Vaping Research Survey for Students

Please Read Carefully: Your school is teaming up with researchers from Massey University and Eastern Institute of Technology (EIT) to study students' vaping habits and understand what they know about vaping. Both vapers and non-vapers are invited to take part. The study data will eventually help with the creation of Vaping Education Materials for schools.

YOUR PRIVICY is a top priority for us, and your responses will remain confidential and anonymous. **Teachers or parents will NEVER see your answers as the links come directly to the researchers**. So please be open and honest. Your participation is voluntary.

There are two phases to this study:

Phase 1: Students will complete the survey below which will take about 15 minutes.

Phase 2: Some students may be invited for a casual chat with a researcher on another day. This will last 40-60 minutes, either at your school or via video call. These can be done as a group with your peers or one-on-one with a researcher. A koha/thankyou/shared food will be provided for your time.

We believe that this is an exciting opportunity for students to take part in original research. And you get to enhance our understanding of youth vaping issues in health and education.

This research has ethical approval (Ref: EA02180123) and is funded by the Health Research Council of NZ, Health Research Foundation Hawke's Bay and EIT-Te Pūkenga. If you would like more information about the study, please email NZVapeResearch@eit.ac.nz

* Indicates required question

Personal Information

1. Your name *

2. Date of birth, or when is your birthday. (dd/mm/yy) *

3. Your email address (if you have one, either school or personal)

4. The name of your school*

5. School year level *

6. Your Age *

7. Gender *

Mark only one oval.

- Female
- Male
- Diverse
- Prefer not to say

8. Your Race (ethnicity) *

Tick all that apply.

- NZ European
- Māori
- Pacific Island
- Other:

9. Interests (hobbies, sport etc.) *

Section A

How often do you vape?

10. Please select the one that best describes how often you vape *

Mark only one oval.

- Everyday *Skip to question 11*
- At least once a week *Skip to question 11*
- Occasionally (less than once a week, e.g. only at parties)) *Skip to question 27*
- Never *Skip to question 34*
- I used to, but i have quit *Skip to question 39*
- I have tried it but not continued *Skip to question 27*

Skip to question 44

If you vape regularly everyday (or at least once a week), please answer the following questions:

11. a. When did you start to vape? *

12. b. What motivated you to start vaping? *

13. c. Why do you keep vaping? *

14. d. How often do you vape during a typical day or week? *

15. e. Do you usually vape alone or with someone? Please explain: *

16. f. How do you feel when you DO vape? (socially, physically, and emotionally) *

17. g. How do you feel when you DON'T vape? (socially, physically, and * emotionally)

18. h. Where do you usually obtain vapes from, and how much do you normally spend on them? *

19. i. Do you feel the need to vape during the school day, and if so, how often and how do you manage it? *

20. j. Have you ever had to miss school due to vaping? If yes, please explain why: *

21. k. Have you ever been in trouble at school due to vaping? If yes, please explain why: *

22. l. Have you ever tried to quit vaping, and if so, what were your reasons for doing * so?

23. m. Do you think you would like to quit or reduce your vaping habits in the * future? If yes, why and what do you think would help you in achieving this goal?

24. n. Would you like to say anything else about vaping? *

25. o. Do your parents / caregivers vape or smoke? *

Mark only one oval.

- Yes
- No

26. p. Do your parents / caregivers know that you vape? *

Mark only one oval.

- Yes
- No

Skip to question 63

If you vape occasionally (less than once a week), or have tried it once or twice, please answer the following questions:

27. a. When you vape, what is the reason? *

_____

28. b. Do you think you would like to quit or reduce your vaping habits in the future? * If yes, why and what do you think would help you in achieving this goal?

_____

29. c. When you vape, how do you feel? *

_____

30. d. How do you feel about other people your age vaping? *

_____

31. e. Would you like to say anything else about vaping? *

_____

32. f. Do your parents / caregivers vape or smoke? *

Mark only one oval.

- Yes
- No

33. g. Do your parents / caregivers know that you vape? *

Mark only one oval.

- Yes
- No

Skip to question 63

If you have never vaped please answer the following:

34. a. Why have you never vaped? *

_____

35. b. How do you feel about other people your age vaping? *

_____

36. c. Would you like to say anything else about vaping? *

_____

37. d. Have you ever felt peer pressure to vape? How did this make you feel?

38. e. Do your parents / caregivers vape or smoke? *

Mark only one oval.

