = Yes

JS

**Q2 During the past 30 days, how often did you use an electronic vaping product?**

- Some days (1)
- Most days (2)
- Everyday (3)
- None (4)

Display This Question:

If During the past 30 days, how often did you use an electronic vaping product? = Some days  
Or During the past 30 days, how often did you use an electronic vaping product? = Most days  
Or During the past 30 days, how often did you use an electronic vaping product? = Everyday

**Q3 What type of electronic vaping product have you used in the past 30 days?**

- Electronic vaping product with e-liquid containing nicotine only (1)
- Electronic vaping product with e-liquid containing marijuana extracts and oils only (2)
- Electronic vaping product with e-liquid containing both nicotine and marijuana extracts and oils (3)
- Electronic vaping product without nicotine and marijuana extracts and oils (4)
- I don't know (5)
- Other, please specify: (6) \_\_\_\_\_

Display This Question:

*If What type of electronic vaping product have you used in the past 30 days? = Electronic vaping product with e-liquid containing marijuana extracts and oils only*

*Or What type of electronic vaping product have you used in the past 30 days? = Electronic vaping product with e-liquid containing both nicotine and marijuana extracts and oils*

*Or What type of electronic vaping product have you used in the past 30 days? = Other, please specify:*

**Q4 Which type(s) of marijuana extracts and oils have you used in an electronic vaping product? (Mark all that apply.)**

- Tetrahydrocannabinol or THC (compound that gives a "high") (1)
- Cannabidiol or CBD (2)
- Don't know (3)
- Other, please specify: (4)  

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- None (5)

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**Q5 The next three questions ask about how you feel about different aspects of your life. For each one, tell me how often you feel that way.**

**How often do you feel that you lack companionship?**

- Hardly ever (1)
  - Some of the time (2)
  - Often (3)
- 

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**Q6 How often do you feel left out?**

- Hardly ever (1)
  - Some of the time (2)
  - Often (3)
- 

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**Q7 How often do you feel isolated from others?**

- Hardly ever (1)
  - Some of the time (2)
  - Often (3)
- 

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**Q8 For the following statements, mark whether you agree or disagree.**

	Very strongly disagree (1)	Strongly disagree (2)	Mildly disagree (3)	Neutral (4)	Mildly agree (5)	Strongly agree (6)	Very strongly agree (7)
There is a special person who is around when I am in need (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share my joys and sorrows (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a special person who is a real source of comfort to me (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

to help  
me (6)

I can  
count on  
my  
friends  
when  
things go  
wrong (7)

I can talk  
about my  
problems  
with my  
family (8)

I have  
friends  
with  
whom I  
can share  
my joys  
and  
sorrows  
(9)

There is  
a special  
person in  
my life  
who  
cares  
about my  
feelings  
(10)

My family  
is willing  
to help  
me make  
decisions  
(11)

I can talk  
about my  
problems  
with my  
friends  
(12)

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**Q9 In the past 30 days have your biological, step, and/or adoptive parents smoked cigarettes, marijuana (weed) or used any electronic vaping products?**

- Yes (1)
- No (2)
- I don't know (3)

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*Display This Question:*

*If In the past 30 days have your biological, step, and/or adoptive parents smoked cigarettes, mariju...*  
= Yes

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**Q10 Which parent(s) did you observe doing this? (Mark all that apply.)**

- Biological mother (1)
- Biological father (2)
- Stepmother (3)
- Stepfather (4)
- Adoptive mother (5)
- Adoptive father (6)

End of Block: Block 1

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Start of Block: Block 4

JS

Q11 Which of the following products and how often have you observed your **\$(Im://Field/1)** using?

(Mark all that apply.)

	How often?			
	Some days (1)	Most days (2)	Every day (3)	I do not know (4)
Smoked tobacco products (cigarettes, cigars, cigarillos, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana (weed) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vaping products (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block 4

Start of Block: Block 6

JS

Q12 Do you have any **FULL** sibling(s)? (shares same biological mother and father)

Yes (1)

No (2)

Display This Question:

If Do you have any FULL sibling(s)? (shares same biological mother and father) = Yes

JS

Q13 Have any of your **FULL** sibling(s) ever smoked cigarettes, smoked marijuana (weed), and/or used any electronic vaping products?

