

Please tell us a bit about yourself. This information will be used to help us understand differences in e-cigarette use and opinions across different groups of people.

1. What is your age? _____(years)

2. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

3. What is your postcode? _____

4. What is your employment status?

- ☐ Unemployed (seeking work)
- ☐ Unemployed (not seeking work)
- ☐ Employed (full time)
- ☐ Employed (part time/casual)
- ☐ Student
- ☐ Retired
- ☐ Unable to work

(Please choose option that applies best to you)

5. What is your highest level of education?

- ☐ Did not complete high school certificate (less than year 12)
- ☐ High school certificate (year 12)
- ☐ TAFE/Diploma
- ☐ Attending/attended university but have not graduated
- ☐ Graduated university (bachelor's degree)
- ☐ Completing/completed postgraduate studies (masters, PhD etc)

6. What is your annual household income?
(before tax)

- ☐ Less than \$40,000
- ☐ \$40,001 - \$70,000
- ☐ \$70,001 - \$90,000
- ☐ \$90,001 - \$130,000
- ☐ Above \$130,000
- ☐ Prefer not to say

(Please select your best estimate if you don't know for sure)

7. Do you have children under eighteen living with you?

- ☐ Yes
- ☐ No

8. Do you identify as Aboriginal or Torres Strait Islander?

- ☐ Yes
- ☐ No

9. Has a doctor ever diagnosed you with:

- ☐ Asthma
- ☐ COPD
- ☐ Emphysema
- ☐ Bronchiectasis
- ☐ Chronic bronchitis
- ☐ Lung cancer
- ☐ Cystic fibrosis
- ☐ None of the above

(Please select all that apply)

10. What is your tobacco cigarette smoking status?

- ☐ I smoke daily
- ☐ I smoke occasionally
- ☐ I don't smoke now, but I used to
- ☐ I've tried a few times, but never smoked regularly
- ☐ I've never smoked
- ☐ None/don't know

(Please choose option that applies best to you)

11. Have you used an e-cigarette in the last 30 days?

- ☐ Yes
 - ☐ No
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Please tell us how you use your e-cigarette. If you no longer use e-cigarettes, please answer the questions according to your past use.

12. How often do you use e-cigarettes?

- ☐ Constantly throughout the day
- ☐ Multiple times per day
- ☐ Once per day
- ☐ A few times per week
- ☐ Weekly
- ☐ A few times per month
- ☐ Monthly
- ☐ Less than monthly

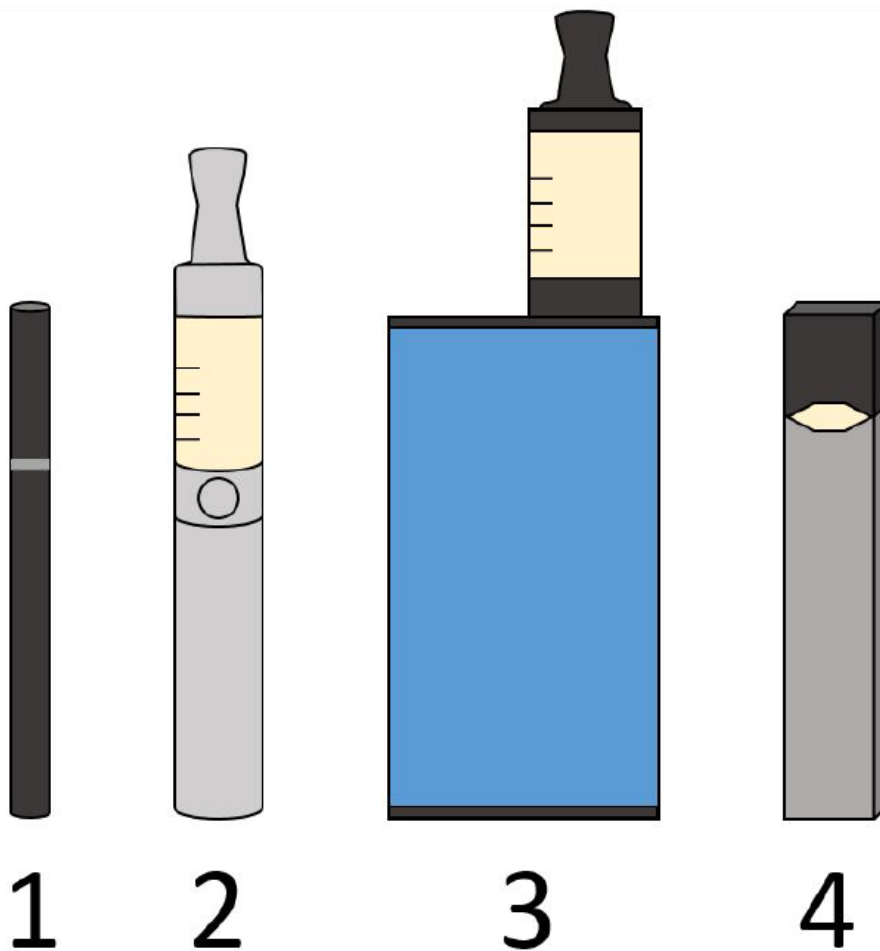
(If you no longer use e-cigarettes, please answer according to your past use.)

