

Electronic Cigarette & Secondhand Smoke Survey

E-cigarette - Screening Questions

1. Do you personally smoke e-cigarettes during your shift while on break?
2. If you answered YES to question 1: Are you concerned about the exposure of e-cigarettes for others at your work?
 - a. Yes
 - b. No

E-cigarette Questions

3. If you answered YES to question 1: How many times do you smoke e-cigarettes per shift?
4. What brands of e-cigarette devices do you use?
5. What brands of e-liquids (flavorings) do you use?

Secondhand Exposure - Screening Question

6. Do you encounter secondhand smoke from co-workers or residents during your shift? [select all that apply]:
 - a. Yes, from cigarettes/cigars/pipes
 - b. Yes, from e-cigarettes
 - c. No

Secondhand Exposure Questions

7. If you answered YES to question 6: Are you concerned about the exposure?
 - a. Yes
 - b. No
8. If you answered YES to question 6: How many times do you enter a room per shift that has been smoked in?
 - a. Cigarettes/cigars/pipes
 - b. e-cigarettes
 - c. Not sure about source
9. How many times do you enter a room per shift and see someone actively smoking?
 - a. Cigarettes/cigars/pipes
 - b. e-cigarettes
10. When walking in communal areas how often do you see someone smoking?
11. If you can see someone smoking tobacco products or e-cigarettes, are you close enough to smell it?
12. How long in minutes are you exposed on average per shift (total time) to secondhand smoke?
 - a. Cigarettes/cigars/pipes

- b. e-cigarettes
- 13. What brands of e-cigarette devices are you exposed to while at work?
- 14. What brands of e-liquids (flavorings) are you exposed to while at work?

Demographic Questions

- 15. Please specify your job title:
- 16. Please indicate the status of your position:
 - a. FULL TIME
 - b. PART TIME
 - c. RELIEF/PRN/OPTIONAL/STANDBY
- 17. How many hours do you typically work per day?
- 18. What shift do you typically work?
- 19. On average, how many hours do you work per week?
- 20. How long have you worked in healthcare (years & months)
- 21. Please indicate whether you are:
 - a. MALE
 - b. FEMALE
 - c. OTHER
- 22. Please enter your current age in years:
- 23. Please indicate your race. Select all that apply if you are biracial/multiracial:
 - a. American Indian or Alaska Native
 - b. Asian or Asian American
 - c. Black or African American
 - d. Native Hawaiian or other Pacific Islander
 - e. White or Caucasian
- 24. Please indicate your primary work site.
- 25. Please indicate your ethnicity:
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino