**“Where Are You At?” (Part 1)**

1. **When was the last time you used e-cigarettes/pod vapes?**

 \_\_\_in the past 24 hours

 \_\_\_2 – 7 days ago

 \_\_\_8 – 30 days ago

 \_\_\_more than 30 days ago

1. **How often do you use e-cigarettes/pod vapes? (Check one below.)**

\_\_\_every weekend

\_\_\_several times/week

\_\_\_every day

\_\_\_ several times/day

1. **Have you ever used both e-cigarettes/pod vapes and other tobacco products (e.g., cigarettes, cigars, etc.)?**

\_\_\_no

\_\_\_yes

1. **What type of e-cigarette/pod vape device do you use?**

\_\_\_pod-based (e.g., JUUL and Puff Bar)

\_\_\_mod-based

\_\_\_vape pens

\_\_\_don’t know

1. **If using pod-based e-cigarettes/pod vapes, such as JUUL and Puff Bar, how many pods do you vape per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **What type of flavors do you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What concerns, if any, do you have about the safety of e-cigarettes/pod vapes?**

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1. **On a scale from 1 to 10 (where 1 means not ready and 10 means very ready), how ready are you to change your e-cigarettes/pod vapes? Circle below.**

Not Ready

Very Ready

1

2

3

4

5

6

7

8

9

10