



## **Experiences, Attitudes, and Beliefs about Vaping/E-cigarettes of Youth Ages 13-17 in Wisconsin**

### **Summary Report April 2024**

#### **Introduction**

In September 2022, the Wisconsin Department of Justice along with 32 other states and territories finalized a \$435 million agreement with JUUL Labs, resolving a two-year bipartisan investigation into the e-cigarette manufacturer's marketing and sales practices. Wisconsin's allocated share of the agreement is more than \$14.7 million. The agreement is the result of a bipartisan effort to hold JUUL accountable for marketing e-cigarettes to young people. JUUL was, until recently, the dominant player in the vaping market. The multistate investigation revealed that JUUL rose to this position by willfully engaging in an advertising campaign that appealed to youth, even though its e-cigarettes are both illegal for them to purchase and are unhealthy for youth to use. The investigation found that JUUL relentlessly marketed to underage users with launch parties, advertisements using young and trendy-looking models, social media posts and free samples. It marketed a technology-focused, sleek design that could be easily concealed and sold its product in flavors known to be attractive to underage users. JUUL also manipulated the chemical composition of its product to make the vapor less harsh on the throats of the young and inexperienced users. To preserve its young customer base, JUUL relied on age verification techniques that it knew were ineffective.

The Wisconsin Tobacco Prevention and Control Program (TPCP) tasked the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) with better understanding the experiences, thoughts, and beliefs about e-cigarettes and vaping as well as vaping cessation of youth ages 13-17 in Wisconsin. Specifically, the goal of this research is to understand youths': a) beliefs about vaping health effects and prevalence, b) thoughts and exposure to effective/ineffective messages about prevention or treatment, and c) consequences for vaping at school. To ensure a broad understanding of these issues, youth who had never vaped as well as those with a history of vaping (past or current) were surveyed. Different questions were asked based on lifetime/current e-cigarette use to assess likelihood of initiating vaping in the future, reasons for initiating/current use, ease of accessing e-cigarettes, flavor preferences, addiction perceptions, quitting intentions, treatment resource use and preferences.

#### **Methods**

UW-CTRI staff developed a survey to assess the key constructs identified above. All participants were presented with a core set of questions. Participants were also asked additional questions based on whether they reported no lifetime vaping, former vaping, or any vaping in the past 30-days. See Appendix 1 for the survey questions and response options.

In December 2023, potential participants were identified by Centiment, a nationwide survey company. Centiment panelists were invited to complete the on-line survey via email, text, or through a portal, depending on their preference. Individuals were eligible to complete the on-line survey if they were aged 13 to 17 years old and resided in Wisconsin. Participants were presented with a description of the survey and then provided informed assent (they cannot provide consent because they were all under the age of 18). This survey was approved by the UW Institutional Review Board (IRB) with a waiver of parental consent. Eligible participants completed the survey in Qualtrics and received \$17.50 for survey completion. All respondents were given the opportunity to skip any survey questions that they did not want to answer. Answers were only recorded if respondents chose to submit their survey. Investigators did not know the identity of any participants and respondents were asked not to include their name or other information that could be used to identify them in the open-ended survey responses.

Descriptive statistics and analyses were performed using R (Version 4.3.1) in RStudio (Version 2023.06.1) and SPSS (Version 27) software. A coder (JK) used inductive coding to categorize open text responses.

## Results

**Table 1** describes participant demographic characteristics. Participants (N=227) were 13 to 17 years old (M = 15.8 year). Fifty three percent of participants were in 11<sup>th</sup>-12<sup>th</sup> grade, 26.9% were in 9<sup>th</sup>-10<sup>th</sup> grade, and 15.4% were in 6<sup>th</sup>-8<sup>th</sup> grade. The majority of participants identified as female (65.6%), the most common racial identities were White (69.6%) and Black/African American (11.5%). Most participants were non-Hispanic/Latino (75.9%). Finally, 67.8% reported being heterosexual (67.8%) and 31.7% reported being LGBTQ+.

Only 23.8% of participants reported lifetime vaping. Of those who reported lifetime vaping, 51.9% reported vaping in the past 30 days and 37.0% reported no vaping in the past 30 days. Participants were presented with a different subset of questions if they reported: a) no lifetime vaping (n=173), b) current vaping (n=28), or c) past vaping (n=20).

*No Lifetime Vaping (n=173)*. Of the 76.2% of participants who reported no lifetime vaping, 97% reported that they would “probably not” or “definitely not” try vaping in the next 12 months. Similarly, 94% reported that they would “probably not” or “definitely not” try vaping if one of their best friends were to offer them a vape. When asked “Why do you think you have never tried vaping?” the most common themes to emerge were 1) it’s bad for health (generally), 2) concerns about becoming addicted, and 3) it’s bad for you (without a clear indication of how or why it’s “bad”). The most common specific health theme was effects on lungs, and less commonly reported concerns were death, asthma, cancer, and mental health. Several themes emerged with less frequency related to the cost of e-cigarettes, religious reasons, sports or extracurricular activity performance, disciplinary consequences (from parents or school), or perception that e-cigarettes are gross or disgusting.

*Lifetime Vaping (n=54)*. The most common reasons that respondents reported for why they *first vaped* were a friend used them (75.9%) and they were curious about them (55.6%). Additional common reasons included a family member used them (25.9%) or they were available in flavors (20.4%). Notably, the only response option that was not endorsed by any participants (0%) was “to try to quit using cigarettes or another tobacco product.”

*Former Vaping (n=20)*. The majority (60%) reported last vaping over 1 year ago. Respondents perceived that when they were vaping, they were minimally addicted (Mean = 1.7, SD = 2.4; on a scale from 0 = “Not at all” to 10 = “Extremely”). The most common reasons for stopping vaping were that e-cigarettes are harmful to health (40%) and not cool (40%). The majority of respondents (70%) did not use any resources when they made their last attempt to quit vaping and very few (5%) used any professional resources.

*Current Vaping (n=28)*. Participants who reported vaping at least 1 day in the past 30 days, vaped on 16.8 days on average in the last 30 days (SD = 11.9, Mode = 30); 39% reported vaping daily and 42.9% reported vaping 10 or more times per day. The most common reasons for vaping were because friends vape (35.7%), feeling anxious/stressed/depressed (39.3%), can use unnoticed at home/school (28.6%), they’re available in flavors (25%), or to get a high/buzz from nicotine (25%). The most common way to obtain e-cigarettes was to have someone else buy them (46.4%), from a friend (39.3%), or buy them for themselves (21.4%). Respondents who purchased their own e-cigarettes reported buying from gas stations or smoke shops. Respondents indicated that it is moderately easy to get e-cigarettes/pods/refills (Mean = 3.4, SD = 2.9; on a scale from 0 = “Extremely easy” to 10 = “Almost impossible”). Participants reported their favorite flavors in an open-ended question, which were categorized into fruit (57%), candy (14%), mint/menthol (11%), or none (7%). Participants perceived that they were moderately addicted to their vape (Mean = 4.3, SD = 3.3; on a scale from 0 = “Not at all” to 10 = “Extremely”). The majority of respondents reported seriously thinking about quitting vaping within the next 6 months (54%). The most common reasons for wanting to quit were worried about health harms (52%), do not like being addicted (52%), and too expensive (43%). Regardless of their quitting intentions, participants responded that *if* they were to quit vaping today, they would want help from friends (43%), parents or family (40%), or to quit without help from others (28%). The majority of respondents had tried to quit 0 times (40%) or 1-5 times (46%). Of those who had tried to quit the most commonly reported supports they had tried to quit vaping were help from friends/peers (43%) or no supports (35%).

*Vaping Knowledge and Prevention.* All participants were asked about their knowledge, beliefs, and attitudes. Respondents estimated on average that 4.5 (SD = 2.8) out of every 10 students in their grade at school vapes, though there was significant variability in these estimates. The majority of respondents thought that vaping was 'very' or 'extremely' harmful to physical health (84%) and mental health (73%). When asked about the *relative* harms of vaping compared to smoking cigarettes, approximately half of respondents perceived that vaping and smoking were equally harmful (44%), while 34% believed vaping to be more harmful and 22% believed vaping to be less harmful than combusted cigarettes. The vast majority of respondents (91%) believe that someone who vapes is "somewhat likely" or "very likely" to become addicted to vaping. Participants responded to the open-ended question "What are the harms of vaping that you are most worried about?" The most common themes to emerge were 1) lung health/damage, 2) cancer (specifically lung cancer and cancer generally), 3) non-specific health effects, 4) addiction, and 5) mental health (most commonly depression or anxiety). Infrequently reported concerns related to 1) school or extracurricular activities performance, 2) asthma, 3) disciplinary consequences, 4) social consequences, and 5) dental health.

Respondents most often found information about the risks of vaping the internet or social media (78%), school (77%), from parents/family (62%), doctors/healthcare (57%), or TV (45%). Participants reported that the best sources for teenagers to learn about the risks of vaping and how to quit vaping are doctors/healthcare (69%), parents/family (59%), school (58%), internet/social media (55%), or friends (35%). Only 10% of respondents knew of any programs that can help teenagers quit vaping. A few participants noted school programs, DARE, Truth, or rehab. One participant noted Quitnow (unclear if reference to the mobile app or 1-800-QUIT-NOW). No respondents specifically mentioned the Wisconsin Tobacco Quit Line or Live Vape Free.