_____

- Yes
- No

Skip to question 44

If you used to vape, but have quit, or want to quit please answer the following:

39. a. Why did you want to quit? *

40. b. What helped you quit? *

41. c. What challenges have you faced? *

42. d. Do you parents / caregivers vape or smoke? *

Mark only one oval.

- Yes
- No

43. e. Do you parents / caregivers know that you vape? *

Mark only one oval.

- Yes
- No

Skip to question 63

Section B

Comparison of vapes with tobacco use

44. a. Did you start vaping before you started smoking? *

Mark only one oval.

- Yes
- No
- Not applicable

45. b. Did you start smoking before you started vaping? *

Mark only one oval.

- Yes
- No
- Not applicable

46. c. Did you start vaping and smoking at the same time? *

Mark only one oval.

- [ ] Yes
- [ ] No
- [ ] Not applicable

47. c. Please select the one best description of how often you smoke tobacco (cigarettes). *

Mark only one oval.

- [ ] Everday *Skip to question 48*
- [ ] At leaset once a week *Skip to question 55*
- [ ] Occasionally *Skip to question 55*
- [ ] Never *Skip to question 58*
- [ ] I used to, but have quit *Skip to question 60*

Skip to question 71

If you answered everyday to smoking tobacco please answer the following questions:

48. a. When did you start smoking? *

_____

49. b. What motivated you to start smoking? *

_____

50. c. Why do you keep smoking? *

_____

51. d. How often do you smoking during a typical day or week? *

_____

52. e. Do you usually smoke alone or with someone? Please explain: *

53. f. How do you feel when you smoke? (socially, physically, and emotionally) *

54. g. How do you feel when you don't smoke? (socially, physically, and * emotionally)

Skip to question 71

if you answered occasionally or at least once a week, please answer the following questions:

55. a. When you smoke, what is the reason? *

56. b.When you smoke, how to you feel? (socially, physically and emotionally) *

57. c. How do you feel about other people your age smoking? *

Skip to question 71

If you answer never to smoking, please answer the following:

58. Why have you never smoked? *

59. How do you feel about other people your age smoking? *

Skip to question 71

If you answered that you used to smoke, but have quit, please answer the following questions:

60. a. Why did you want to quit? *

61. b. What helped you quit? *

62. c. What main challenges did you face? *

Skip to question 71

Recent changes in New Zealand Legislation

A few changes have recently been put into NZ law around vaping. The next questions will revolve around the following changes:

a. Changing flavouring description to be more generic. e.g. "tutti-fruiti" will be "berry"
b. New vape shops must be 300m from schools and maraes
c. Maximum nicotine level in single use vapes limited to 20mg/mL
d. All vaping products must have removable batteries and child safety mechanisms

63. a. Has changing the name of juice flavouring to be more general affected your vaping habits?

Mark only one oval.

- No
- Yes

64. Please explain why or why not.

_____

65. b. Has ensuring new vape shops are at least 300m from your schools and maraes affected your vaping habits?

Mark only one oval.

- Yes
- No

66. Please explain why or why not.

_____

_____

_____

_____

_____

67. c. Has minimising the nicotine strength to 20mg/mL in disposable vapes affected your vaping habits?

Mark only one oval.

- Yes
- No

68. Please explain why or why not.

69. d. Has ensuring vape products have removable batteries and child safety mechanisms affected your vaping habits? *Mark only one oval.*

- Yes
- No

70. Please explain why or why not.

Skip to question 44

The questionnaire

71. Would you be willing to join a researcher-led discussion group to share your vaping experience? (You can join if you vape or even if you don't vape, you will receive a koha for your time). *

Mark only one oval.

- Yes
- No

72. Would you be willing to be interviewed by a researcher on your own (i.e.) not as part of a group? (you will receive a koha for your time). *

Mark only one oval.

- [ ] Yes
- [ ] No

73. We would like you to best describe how comfortable you have felt about answering the questions. Please tick which answer best suits the way you feel. *

Mark only one oval.

- [ ] Very comfortable
- [ ] Comfortable
- [ ] Neutral
- [ ] Uncomfortable

74. Finally, did you feel you could be totally honest and open with completing the questionnaire? *

Mark only one oval.

- [ ] Yes, totally
- [ ] Mostly
- [ ] Sometimes
- [ ] No, not really

THE END!! THANK YOU FOR YOUR PARTICIPATION