- Yes (1)
- No (2)
- I don't know (3)

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*Display This Question:*

*If Have any of your FULL sibling(s) ever smoked cigarettes, smoked marijuana (weed), and/or used any... = Yes*

JS

Q14 Which of the following **FULL** siblings have you observed doing this? (Mark all that apply.)

- Older FULL sister (1)
- Same age FULL sister (2)
- Younger FULL sister (3)
- Older FULL brother (4)
- Same age FULL brother (5)
- Younger FULL brother (6)

End of Block: Block 6

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Start of Block: Block 7

JS

Q15 Which of the following products and how often have you observed your **\$(Im://Field/1)** using?

(Mark all that apply.)

How often?

	Some days (1)	Most days (2)	Every day (3)	I do not know (4)
Smoked tobacco products (cigarettes, cigars, cigarillos, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana (weed) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vaping products (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block 7

Start of Block: Block 8

JS

Q16 **Do you have any HALF sibling(s)?** (shares one of your biological parents and is a child of that biological parent and a stepparent)

- Yes (1)
- No (2)

Display This Question:

If Do you have any HALF sibling(s)? (shares one of your biological parents and is a child of that bi...  
= Yes

JS

Q17 **Have any of your HALF siblings ever smoked cigarettes, smoked marijuana (weed), and/or used any electronic vaping products?**

- Yes (1)
- No (2)
- I don't know (3)

Display This Question:

If Have any of your HALF siblings ever smoked cigarettes, smoked marijuana (weed), and/or used any e... = Yes

JS

Q18 Which of the following HALF siblings have you observed doing this? (Mark all that apply.)

- Older HALF sister (1)
- Same age HALF sister (2)
- Younger HALF sister (3)
- Older HALF brother (4)
- Same age HALF brother (5)
- Younger HALF brother (6)

End of Block: Block 8

Start of Block: Block 9

JS

Q19 Which of the following products and how often have you observed your Field/1 using?

(Mark all that apply.)

	How often?			
	Some days (1)	Most days (2)	Every day (3)	I do not know (4)

Smoked tobacco products (cigarettes, cigars, cigarillos, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana (weed) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vaping products (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block 9

Start of Block: Block 10

JS

Q20 Do you have any **STEP** sibling(s)? (NOT biologically related to you, and has/have entered the family via your stepparent)

- Yes (1)
- No (2)

*Display This Question:*

*If Do you have any STEP sibling(s)? (NOT biologically related to you, and has/have entered the famil... = Yes*

JS

Q21 Has any of your **STEP** siblings ever smoked cigarettes, smoked marijuana (weed), and/or used any electronic vaping products?

- Yes (1)
- No (2)
- I don't know (3)

Display This Question:

If Has any of your STEP siblings ever smoked cigarettes, smoked marijuana (weed), and/or used any el... = Yes

JS

Q22 Which of the following **STEP** siblings have you observed doing this? (Mark all that apply.)

- Older STEP sister (1)
- Same age STEP sister (2)
- Younger STEP sister (3)
- Older STEP brother (4)
- Same age STEP brother (5)
- Younger STEP brother (6)

End of Block: Block 10

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Start of Block: Block 11

JS

Q23 Which of the following products and how often have you observed your **\${Im://Field/1}** using?

(Mark all that apply.)

	How often?			
	Some days (1)	Most days (2)	Every day (3)	I do not know (4)

Smoked tobacco products (cigarettes, cigars, cigarillos, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana (weed) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic vaping products (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Block 11

Start of Block: Block 5



**Q24 During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**

- Number of days: (1) \_\_\_\_\_
- Don't know/refused (2)
- None (3)

*Display This Question:*

*If During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? Number of days: Is Greater Than 0*



**Q25 On the number of days that you drank during the past 30 days, how many drinks did you usually have each day? (Count a drink as a can or bottle of beer; a wine cooler or a glass of wine, champagne or sherry; a shot of liquor or a mixed drink or cocktail.)**

- Number of drinks: (1) \_\_\_\_\_
- Don't know/refused (2)





Display This Question:

If DEFINITIONS: Marijuana: Also called weed, herb, pot, grass, bud, ganja, Mary Jane, and a vast nu... = Yes

JS

Q26 Who **FIRST** introduced you to trying electronic vaping products? (Mark all that apply.)