*Treatment Messages.* Participants responded to the open-ended question "If you could design a message to encourage teenagers not to vape, what would your main message be?" Common themes to emerge focused on future negative health consequences (e.g., lung damage, shortened lifespan, breathing difficulties), becoming addicted and losing control, vaping is embarrassing and not cool, and vaping is bad for your mental health. Several made comments acknowledging that vaping can feel good in the moment, but the long-term negative consequences are not worth it. Participants responded to the open-ended question "If we designed messages to encourage teenagers not to vape, what types of messages would teenagers NOT pay attention to, or think are lame and annoying?" Common themes to emerge that would be perceived as ineffective were that "vaping is not cool", "just don't vape", or "it's bad for you". Additionally, messages developed or delivered by adults instead of youth or messages that use youth lingo incorrectly or messages that appear too childish were discouraged. Focusing on "evidence or statistics" was perceived by some participants to be unhelpful ("teenagers don't like facts"), whereas others suggested that presenting evidence/statistics was important ("You'd have to show statistics and facts, including catchy ways to catch their attention").

*School Consequences.* The most common consequences of getting caught vaping at school were that their parents are told (77%), the vape is taken away (71%), suspension (60%), or detention (41%; 77% reported either suspension or detention). Participants responded to the open-ended question "What do you think should happen at your school if someone is caught vaping?" The most common theme to emerge were school-based disciplinary action such as detention, in-school suspension, suspension, or expulsion. Many respondents thought that initial discipline should be minimal and paired with education, treatment, or support. Some suggested disciplinary consequences only after getting caught multiple times. Respondents suggested a wide variety of support options including education on health effects, school counselor, rehab, or coping skills training. Other common themes included confiscating the vape/e-cigarette or telling their parents/guardians. Some youth specifically noted that support should be provided *instead* of disciplinary/punitive approaches, and acknowledged that punishment might inadvertently serve to increase their likelihood to vape (e.g., by removing from positive school related events).

*Other Tobacco and Substance Use.* The majority of respondents (60%) reported no other lifetime tobacco, marijuana, alcohol, or other substance use. Lifetime use rates were moderate for alcohol (31%), marijuana (18%), cigarettes (8%); likewise, past 30-day use rates were moderate for alcohol (18%), marijuana (12%), and cigarettes (4%). Among participants who reported any lifetime substance use, the first substance ever used was most commonly alcohol, followed by e-cigarettes, and marijuana.

Figures below display survey data for individual items.

## **Implications**

In this diverse sample of Wisconsin youth (ages 13-17), the majority reported having never vaped in their lifetime (76%). Of those who had never vaped, the vast majority (~95%) have no plans to try vaping in the next year, which appears largely driven by concerns over negative health effects and addiction potential. Those who previously vaped reported that they had perceived themselves to not have been addicted to vapes and stopped vaping without the support of any external resources. Among youth who reported vaping in their lifetime (24%), the majority initiated vaping due to social exposure from friends or family. In contrast to commonly reported adult motives for vaping, no youth reported vaping to help them quit smoking combustible cigarettes as a reason for use. Among those who have continued vaping, friends using remains an important motivator, but new reasons for use emerged such as because of anxiety, stress, or depression. Those who currently vaped perceived themselves as moderately addicted to vaping and reported that vapes are moderately easy to obtain. Fruit was the most commonly used flavor category. Over half of those who currently vape plan to quit within the next six months, which was primarily driven by health concerns, not liking feeling addicted, and the cost of vapes. If they were to try to stop vaping the most common cessation supports were to rely on friends, parents/family, or use no supports.

Youth endorsed strong beliefs that vaping is harmful to physical and mental health. However, there were several notable areas of misinformation or misperception among youth. For instance, on average they believed that almost half of people in their grade vape and they believe that vapes are about as harmful as smoking cigarettes. Youth appear to be confident in their knowledge of the negative effects of vaping and report learning about vaping from social media, family/parents, school, and doctors/healthcare. However, only 10% report knowing about any specific resource to help youth stop vaping. Regarding messaging for prevention or treatment, youth endorsed a wide range, and often contradictory, set of attitudes. Many youth reported effective messages encouraging teenagers not to vape should focus on the future negative physical and mental health consequences, the addictive nature of vaping, or how vaping is not cool. Conversely, these were also many of the common themes to emerge when asked about what would make a messaging campaign lame or annoying to youth. As a result, no clear consensus emerged regarding what youth believe would make a particularly effective or ineffective messaging campaign strategy. Within the context of a school setting, informing the parents and punitive or disciplinary approaches appear to be common when students are caught vaping. Many respondents agreed with this disciplinary approach, however, a portion endorsed that providing support rather than punishment may be more appropriate. There was no consensus in terms of the type of support that was suggested and included providing education on health effects of vaping or alternative coping skills, meeting with parents with a school counselor, or formal external treatment (e.g., rehab, counseling). Some students noted possible unintended negative consequences of punitive approaches to addressing vaping in schools.

## **Limitations**

These data were collected by an online survey from youth in Wisconsin and may not be fully representative of the full population of youth in the state. It is difficult to engage youth aged 13-15 in online surveys and this is reflected in the present sample. The sample of youth who currently or previously vaped is very small and conclusions drawn from this subset should be drawn with caution until replicated in a larger sample. Further, because the majority have never vaped, the questions asked of all respondents should be interpreted with that sample in mind – it is possible attitudes about effective treatment, support, or school consequences might be different among those who currently or previously vaped. Finally, although some demographic groups were overrepresented in this sample relative to the Wisconsin population (e.g., Black youth, LGBTQ+), the sample sizes for many minoritized groups are too small to be able to examine any potential meaningful differences between subgroups or intersectionality.

## **Summary**

The results of this survey of youth (ages 13-17) in Wisconsin reveal important information regarding the experiences, attitudes, and beliefs toward vaping behavior, vaping effects, prevention and treatment resources/messaging, and vaping consequences in school settings. The Wisconsin Tobacco Prevention and

Control Program and their partners can use these results to inform development of prevention and cessation services. The survey questions can be replicated and redistributed without approval from UW-CTRI.

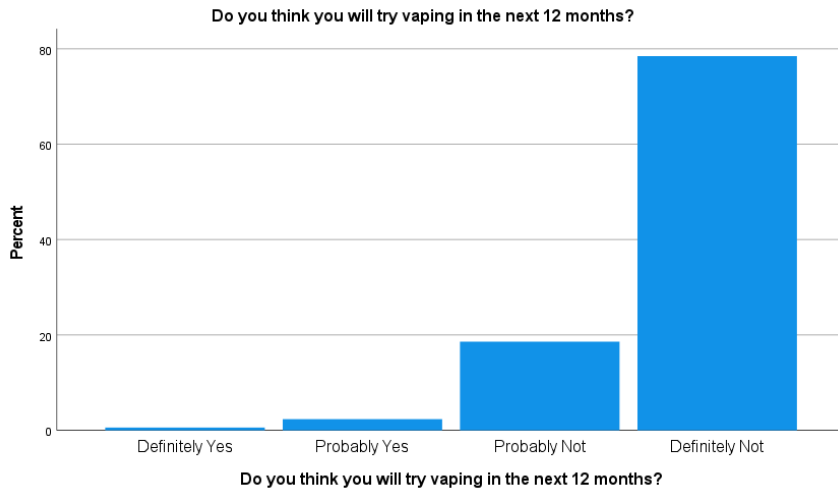
Corresponding Authors: Jesse Kaye, PhD, [jtkaye@ctri.wisc.edu](mailto:jtkaye@ctri.wisc.edu), Karen Conner, MPH, [kconner1@ctri.wisc.edu](mailto:kconner1@ctri.wisc.edu)  
Authors: Jesse Kaye, Karen Conner, Brian Williams, Rob Adsit, & Megan Piper  
University of Wisconsin Center for Tobacco Research and Intervention  
1930 Monroe St. #200, Madison, WI

**Table 1: Demographic Characteristics (N=227)**

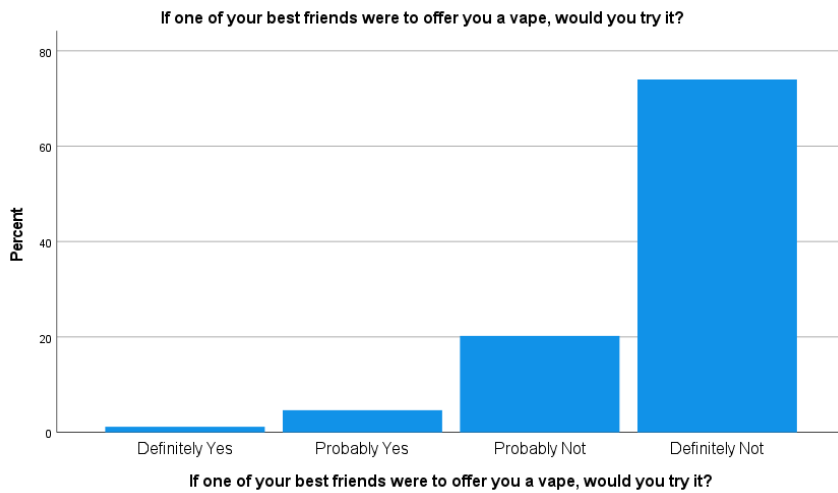
<b>Variable</b>	
<b>Age, M (SD)</b>	15.8 (1.3)
<b>Age, N (%)</b>	
13	18 (7.9%)
14	29 (12.8%)
15	25 (11.0%)
16	49 (21.6%)
17	100 (44.1%)
<b>Grade, N (%)</b>	
6-8 <sup>th</sup>	35 (15.4%)
9-10 <sup>th</sup>	61 (26.9%)
11-12 <sup>th</sup>	128 (53.4%)
College	2 (0.9%)
<b>Gender, N (%)</b>	
Male	62 (27.3%)
Female	149 (65.6%)
Non-binary, Transgender, Gender non-conforming	15 (6.6%)
<b>Race, N (%)</b>	
White	158 (69.6%)
Black/African American	26 (11.5%)
Asian	11 (4.8%)
American Indian or Alaskan Native	3 (1.3%)
Native Hawaiian or Other Pacific Islander	2 (0.9%)
More than One Race	22 (9.7%)
Unknown, Not Reported, or Other	10 (4.4%)
<b>Latino/Hispanic, N (%)</b>	32 (14.1%)
<b>Sexual Orientation, N (%)</b>	
Heterosexual	154 (67.8%)
Bisexual	37 (16.3%)
Gay or Lesbian	13 (5.7%)
I don't know	16 (7.0%)
None of these describe me	6 (2.6%)