13. How long have you used e-cigarettes?

- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ 1 to 2 years
- ☐ More than 2 years

(If you no longer use e-cigarettes, please answer with how long you used them for before stopping)

Please use this image to answer the question below



14. Which of the e-cigarette types in the above image do/did you use most regularly?

- ☐ Device 1
- ☐ Device 2
- ☐ Device 3
- ☐ Device 4

(Please choose option that applies best to you. If you no longer use e-cigarettes, please answer according to your past use.)

15. If you use more than one type of e-cigarette, which type do you use next most often?

- ☐ Device 1
- ☐ Device 2
- ☐ Device 3
- ☐ Device 4

(If you only use one type of e-cigarette please leave this question blank)

16. Is your most-used atomizer/cartomizer "low resistance" or "sub-ohm"?

- ☐ Yes
- ☐ No
- ☐ Don't know

(If you no longer use e-cigarettes, please answer according to your past use.)

17. Do you adjust the settings (e.g. wattage) on your device to alter vapour production?

- ☐ Yes
- ☐ No
- ☐ Don't know

(If you no longer use e-cigarettes, please answer according to your past use.)

18. How many models of e-cigarette did you use prior to the one you currently use now?

(Enter "0" if your current device is the only one you've ever used)

19. Where do you most commonly purchase your e-cigarettes and liquids?

- ☐ Physical store in Australia
- ☐ Physical store overseas
- ☐ Online from Australian supplier
- ☐ Online from overseas supplier
- ☐ I don't know, I didn't buy it
- ☐ I don't know

(If you no longer use e-cigarettes, please answer according to your past use.)

20. What flavour e-liquid do you use most often?

- ☐ Tobacco
- ☐ Fruit
- ☐ Menthol/Mint
- ☐ Candy
- ☐ Dessert
- ☐ Cereal
- ☐ Drink/Beverage
- ☐ Cinnamon
- ☐ Unflavoured
- ☐ Other

(Please choose option that applies best to you. If you no longer use e-cigarettes, please answer according to your past use.)

21. How many different flavours do you use on a regular basis?

- ☐ 1
- ☐ 2-3
- ☐ 4-5
- ☐ More than 5

(If you no longer use e-cigarettes, please answer according to your past use.)

22. Which statement best describes your use of different e-juice flavours?

- ☐ I stick to only a few favourite flavours
- ☐ I try new flavours occasionally but mainly use a few favourites
- ☐ I am constantly trying new flavours

(If you no longer use e-cigarettes, please answer according to your past use.)

23. What is your preferred nicotine level?

- ☐ 0 mg/mL (no nicotine)
- ☐ Less than 6mg/mL (0.6%) but not nicotine free
- ☐ 7 - 11 mg/mL (0.7 - 1.1%)
- ☐ 12 - 19 mg/mL (1.2 - 1.9 %)
- ☐ 20 mg/mL or more (over 2%)
- ☐ Don't know

(If you no longer use e-cigarettes, please answer according to your past use.)

24. What is your preferred PG/VG ratio?

- ☐ Equal (50PG/50VG)
- ☐ High PG (eg. 70PG/30VG)
- ☐ High VG (eg. 30PG/70VG)
- ☐ Don't know
- ☐ I don't care about the ratio

(If you no longer use e-cigarettes, please answer according to your past use.)

25. Do you mix your own e-liquids (e.g. add your own nicotine to e-juices or create your own flavours)?

- ☐ Yes
- ☐ No

(If you no longer use e-cigarettes, please answer according to your past use.)

26. Do you use nicotine salts?

- ☐ Yes
- ☐ No
- ☐ Don't know

(If you no longer use e-cigarettes, please answer according to your past use.)

