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