**Respondents Who Report *No Lifetime Vaping* (n = 173)**

**Figure 1. Vaping Intentions next 12 months.**

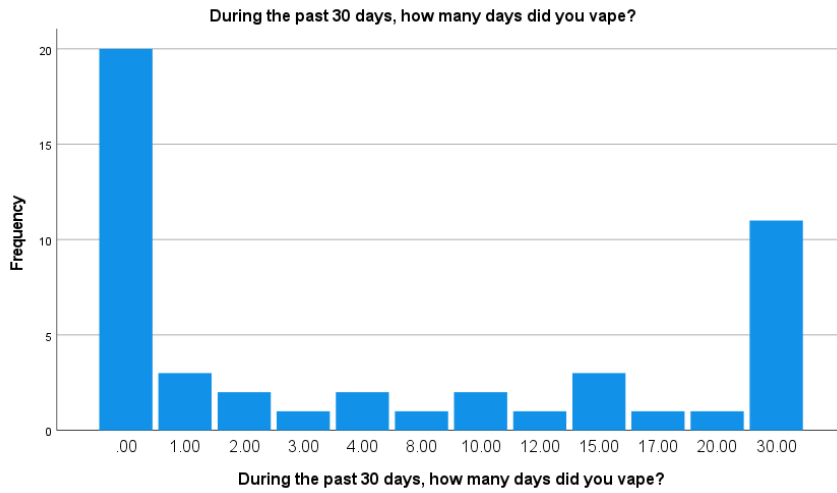


**Figure 2. Vaping Intentions if Offered.**

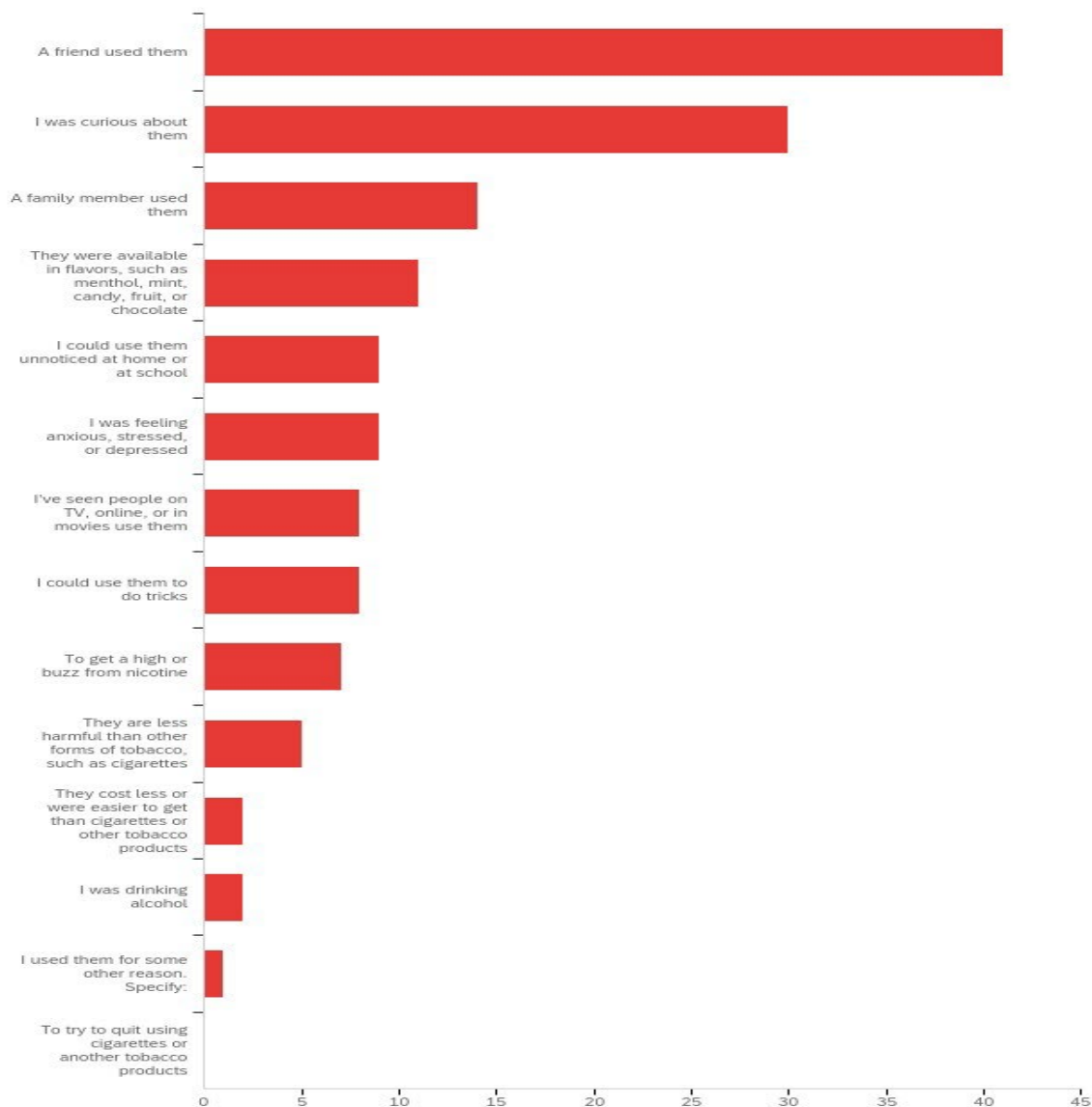


## Respondents Who Report Any Lifetime Vaping (n = 54)

### Figure 3. Vaping Frequency in Past 30 Days.



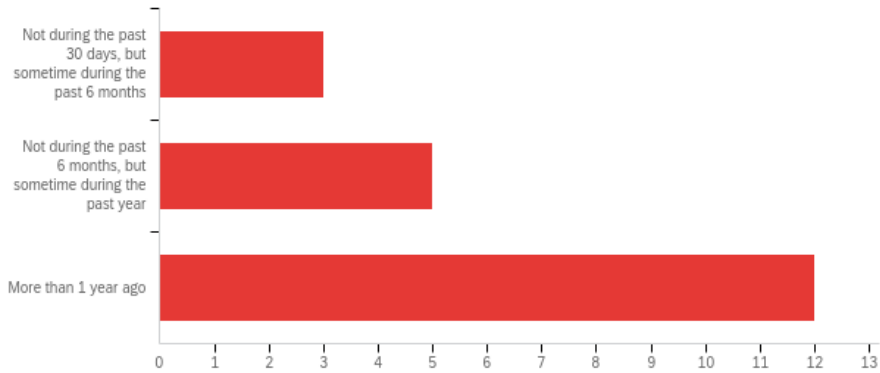
### Figure 4. Why did you first vape?



