

## Supplemental Online Content

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**eTable 1.** Sample characteristics for participants in the analytic sample compared to non-participants

**eTable 2.** Co-occurrence of nicotine vaping, cannabis vaping, cigarette smoking, and combustible cannabis use in the past 6 months

**eAppendix.**

This supplemental material has been provided by the authors to give readers additional information about their work.

**eTable 1.** Sample characteristics for participants in the analytic sample compared to non-participants

	Analytic Sample N=2,553	Completed Wave 9, but NO resp. data N=148	p-value	Did NOT Complete Wave 9 N= 654	p-value
<b>Sex</b>			<b>0.00</b>		<b>&lt;.0001</b>
Female	57.9%	46.0%		39.9%	
Male	42.2%	54.1%		60.1%	
<b>Race/Ethnicity</b>			<b>0.61</b>		<b>0.01</b>
Hispanic	47.3%	48.3%		49.3%	
NH Asian	18.1%	12.6%		12.1%	
NH White	16.5%	14.0%		15.8%	
NH Multiracial	6.6%	5.6%		6.9%	
NH Black	4.8%	5.6%		5.7%	
NH Native Hawaiian or Pacific Islander	4.3%	4.9%		3.2%	
NH Another racial/ethnic category	2.4%	5.6%		5.7%	
<b>Nicotine Vaping at Wave 9</b>			<b>0.01</b>		
Never used	57.1%	45.2%		--	
Lifetime, but not past 6 months	10.5%	19.9%		--	
Past 6 months, but not P30D	8.9%	8.9%		--	
1-2 days in the P30D	7.8%	6.2%		--	
3+ days in the P30D	15.7%	19.9%		--	
<b>Cannabis Vaping at Wave 9</b>			<b>0.13</b>		
Never used	61.6%	55.6%		--	
Lifetime, but not past 6 months	8.4%	13.3%		--	
Past 6 months, but not P30D	20.1%	17.8%		--	
1-2 days in the P30D	3.7%	4.4%		--	
3+ days in the P30D	6.3%	8.9%		--	
<b>Combustible Cigarette Use at Wave 9</b>			<b>0.01</b>	--	
Never used	76.9%	63.0%		--	
Lifetime, but not past 6 months	10.6%	17.1%		--	
Past 6 months, but not P30D	4.0%	4.1%		--	
1-2 days in the P30D	4.8%	8.9%		--	
3+ days in the P30D	3.8%	6.9%		--	
<b>Combustible Cannabis Use</b>			<b>0.40</b>	--	
Never used	51.3%	44.8%		--	
Lifetime, but not past 6 months	12.7%	16.6%		--	
Past 6 months, but not P30D	7.1%	6.2%		--	
1-2 days in the P30D	8.6%	9.0%		--	
3+ days in the P30D	20.3%	23.5%		--	

**eTable 2.** Co-occurrence of nicotine vaping, cannabis vaping, cigarette smoking, and combustible cannabis use in the past 6 months.

	<b>Nicotine Vaping</b>	<b>Cannabis Vaping</b>	<b>Cigarette Smoking</b>	<b>Combustible Cannabis Use</b>
<b>Nicotine Vaping</b>	--	--	--	--
<b>Cannabis Vaping</b>	510 (67.4%)	--	--	--
<b>Cigarette Smoking</b>	266 (32.2%)	197 (26.8%)	--	--
<b>Combustible Cannabis Use</b>	588 (71.2%)	645 (88.0%)	250 (77.9%)	--

Note. Frequencies and column percentages for a 'yes' response are reported for each substance use behavior.

**eAppendix**  
**QUESTIONNAIRE**

**Respiratory Outcomes.**

**Bronchitic Symptoms**

1. During the last 12 months, have you had a cough first thing in the morning, that lasted for as much as 3 months in a row?

- No
- Yes
- Don't know

2. During the last 12 months, have you had a cough at any other times of the day that lasted for as much as 3 months in a row?

- No
- Yes
- Don't know

3. Other than with colds, do you usually seem congested in the chest or bring up phlegm?

- No
- Yes
- Don't know

4. During the past 12 months, have you had bronchitis?

- No
- Yes
- Don't know

**Wheeze**

Have you had wheezing or whistling in the chest in the last 12 months?

- No
- Yes

**Shortness of Breath**

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- No
- Yes

**Substance Use Information.**

1. Have you ever used the following substances in your life?

	No	Yes, but not in the last 6 months	Yes, in the last 6 months
Any electronic cigarette <b>with nicotine</b> ( <i>e-cigs, personal vaporizer, PV</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juul or similar device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other electronic vaping device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic device to vape <b>THC or hash oil</b> ( <i>liquid pot, cannabis oil, weed pen, PAX Era</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dabbing marijuana concentrates ( <i>Wax, shatter, budder, butane hash oil, BHO, concentrates</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes ( <i>Marlboro, Camel, Newport, etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking marijuana ( <i>joints, marijuana cigarettes</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blunts ( <i>marijuana rolled in tobacco leaf or cigar casing</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In the last 30 days, how many total days have you used...?

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20-29 days	All 30 days
Any electronic cigarette <b>with nicotine</b> ( <i>e-cigs, personal vaporizer, PV</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juul or similar device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other electronic vaping device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic device to vape <b>THC or hash oil</b> ( <i>liquid pot, cannabis oil, weed pen, PAX Era</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dabbing marijuana concentrates ( <i>Wax, shatter, budder, butane hash oil, BHO, concentrates</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes ( <i>Marlboro, Camel, Newport, etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking marijuana ( <i>joints, marijuana cigarettes</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blunts ( <i>marijuana rolled in tobacco leaf or cigar casing</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demographics.**

What is your sex assigned at birth?

- Male
- Female

Are you Hispanic or Latino?

- Yes
- No

Which of the following races do you identify with? (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Multi-ethnic or Multi-racial
- Other (please specify)

Please specify the race(s) with which you identify: \_\_\_\_\_

Considering your own income and the income from any other people who help you, how would you describe your overall personal financial situation?

- Live comfortably
- Meet needs with a little left
- Just meet basic expenses
- Don't meet basic expenses

How tall are you?

Feet \_\_\_\_\_

Inches \_\_\_\_\_

How much do you weigh?

\_\_\_\_\_ pounds