- Family (1)
  - Friends (2)
  - Significant other (3)
  - Commercials and advertisements (TV, radio, etc.) (4)
  - Public and television figure (5)
  - Online social media (Facebook, Snapchat, Instagram, Tiktok, etc.) (6)
  - Other, please specify: (7)
- 

Display This Question:

If DEFINITIONS: Marijuana: Also called weed, herb, pot, grass, bud, ganja, Mary Jane, and a vast nu... = Yes

JS

**Q27 What grade were you attending when you FIRST tried using an electronic vaping product?**

- Elementary school (1)
- Middle school (2)
- High school (3)
- After high school but not in college (4)
- While attending college (5)
- Don't know (6)

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Page Break

Display This Question:

*If During the past 30 days, how often did you use an electronic vaping product? = Some days*

*Or During the past 30 days, how often did you use an electronic vaping product? = Most days*

*Or During the past 30 days, how often did you use an electronic vaping product? = Everyday*

JS

**Q28 During the past 30 days, where did you get or buy the electronic vaping product that you have used?** (Mark all that apply.)

- I bought them myself from a store (1)
  - I bought them over the internet/online (2)
  - Someone offered/gave them to me (3)
  - I got it from a family member (4)
  - I got it from a friend (5)
  - I gave someone else money to buy them for me (6)
  - I got a free sample (7)
  - I bought them from another person (8)
  - I bought them myself some other place not listed here (9)
  - Other, please specify: (10)
- 

Page Break

**Q29 In the past 30 days have you used any of the following products?**

(Mark all that apply.)

- Pipes filled with tobacco (not waterpipe) (1)
- Cigarettes with tobacco in it (2)
- Snus such as Camel, Marlboro, or General Snus (3)
- Dissolvable tobacco products such as Ariva, Stonewall, Camel orbs, Camel sticks, Marlboro sticks, or Camel strips (4)
- Snuff (spit tobacco) (5)
- Chewing tobacco (6)
- Cigars, cigarillos, or little cigars (7)
- Bidis (small brown cigarettes wrapped in a leaf) (8)
- Tobacco in a hookah, shisha, or waterpipe (9)
- Nicotine patches, nicotine gum, nicotine lozenges, or other nicotine replacement therapies (10)
- I have not used any of these products listed above in the past 30 days (11)

End of Block: Block 5

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Start of Block: Block 2

*Display This Question:*

*If In the past 30 days have you used any of the following products? (Mark all that apply.) != I have not used any of these products listed above in the past 30 days*

JS

Q30 During the past 30 days, on how many days did you use [\\${Im://Field/1}](#)?

- Some days (1)
- Most days (2)
- Everyday (3)

End of Block: Block 2

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Start of Block: Block 3

JS

Q31 Is using electronic vaping products with nicotine less harmful, about the same, or more harmful than smoking "regular" tobacco cigarettes?

- A lot more harmful than "regular" tobacco cigarettes (1)
  - A little more harmful than "regular" tobacco cigarettes (2)
  - The same level of harm as "regular" tobacco cigarettes (3)
  - A little less harmful than "regular" tobacco cigarettes (4)
  - A lot less harmful than "regular" tobacco cigarettes (5)
  - Don't know (6)
-

**Q32 What in your view are the main harms from using electronic vaping products? (Mark all that apply.)**

- Faulty device (explosion, leaking e-liquid) (1)
  - Heart problems (2)
  - Lung problems (3)
  - Mental health problems (4)
  - Addiction/dependence (5)
  - I do not believe there is any harm from using these devices (6)
  - Other, please specify: (7)
- 

Page Break

Display This Question:

If DEFINITIONS: Marijuana: Also called weed, herb, pot, grass, bud, ganja, Mary Jane, and a vast nu... = Yes

JS

**Q33 Have YOU experienced any of the following side effects from using electronic vaping products/vaping? (Mark all that apply.)**