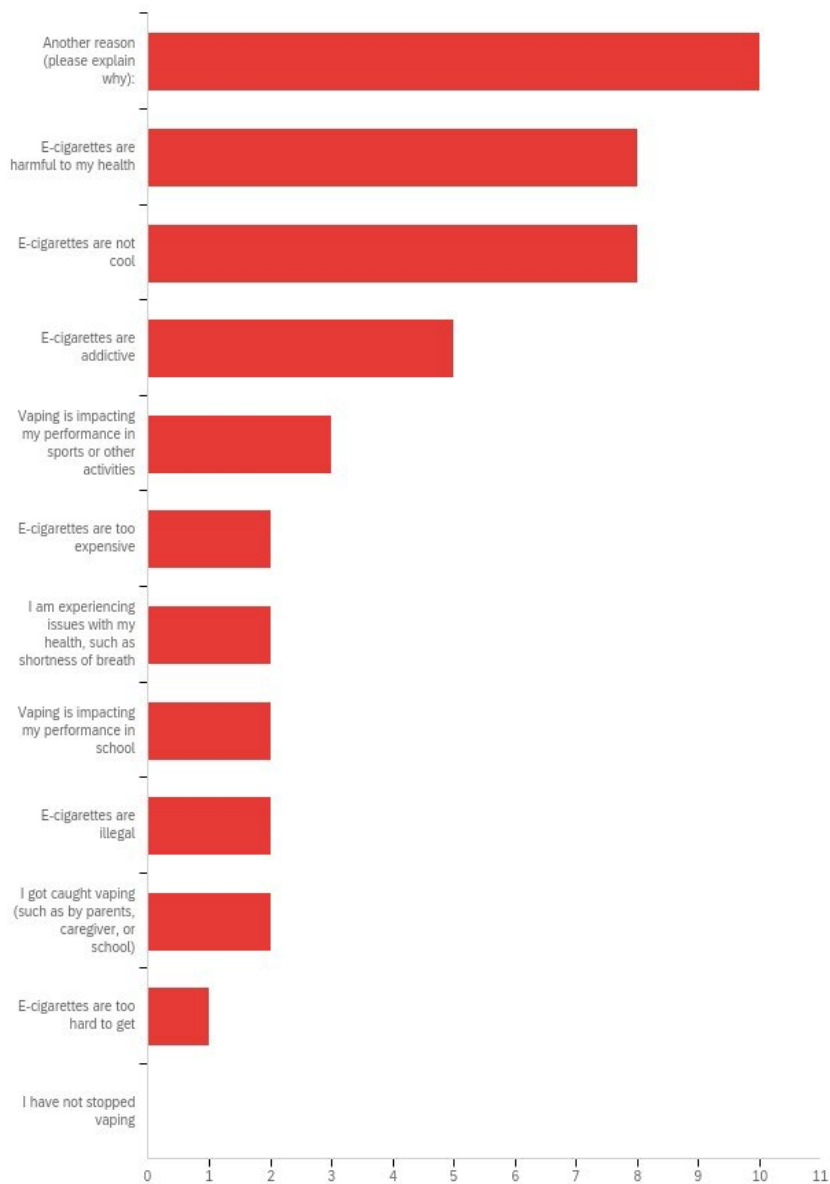


## Respondents Who Reported *No Vaping In The Past 30 Days* (n=20).

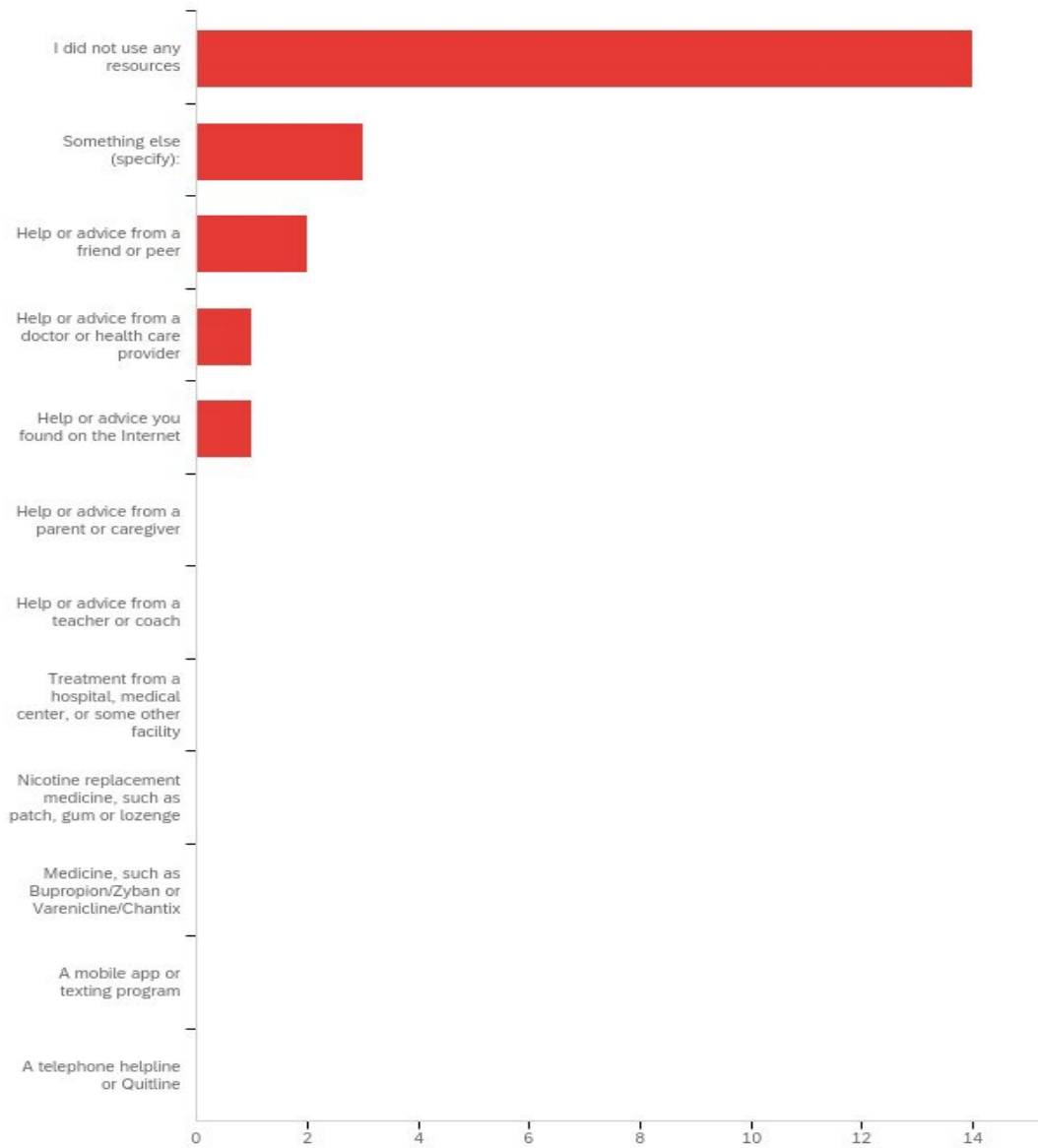
**Figure 5. When was the last time you vaped, even one or two times? (Choose the first answer that fits)**



**Figure 6. Why did you stop vaping?**

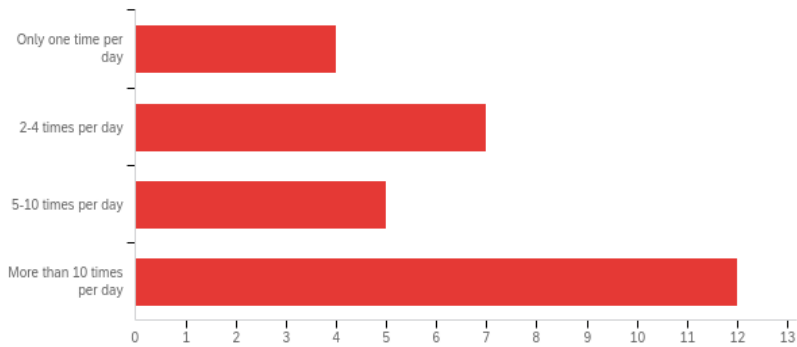


**Figure 7. When you made your last attempt to quit vaping, which of these did you use for help?**

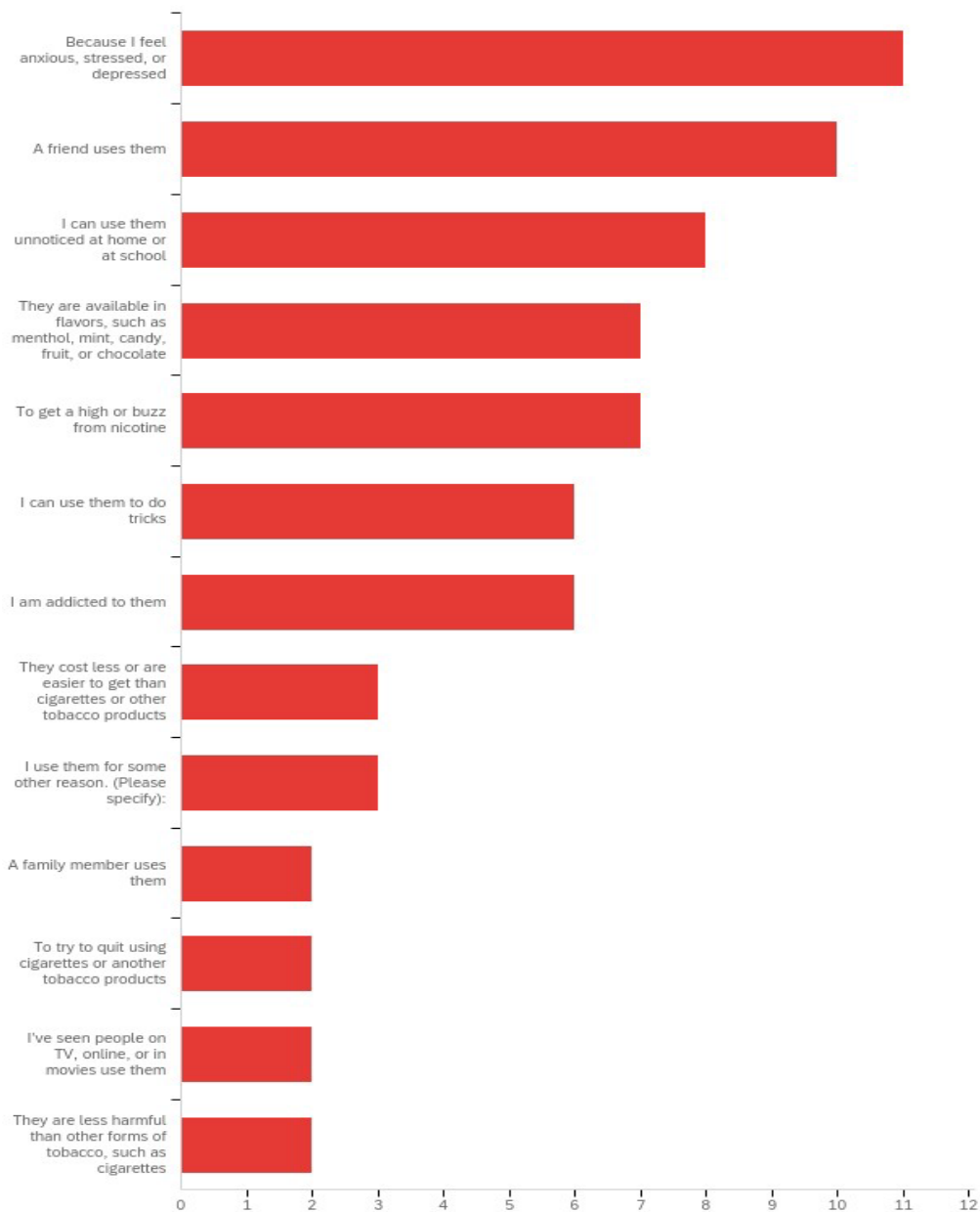


## Respondents Who Reported Vaping In The Past 30 Days (n=28).

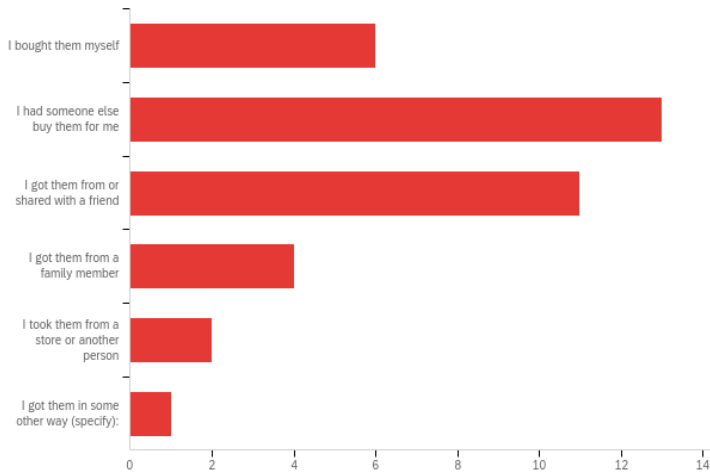
**Figure 8. During the past 30 days, on the days you vaped/used an e-cigarette, about how many times during the day did you use the e-cigarette?**



