

Appendix A: Participant Consent Form and Survey

Student Informed Consent Form

Project Title: Assessing the Social Influences, Self Esteem, and Stress of High School Students Who Vape

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Why am I doing this study?

I'm conducting this study in order to assess why students chose to vape, as well as the correlation between those who vape and other factors, such as stress levels and self esteem. Understanding these characteristics will give us more insight into what can be done to prevent students from vaping.

What will happen during this study?

During this study, you will be sent an anonymous Google Form containing a series of multiple choice questions. It should take no more than 20 minutes to complete, and you may choose to not respond to any questions if you are uncomfortable with them.

What are the possible benefits of participating in this study?

This study may provide you with a safe space for self reflection, where it is completely anonymous. The survey may also help you learn more about the risks of vaping. Overall, there are benefits because you are helping expand the body of knowledge on the subject.

What are the possible negative aspects of participating in this study?

If you think filling out some questions will make you feel uncomfortable or judged, you do not have to provide an answer for those questions. However, know that all your answers are anonymous, and will be kept in a password protected Google Sheets with no identification as to who you are.

Who will know about what I did in this study?

The responses that you give in the questionnaire will be **completely anonymous and confidential**: no one besides me will see individual responses, and I will still not see the names of those who have filled out the study. Once I have analysed the data, a summary of the findings and general trends will be discussed in the final paper and will be shared with the school community. At no point will anyone be able to access your individual response in the Google Form: they are encrypted and not readily accessible by anyone.

Can I decide if I want to be in this study?

Yes. You can choose if you would like to be in this study. If at first you think you would like to be in this study, and then you change your mind, you can stop at any time without penalty or consequence. If you choose to withdraw at any given point, your data will immediately be deleted from the secure database and will not be used whatsoever.

Would you like to participate in this study?

Please check one: Yes No

Section 1: Demographics

What grade are you in?

- Grade 10
- Grade 11
- Grade 12

How old are you?

- 16
- 17
- 18
- Other

What is your gender?

- Male
- Female
- Other
- Prefer not to say

Do you have any family history of smoking cigarettes?

(Does anybody in your immediate family or who you live with regularly smoke cigarettes)

- Yes
- No

Do you have any family history of e-cigarette use?

(Does anybody in your immediate family or who you live with regularly use e-cigarettes)

- Yes
- No

Have you regularly used a vape at any point in the past year?

Regular is defined as: At least once a week for a period of four weeks.

- Yes
- **No [If No, form skips to Section 5]**

Section 2: Self vaping habits

When was the first time you vaped? Give an estimate

- [Fill in] mm/yyyy

How long have you been regularly vaping? (Or: for how long did you regularly vape within the past year)

- For less than a month
- 1-6 months
- 6 months-1 year

- 1-2 years
- More than 2 years

Do you own a vape?

- Yes
- No
- Shared
- Other

Does the vape you most often use contain nicotine?

- Yes
- No
- Other

If so, when did you buy/get your vape?

- mm/yyyy

In the past 30 days, on how many days did you vape?

- 0-5
- 5-15
- 15-25
- 25-30

How often do you vape?

- Daily
- At least once a week, but not daily
- Less than weekly, but at least once in the past 30 days

When in the day do you vape the most?

- Before school
- During classes
- During spares/lunch
- After school
- Other

Where do you vape the most?

- Inside school
- Outside of the school
- Inside home
- Outside of home
- Other

What is your brand of vape?

- [Fill in]

How much do you spend on vaping liquids and devices per month?

- \$[Fill in]

Do you plan to stop vaping?

- Yes
- No, I do not plan to stop vaping

- Other

If you did not vape, how likely is it that you would smoke cigarettes?

1	2	3	4	5	
Not likely at all		Not very likely	Somewhat likely	Very likely	Definitely

Section 3: Reasons for vaping

Why do you vape? [*Can check multiple boxes*]

- Use by a friend
- Use by a family member
- Use on social media
- For my social image
- To quit combustible cigarettes
- Can be used indoors
- Safe to use
- Flavour choice
- Stress relief
- Other

Do you consider yourself addicted to vaping?

- Yes
- No
- Other

Rate the following factors from 1 to 5 on how much they influence you to vape

Addiction is not included as an option, even if you only vape right now due to addiction, please answer why you initially began to vape.

1	2	3	4	5	
No influence	Little influence	Some influence	Moderate influence	Lots of influence	

- Friends vaping
- Family members vaping
- People on social media vaping
- For social image
- To quit combustible cigarettes
- Can be used indoors
- Safe to use
- Flavour choice
- Stress Relief

Section 4: Perceived Peer vaping habits

How many of your immediate friends vape?

- 0
- 1-3
- 3-5

- 5-8
- More than 8

How often do you vape with your friends?

- Daily
- At least once a week, but not daily
- Less than weekly, but at least once in the past 30 days

Did you use a friend's vape before you bought your own?

- Yes
- No
- Other

Did any of your friends use your vape before buying their own?

- Yes
- No
- Other

Section 5: Mental Health

If you do not feel comfortable answering the following questions, you may leave any of them blank. Positive mental health is a [REDACTED] priority, if you have any serious concerns with mental health feel free to contact [REDACTED]

Feel free to access this breathing exercise if you feel anxious: <https://www.calm.com/breathe>

Once again, if you do not wish to continue the survey, you may withdraw at any time and your data will be deleted.

Self esteem (Taken directly from the Rosenberg Self Esteem Scale)

Answer the following questions on this scale:

1	2	3	4	5
Strongly Agree	Agree	Neutral	Disagree	Strongly Agree

- On the whole, I am satisfied with myself.
- At times I think I am no good at all.
- I feel that I have a number of good qualities.
- I am able to do things as well as most other people.
- I feel I do not have much to be proud of.
- I certainly feel useless at times.
- I feel that I'm a person of worth, at least on an equal plane with others.
- I wish I could have more respect for myself.
- All in all, I am inclined to feel that I am a failure.
- I take a positive attitude toward myself.

Stress (Taken directly from the *American Psychological Association's* Perceived Stress Scale)

Answer the following on this scale:

1	2	3	4	5
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Never Almost never Sometimes Fairly often Very often

- In the last month, how often have you been upset because of something that happened unexpectedly?
- In the last month, how often have you felt that you were unable to control the important things in your life?
- In the last month, how often have you felt nervous and stressed?
- In the last month, how often have you felt confident about your ability to handle your personal problems?
- In the last month, how often have you felt that things were going your way?
- In the last month, how often have you found that you could not cope with all the things that you have to do?
- In the last month, how often have you been able to control irritations in your life?
- In the last month, how often have you felt that you were on top of things?
- In the last month, how often have you been angered because of things that happened that were outside of your control?
- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?