27. Do you experience cravings to use e-cigarettes?

- ☐ Frequently
- ☐ Sometimes
- ☐ Never
- ☐ Don't know

28. How do you use your e-cigarette?

- ☐ In separate sessions, similar to smoking a cigarette
- ☐ As needed throughout the day with no defined sessions
- ☐ Mainly in defined sessions with some 'top up' hits as needed
- ☐ Other

(Please choose option that applies best to you. If you no longer use e-cigarettes, please answer according to your past use.)

29. Do you use e-cigarettes for recreational purposes (eg. cloud chasing)?

- ☐ Yes
- ☐ No

(If you no longer use e-cigarettes, please answer according to your past use.)

30. Where do you use your e-cigarette?

- ☐ Inside at my home
- ☐ Outside at my home
- ☐ Inside in public places (bars, shopping centres, etc.)
- ☐ Outdoors in public places (parks, outdoor events etc.)
- ☐ Inside at my workplace
- ☐ Outside at my workplace
- ☐ Alone
- ☐ With others present
- ☐ In the car

(Please select all that apply. If you no longer use e-cigarettes, please answer according to your past use.)

31. Are you typically able to use your e-cigarette in places smoking is banned?

- ☐ Yes
- ☐ No
- ☐ Don't know

(If you no longer use e-cigarettes, please answer according to your past use.)

This section asks you about your experiences and perceptions of e-cigarettes

32. Why did you start using e-cigarettes?

- ☐ To help quit smoking
- ☐ To reduce cigarette use
- ☐ Because of the novelty
- ☐ Because friends or family recommended them
- ☐ Because they looked fun to use
- ☐ Because of the flavours of e-juice available
- ☐ To save money
- ☐ Because of interest in the 'vaping' community
- ☐ To improve my health
- ☐ To reduce the impact of my smoking on others
- ☐ To be able to use them where I am not able to smoke cigarettes

(Please select all that apply)

33. Why did you stop using e-cigarettes?

- ☐ I just wanted to try it
 - ☐ Wasn't the same as smoking tobacco cigarettes
 - ☐ Didn't like the taste
 - ☐ Too expensive
 - ☐ Too difficult / messy to use
 - ☐ Concerned about health risks
 - ☐ Experienced unpleasant effects (eg. cough)
 - ☐ Didn't help me quit/reduce smoking
 - ☐ I successfully quit smoking and didn't need to use them anymore
 - ☐ Other
-

Please list any other reasons why you stopped using e-cigarettes

34. Have you ever experienced any of the following due to using e-cigarettes?

- ☐ Cough
- ☐ Sore / irritated throat
- ☐ Nausea
- ☐ Dizziness
- ☐ Headache
- ☐ I have experienced other unpleasant effects
- ☐ I have not experienced any of these

(Please select all that apply)

35. Please list any other unpleasant effects you have experienced

36. Where do you go to find trusted information about e-cigarettes (recommendations, safety information etc.)?

- ☐ Online forums (e.g. E-Cigarette Forum, AussieVapers)
- ☐ Newspapers
- ☐ Television news reports
- ☐ Online news articles
- ☐ Scientific research papers
- ☐ Government publications (e.g. the Therapeutic Goods Administration)
- ☐ Social media (e.g. Reddit, Facebook, Instagram)
- ☐ Vape shops (online)
- ☐ Vape shops (physical store)
- ☐ Conversations with friends/family
- ☐ E-cigarette advertising material

(Please select all that apply)

37. Please tell us how strongly you agree with the following statements regarding e-cigarettes and traditional tobacco cigarettes:

[illegible]

People who smoke tobacco cigarettes should switch to e-cigarettes to improve their health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who have never smoked tobacco cigarettes should not use e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes are useful in helping people quit or reduce smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use a government-approved e-cigarette containing nicotine instead of my current device & juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes are safe to use around other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The government should allow e-cigarettes to be used in smoke-free areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes should be banned until there is more evidence that they are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is sufficient evidence that e-cigarettes are safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarette should be regulated in the same way as traditional cigarettes and other tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes should be classified as a drug-based product (like other pharmaceutical nicotine replacement therapies, like patches and gum)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned by recent media reports of e-cigarette-related illnesses and deaths in the USA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. What aspects of e-cigarettes would you like to learn more about?

(Please be specific)

39. Do you have any further comments about this survey?