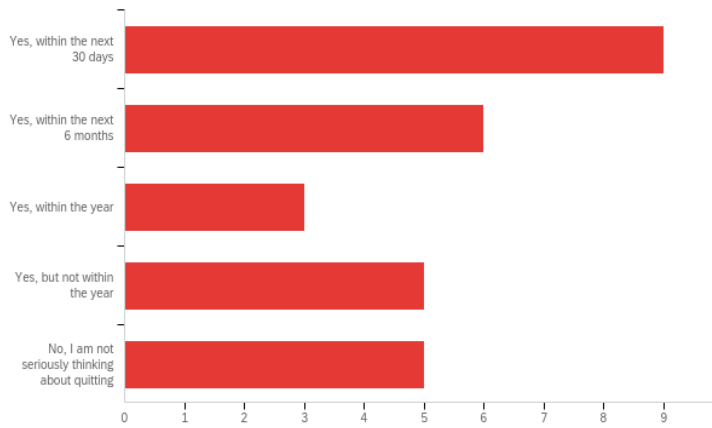
**Figure 9. Why do you currently vape? (Choose all that apply)**



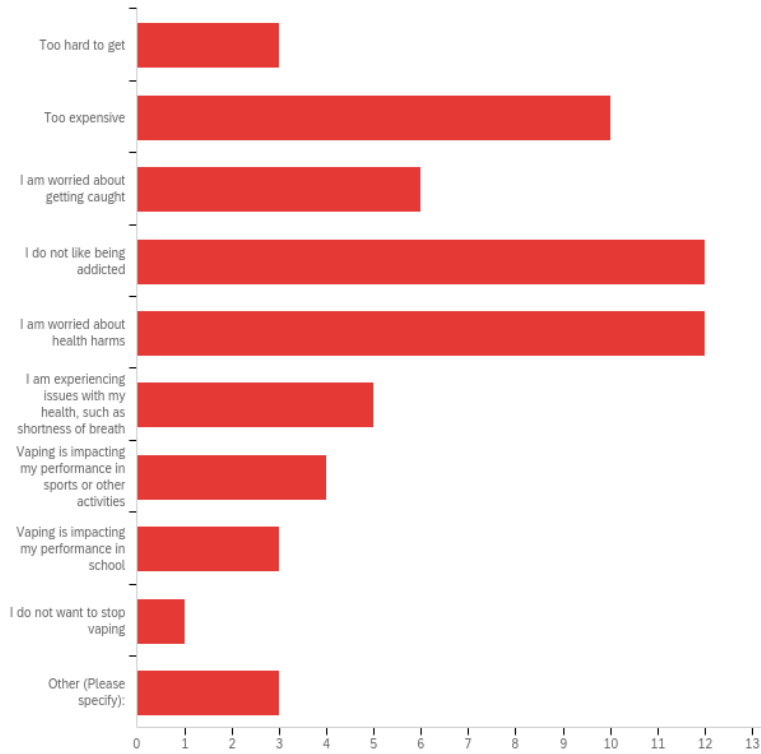
**Figure 10. During the past 30 days, how did you get your vapes, e-cigarettes, pods, cartridges, or e-liquid refills? (Choose all that apply)**



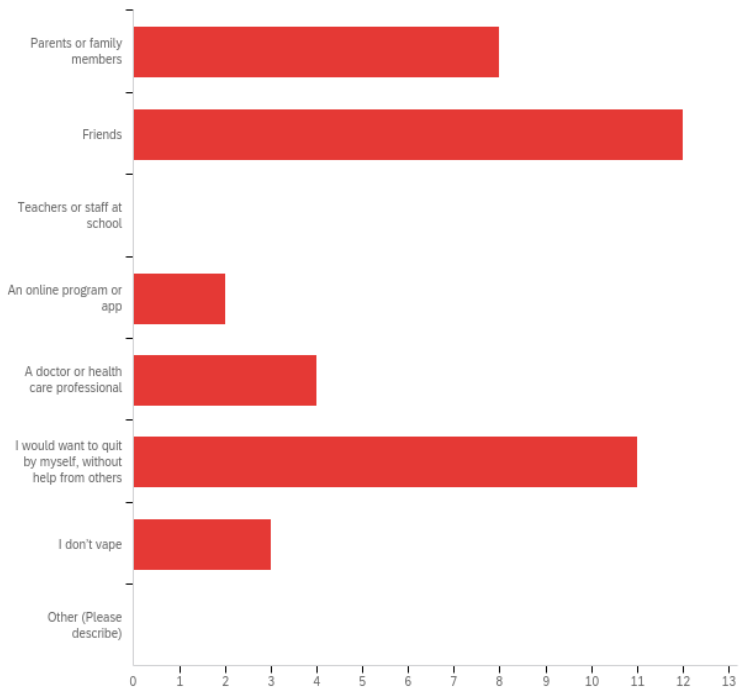
**Figure 11. Are you seriously thinking about quitting vaping?**



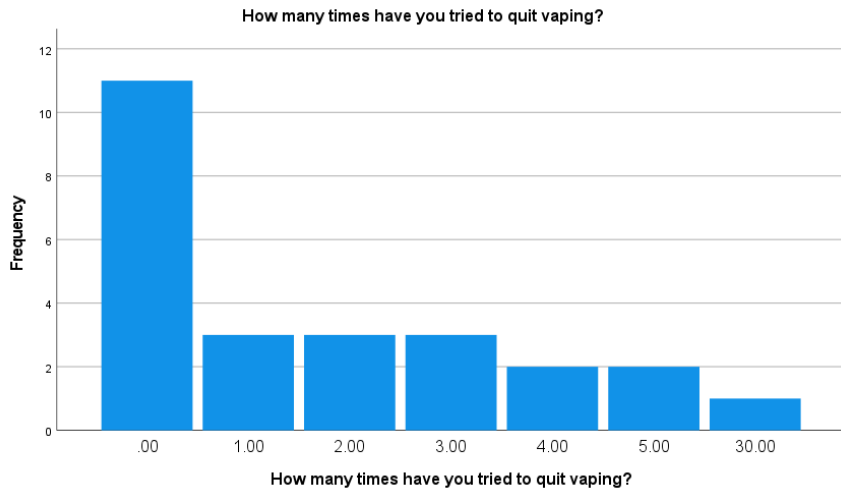
**Figure 12. Why do you want to quit vaping? (Choose all that apply)**



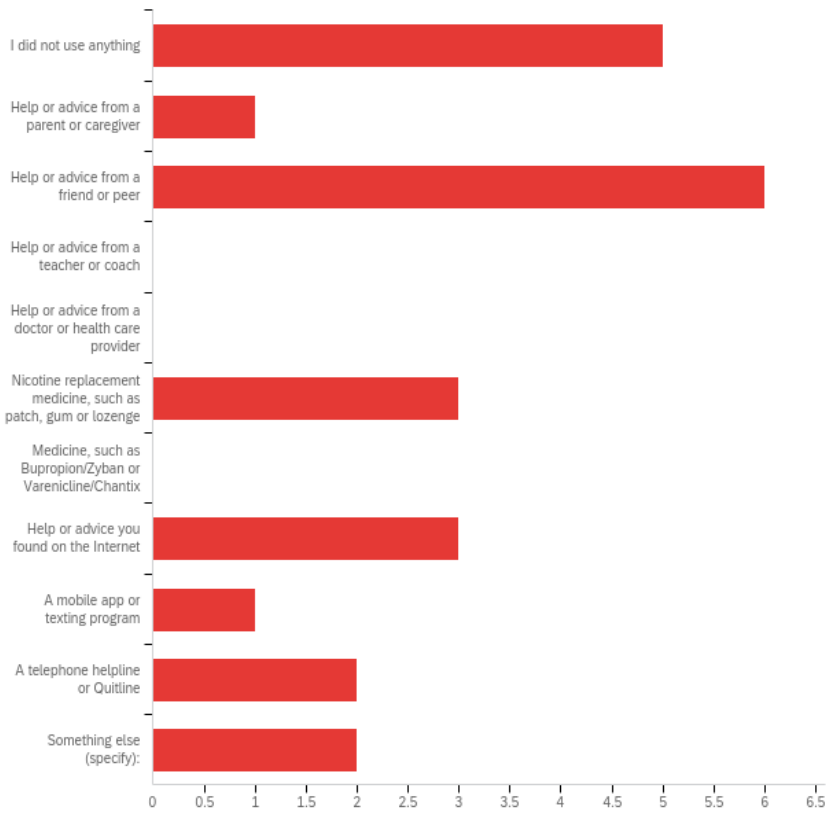
**Figure 13. If you were to quit vaping today, who or what would you want to help you? (Choose all that apply)**