- Nausea (1)
  - Vomiting (2)
  - Abdominal pain (3)
  - Eye irritation (4)
  - Mouth or throat irritation (5)
  - Loss of taste (6)
  - Heart problems (7)
  - Lung problems (8)
  - Light headedness (9)
  - Addiction/dependence (10)
  - No side effects (11)
  - Other, please specify: (12)
- 

Page Break



JS

**Q34 Is using an electronic vaping product to vape marijuana extracts and oils (THC and/or CBD) less harmful, about the same, or more harmful than smoking a "regular" marijuana joint?**

- A lot more harmful than "regular" marijuana joint (1)
  - A little more harmful than "regular" marijuana joint (2)
  - As harmful as "regular" marijuana joint (3)
  - A little less harmful than "regular" marijuana joint (4)
  - A lot less harmful than "regular" marijuana joint (5)
  - Don't know (6)
- 

JS

**Q35 Have you used marijuana in the past 30 days?**

- Yes (1)
  - No (2)
  - Don't know (3)
- 

*Display This Question:*

*If Have you used marijuana in the past 30 days? = Yes*

JS

**Q36 During the past 30 days, on how many days did you use marijuana?**

- Some days (1)
- Most days (2)
- Everyday (3)

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Page Break

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**Q37 Which of the following products did you first try ever?**

- Combustible tobacco ("regular" tobacco cigarettes) (1)
  - Combustible marijuana ("regular" marijuana joint) (2)
  - Electronic vaping product containing nicotine (3)
  - Electronic vaping product containing marijuana extracts and oils (THC,CBD) (4)
  - Electronic vaping product containing marijuana extracts and oils (THC, CBD) and nicotine (5)
  - None (6)
  - Other, please specify: (7) \_\_\_\_\_
- 

*Display This Question:*

*If Have you used marijuana in the past 30 days? = Yes*

*Or Have you used marijuana in the past 30 days? = Don't know*

**Q38 In the last 30 days, have you:**

(Mark all that apply.)

- Smoked marijuana without tobacco (1)
  - Smoked marijuana with tobacco in a joint or blunt (2)
  - Used a waterpipe/bong to smoke marijuana (3)
  - Used a vaporizer to heat dried marijuana leaves or herb (4)
  - Ate or drank marijuana in a food or a beverage (5)
  - Used marijuana concentrates, wax, or shatter (6)
  - Used a product with mostly or almost all CBD (7)
  - Used a product with mostly or almost all THC (8)
  - Used another form of marijuana, please specify: (9)
- 
- None (10)

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**Q39 Do you think your use of electronic vaping products, tobacco products, alcohol, or marijuana (any of these) changed (increased or decreased) since Coronavirus (COVID-19) outbreak?**

- Yes (1)
- No (2)
- I don't know (3)
- I never used these products (4)

*Display This Question:*

*If Do you think your use of electronic vaping products, tobacco products, alcohol, or marijuana (any... = Yes*

JS

**Q40 Which of the following products and to what direction this change happened?**

	Increase (1)	Decrease (2)
Electronic vaping products (1)	<input type="radio"/>	<input type="radio"/>
Marijuana (2)	<input type="radio"/>	<input type="radio"/>
Tobacco products (3)	<input type="radio"/>	<input type="radio"/>
alcohol (5)	<input type="radio"/>	<input type="radio"/>

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**Q41 Have you ever been told by a healthcare provider that you have respiratory illness?** (related to lungs)

- Yes (1)
  - No (2)
  - I don't know (3)
- 

JS

**Q42 Have you ever been told by a healthcare provider that you have an anxiety disorder?**

- Yes (1)
  - No (2)
  - I don't know (3)
- 

JS

**Q43 Have you ever been told by a healthcare provider that you have depression?**

- Yes (1)
- No (2)
- I don't know (3)

End of Block: Block 3

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Start of Block: Block 4

**Q44 Please write in the space provided below, if you would like to add anything else about your electronic vapor product use.**

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Q45 THANK YOU FOR COMPLETING THE SURVEY!

Please click **SUBMIT** to record your answers.

End of Block: Block 4

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