**Figure 14. How many times have you tried to quit vaping?**

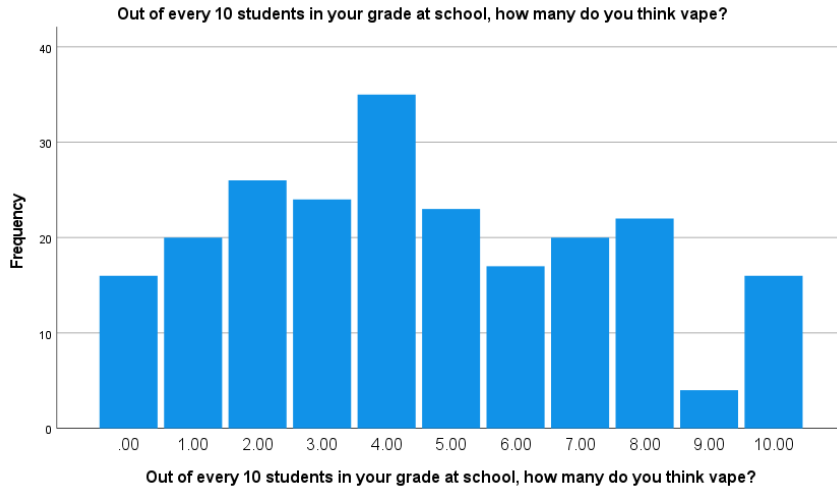


**Figure 15. Which of these have you tried to quit vaping? (Choose all that apply)**

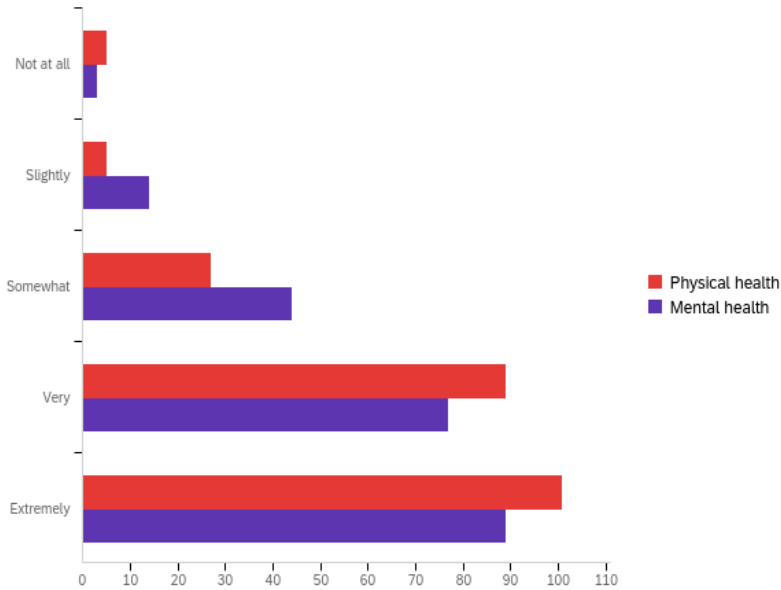


## All Respondents (N=227)

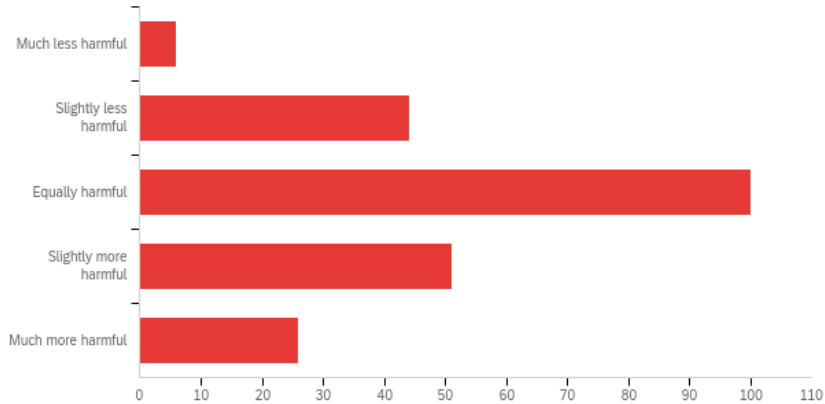
### Figure 16. Perceived Prevalence of Vaping in School Grade.



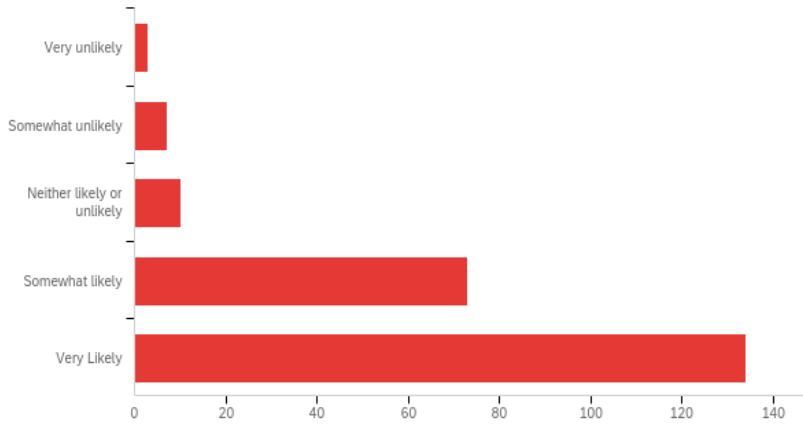
### Figure 17. How harmful do you think vaping is to your...



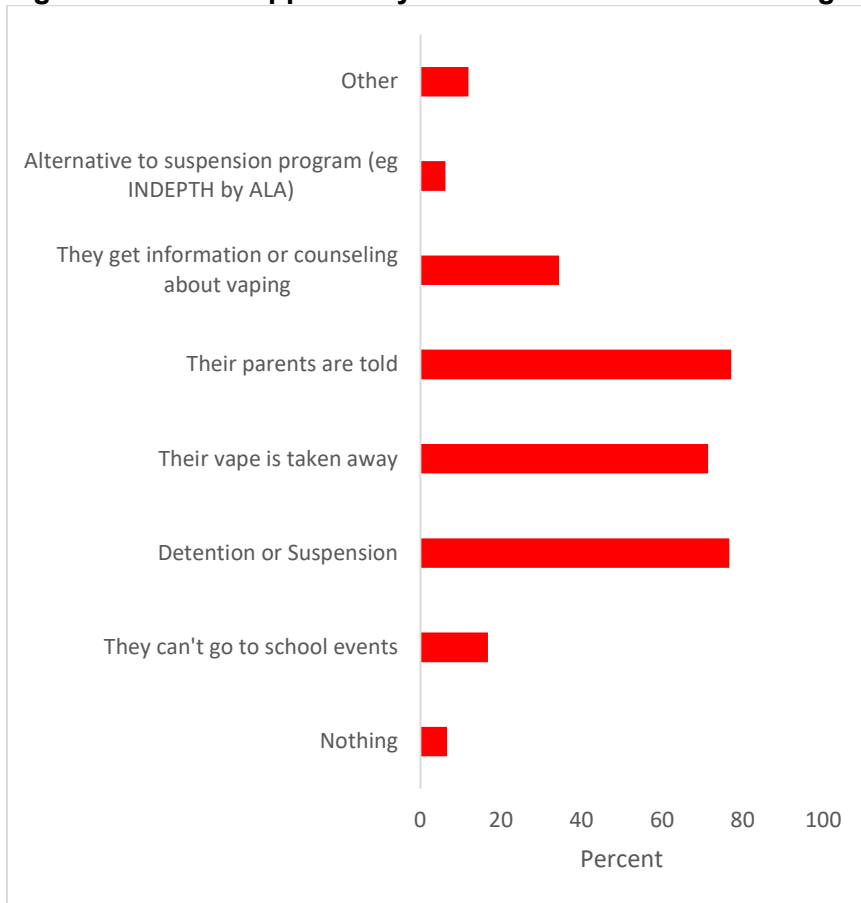
### Figure 18. How harmful do you think vaping is compared to smoking cigarettes?



**Figure 19. How likely is it that someone who vapes will become addicted to vaping?**

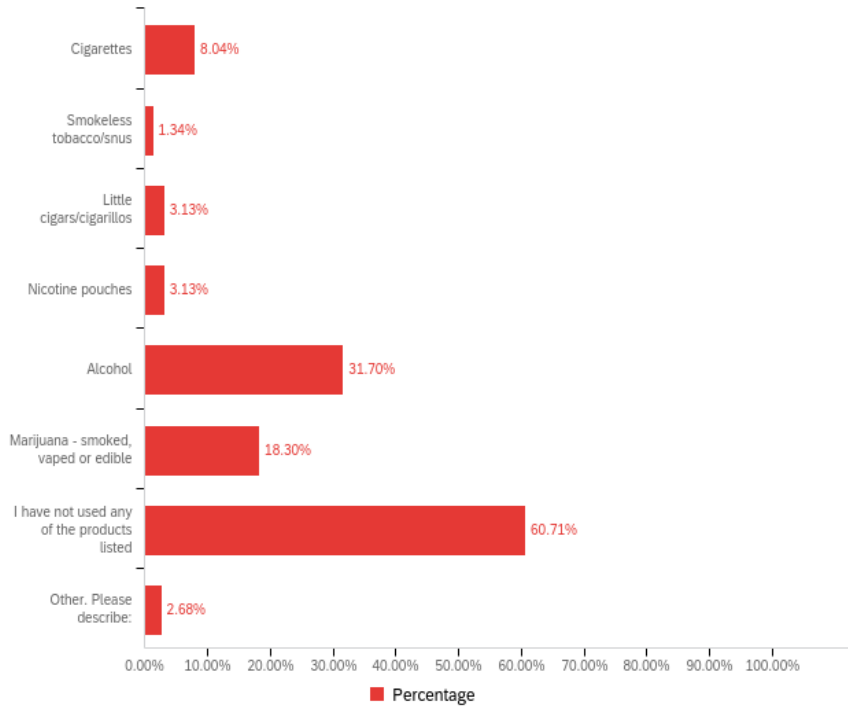


**Figure 20. What happens at your school if someone is caught vaping? (Choose all that apply)**

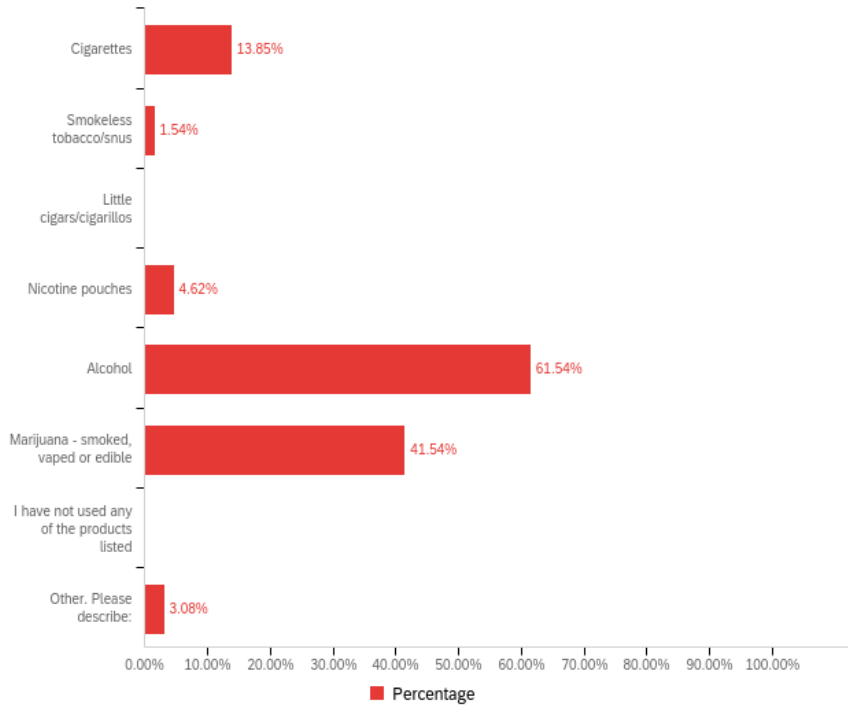




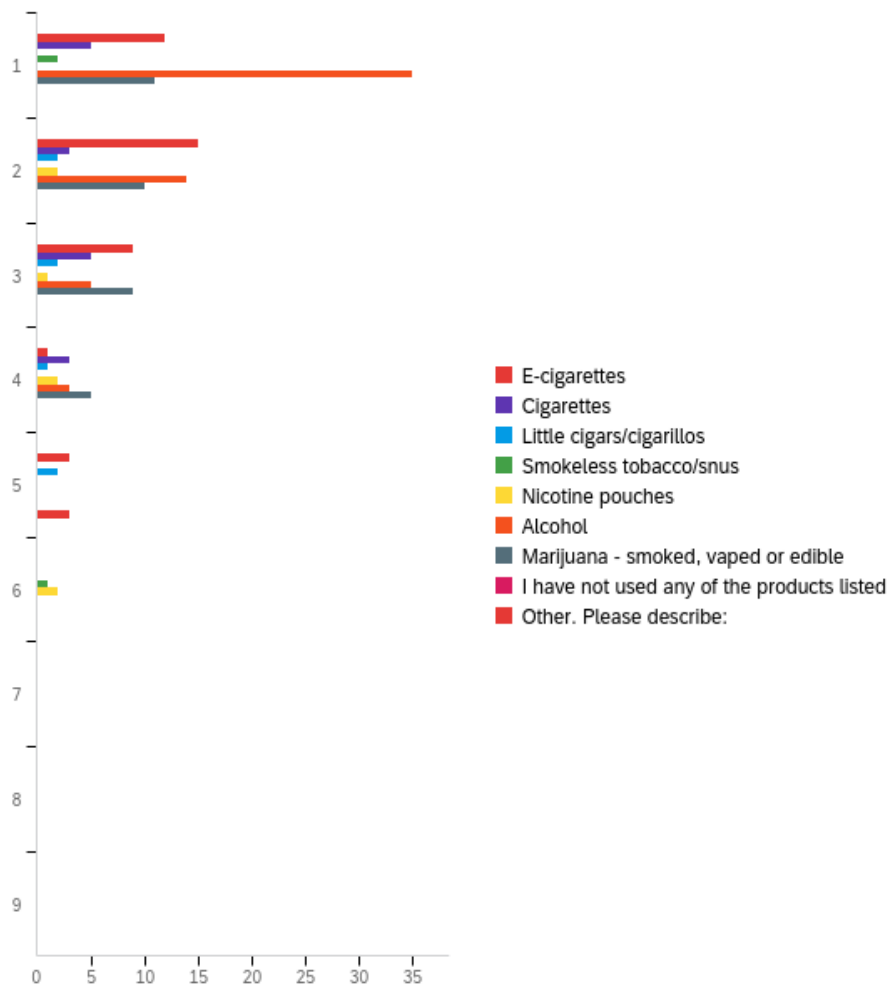
**Figure 21. Which of these have you ever tried, even one or two times? (Choose all that apply)**



**Figure 22. Which of these have you used in the past 30 days? (Choose all that apply)**



**Figure 23: Order in which respondents used the products (1 = the first product ever used, 2 = the second product ever used, etc)**



## Appendix 1. Survey Informed Assent and Questions

### UNIVERSITY OF WISCONSIN-MADISON Research Participant Information Sheet

#### Title of the Study: Youth Vaping Study

Principal Investigator: Megan E. Piper, PhD

Phone: 608-265-5472

Email: [mepiper@ctri.wisc.edu](mailto:mepiper@ctri.wisc.edu)

1930 Monroe St., Suite 200

Madison, WI 53711

Study Funding: Wisconsin Tobacco Prevention and Control Program

Dr. Megan Piper and her colleagues at UW-Madison, in collaboration with Centiment LLC, are doing a research study to understand experiences, thoughts, and feelings about e-cigarettes and vaping. You are being asked to participate in this study because you have either never used e-cigarettes, used e-cigarettes in the past, or have currently used e-cigarettes weekly for at least 3 months in the last year; are between the ages of 13 and 17 years old; and you live in Wisconsin.

If you choose to participate in this study, we will ask you to complete a survey. The survey will take about 10-15 minutes for you to complete.

You can skip any survey questions that you do not want to answer. Even if you start the survey, you are not required to complete it. You can stop at any time.

The survey is confidential, and your responses will not be shared with anyone outside the research team. Please do not include your name or other information that could be used to identify you in the survey responses.

The information collected in this study, including your health information, may be used or shared for future related research. Protected health information (PHI) is information about your physical or mental health that includes your name or other information that can identify you. To do this study, we will use things you tell the research team about your health.

Your authorization for researchers to use your PHI does not have an end date. However, you can choose to take back your authorization for researchers to use your health information. You can do this at any time before or during your participation in the research. If you take back your authorization, you will not be able to take part in the research study. To take back your authorization, you will need to notify the researchers.

If you decide to participate in the study and are eligible, you will receive compensation (amount of compensation determined by Centiment LLC) to thank you for your time completing the survey.

Being in this study is voluntary. Please contact Dr. Megan Piper at 608-265-5472 with questions about this study or if you experience anything concerning while taking this survey.

Thank you all for agreeing to share your experiences and thoughts about e-cigarettes and vaping.

Do you want to participate in the survey?

Yes, I agree to participate [\[clickable link\]](#)

No, I do not want to participate [\[clickable link\]](#)

**This survey will ask you questions about your experience, thoughts, and feelings about e-cigarettes and vaping.**

This should take about 10-15 minutes to complete.

Completing the survey is voluntary. If you do not want to answer a question, just leave it blank. Even if you start the survey, you do not have to complete it. You can stop at any time. Your responses will only be recorded if you choose submit at the end of the survey. There are no wrong answers.

**The survey is confidential – your answers will not be shared with anyone outside the research team. Please answer the questions based on what you really think and do.**

Thank you for your help.

## **VAPING STATUS [ALL PARTICIPANTS. 1 QUESTION.]**

We are going to ask you some questions about **vaping nicotine**. By “vaping” or “e-cigarettes”, we mean all kinds of nicotine e-cigarettes, including pod devices, vape pens, tank systems, mods, e-cigars, e-pipe, e-hookahs, and hookah pens. You may also know them as Puff Bar, Elf Bar, Vuse, JUUL, SMOK, or STIG.

In this survey, vaping does not mean cannabis, marijuana, THC, CBD, or delta-8.

**1. Have you ever vaped, even one or two times?**

Yes

No

**IF ANSWER to #1 is NO [Never Used. 3 Questions.]**

**2. Do you think you will try vaping in the next 12 months?**

- Definitely Yes
- Probably Yes
- Probably Not
- Definitely Not

**3. If one of your best friends were to offer you a vape, would you try it?**

- Definitely Yes
- Probably Yes
- Probably Not
- Definitely Not

**4. Why do you think you have never tried vaping?**

Please describe: \_\_\_\_\_

**IF ANSWER to #1 is YES [Former and Current Use. 2 Questions]**

**5. Why did you first vape? (Choose all that apply)**

- A friend used them
- A family member used them
- To try to quit using cigarettes or another tobacco products
- They cost less or were easier to get than cigarettes or other tobacco products
- I've seen people on TV, online, or in movies use them
- They are less harmful than other forms of tobacco, such as cigarettes
- They were available in flavors, such as menthol, mint, candy, fruit, or chocolate
- I could use them unnoticed at home or at school
- I could use them to do tricks
- I was drinking alcohol
- I was curious about them
- I was feeling anxious, stressed, or depressed
- To get a high or buzz from nicotine
- I used them for some other reason (specify: \_\_\_\_\_)

**6. During the past 30 days, how many days did you vape?**

\_\_\_\_\_(range 0-30)

**IF VAPED IN PAST 30 DAYS [#6>0; Current User. 9-12 Questions.]**

**7. During the past 30 days, on the days you vaped/used an e-cigarette, about how many times during the day did you use the e-cigarette?**

- Only one time per day
- 2-4 times per day
- 5-10 times per day
- More than 10 times per day

**8. Why do you currently vape? (Choose all that apply)**

- A friend uses them
- A family member uses them
- To try to quit using cigarettes or another tobacco products
- They cost less or are easier to get than cigarettes or other tobacco products
- I've seen people on TV, online, or in movies use them
- They are less harmful than other forms of tobacco, such as cigarettes
- They are available in flavors, such as menthol, mint, candy, fruit, or chocolate
- I can use them unnoticed at home or at school
- I can use them to do tricks
- Because I feel anxious, stressed, or depressed
- To get a high or buzz from nicotine
- I am addicted to them
- I use them for some other reason (specify: \_\_\_\_\_)?

**9. During the past 30 days, how did you get your vapes, e-cigarettes, pods, cartridges, or e-liquid refills? (Choose all that apply)**

- I bought them myself
- I had someone else buy them for me
- I got them from or shared with a friend
- I got them from a family member
- I took them from a store or another person
- I got them in some other way (specify): \_\_\_\_\_

**9a. [Display if #9 I bought the myself is selected] Where did you buy your vapes, e-cigarettes, pods, cartridges, or e-liquid refills?**

\_\_\_\_\_

**10. How hard is it for you to get vapes/e-cigarettes and pods or refills? [Slider scale] 1 = Extremely easy to 10 = Almost impossible.**

**11. What is your favorite flavor of vape?**

\_\_\_\_\_

**12. How addicted are you to your vape? [Slider scale]**

0=Not at all to 10=extremely



**13. Are you seriously thinking about quitting vaping?**

- Yes, within the next 30 days
- Yes, within the next 6 months
- Yes, within the year
- Yes, but not within the year
- No, I am not seriously thinking about quitting

If Answer Yes to #13.

**13b. Why do you want to quit vaping? (Choose all that apply)**

- Too hard to get
- Too expensive
- I am worried about getting caught
- I do not like being addicted
- I am worried about health harms
- I am experiencing issues with my health, such as shortness of breath
- Vaping is impacting my performance in sports or other activities
- Vaping is impacting my performance in school
- I do not want to stop vaping [EXCLUSIVE]
- Other (Please specify): \_\_\_\_\_

**14. If you were to quit vaping today, who or what would you want to help you? (Choose all that apply)**

- Parents or family members
- Friends
- Teachers or staff at school
- An online program or app
- A doctor or health care professional
- I would want to quit by myself, without help from others
- I don't vape [EXCLUSIVE]
- Other (Please describe) \_\_\_\_\_

**15. How many times have you tried to quit vaping?**

\_\_\_\_\_

**15a. If 15>0, Which of these have you used to try to quit vaping? (Choose all that apply)**

- I did not use anything [EXCLUSIVE]
- Help or advice from a parent or caregiver
- Help or advice from a friend or peer
- Help or advice from a teacher or coach
- Help or advice from a doctor or health care provider
- Nicotine replacement medicine, such as patch, gum or lozenge
- Medicine, such as Bupropion/Zyban or Varenicline/Chantix
- Help or advice you found on the Internet
- A mobile app or texting program
- A telephone helpline or Quitline
- Something else (specify): \_\_\_\_\_

**IF NO VAPING in PAST 30 days [#6=0; Former user. 5 Questions.]**

You reported that you have vaped before, but not in the past 30 days.

**16. When was the last time you vaped, even one or two times? (Choose the first answer that fits)**

- Not during the past 30 days, but sometime during the past 6 months
- Not during the past 6 months, but sometime during the past year
- More than 1 year ago

**17. When you were vaping, how addicted were you to your vape?**

0=Not at all to 10=extremely

**18. Before you quit, how hard was it for you to get e-cigarettes and pods or refills? Use the scale from 1 = Extremely easy to 10 = Almost impossible.**

**19. Why did you stop vaping? (Choose all that apply)**

- I have not stopped vaping [EXCLUSIVE]
- E-cigarettes are too hard to get
- E-cigarettes are too expensive
- E-cigarettes are harmful to my health
- I am experiencing issues with my health, such as shortness of breath
- Vaping is impacting my performance in sports or other activities
- Vaping is impacting my performance in school
- E-cigarettes are addictive
- E-cigarettes are illegal
- E-cigarettes are not cool
- I got caught vaping (such as by parents, caregiver, or school)
- Another reason (please explain why):

**20. When you made your last attempt to quit vaping, which of these did you use for help? (Choose all that apply)**

- I did not use any resources [EXCLUSIVE]
- Help or advice from a parent or caregiver
- Help or advice from a friend or peer
- Help or advice from a teacher or coach
- Help or advice from a doctor or health care provider
- Treatment from a hospital, medical center, or some other facility
- Nicotine replacement medicine, such as patch, gum or lozenge
- Medicine, such as Bupropion/Zyban or Varenicline/Chantix
- Help or advice you found on the Internet
- A mobile app or texting program
- A telephone helpline or Quitline
- Something else (specify): \_\_\_\_\_

**WHAT DO YOUTH KNOW ABOUT VAPING [ALL PARTICIPANTS. 5 Questions.]**

**21. Out of every 10 students in your grade at school, how many do you think vape? (0-10)**

**22. How harmful do you think vaping is to your...**

	Not at all	Slightly	Somewhat	Very	Extremely
Physical health					
Mental health					

**23. How harmful do you think vaping is compared to smoking cigarettes?**

- Much less harmful
- Slightly less harmful
- Equally harmful
- Slightly more harmful
- Much more harmful

**24. How likely is it that someone who vapes will become addicted to vaping?**

- Very unlikely
- Somewhat unlikely
- Neither likely or unlikely
- Somewhat likely
- Very Likely

**25. What are the harms of vaping that you are most worried about?**

\_\_\_\_\_

**PREVENTION AND TREATMENT MESSAGES [ALL PARTICIPANTS. 7 Questions.]**

**26. Where have you learned about the risks of vaping? (Choose all that apply).**

- Parents or family members
- Friends
- School
- Internet, Social Media, or Apps
- TV
- Billboards
- Doctor's office, Hospital, or another health care setting
- Other (please describes): \_\_\_\_\_
- I have NOT received any information about the harms of vaping [EXCLUSIVE]

**27. If you could design a message to encourage teenagers not to vape, what would your main message be?**

\_\_\_\_\_

**28. If we designed messages to encourage teenagers not to vape, what types of messages would teenagers NOT pay attention to, or think are lame or annoying?**

\_\_\_\_\_

**29. Where is the best place for teenagers to learn about the risks of vaping and HOW to quit vaping? (Choose all that apply).**

- Parents or family members
- Friends
- School
- Internet or Social Media Sites (such as TikTok, YouTube, etc)
- TV
- Newspaper Articles
- Billboards
- Doctor's office, Hospital, or another health care setting
- Other (please describe): \_\_\_\_\_

**30. Do you know any programs that can help teenagers quit vaping?**

- Yes (please specify): \_\_\_\_\_
- No

**31. What happens at your school if someone is caught vaping? (Choose all that apply)**

- Nothing
- They can't go to school events
- Detention
- Suspension
- Their vape is taken away
- Their parents are told
- They get information or counseling about vaping
- They have to go to an alternative to suspension program (such as INDEPTH by American Lung Association)
- Other (please specify): \_\_\_\_\_

**32. What do you think should happen at your school if someone is caught vaping?**

\_\_\_\_\_

**OTHER TOBACCO AND SUBSTANCE USE [ALL PARTICIPANTS. 3 Questions.]**

**33. Which of these have you ever tried, even one or two times? (Choose all that apply)**

- Cigarettes
- Little cigars/cigarillos
- Smokeless tobacco/snus
- Nicotine pouches
- Alcohol
- Marijuana - smoked, vaped or edible
- Other:
- I have not used any of the products listed [EXCLUSIVE; If selected, skip to next section]

**34. [Only display products checked in #33.] Which of these have you used in the past 30 days? (Choose all that apply)**

- Cigarettes
- Little cigars/cigarillos
- Smokeless tobacco/snus
- Nicotine pouches
- Alcohol
- Marijuana - smoked, vaped or edible
- Other:
- I have not used any of the products listed

**35. [Only display products checked in #33 and E-cigarettes if used ever.] Please list the order in which you used the products, with 1 = the first product you ever used, 2 = the second product you ever used. (Drag the products to rearrange the order)**

- E-cigarettes
- Cigarettes
- Little cigars/cigarillos
- Smokeless tobacco/snus
- Nicotine pouches
- Alcohol
- Marijuana - smoked, vaped or edible
- Other:

**DEMOGRAPHICS [ALL PARTICIPANTS. 7 Questions.]**

**36. How old are you? (in years)**

**37. What Grade are you in?**

- 6<sup>th</sup>
- 7<sup>th</sup>
- 8<sup>th</sup>
- 9<sup>th</sup>
- 10<sup>th</sup>
- 11<sup>th</sup>
- 12<sup>th</sup>
- Other (please describe): \_\_\_\_\_

**38. What is your Gender?**

- Female
- Male
- Transgender
- Non-Binary
- Other (please describe): \_\_\_\_\_

**39. Are you Hispanic, Latino, Latina, or of Spanish origin?**

- Yes
- No
- I Don't know

**40. What is your race? Choose all that apply**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other (please describe): \_\_\_\_\_

**41. Do you consider yourself to be:**

- Straight (heterosexual)
- Lesbian or gay
- Bisexual
- I don't know
- Something Else (Please describe): \_\_\_\_\_

**42. What is your current Zip Code?**

\_\_\_\_\_