



Data Dictionary Codebook

02/07/2022 10:54am

^ Collapse all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Consent (consent) Enabled as survey <div>^ Collapse</div>			
1	record_id	Record ID	text
2	userid	User ID Piped from App - HIDE AFTER TESTING	text Custom alignment: LV Field Annotation: @HIDDEN
3	consent_intro	Welcome to the Stop Vaping Challenge! The Challenge is simple: try to go without vaping for as long as you can and see what you learn about yourself in the process.The Stop Vaping Challenge is part of a research study at the University of Toronto for understanding the process of quitting vaping among young people. The information you enter here will be used for this study and for improving the app to support you better in this process.Your answers to this survey are confidential. You may also stop your participation at any time you want. Nothing further is required to participate beyond your use of the app. You may review this information in the Privacy Policy tab in the app.For more information about the study or the Research Team, please visit the study page. For more information, email the study coordinator. If you have any questions about your rights as a research participant, email the Office of Research Ethics or call 416-946-3389.	descriptive
4	consent_bl	Would you like to participate in this study?	radio <div><div>1 Yes</div><div>2 No</div><div>3 Please unsubscribe me from this study</div></div> Custom alignment: LV
5	consent_complete	Section Header: <i>Form Status</i> Complete?	dropdown <div><div>0 Incomplete</div><div>1 Unverified</div><div>2 Complete</div></div>
Instrument: Consent Yes (consent_yes) Enabled as survey <div>^ Collapse</div>			
6	consent_txt	Thank you for agreeing to be part of our study! Press the SUBMIT button to begin.	descriptive
7	consent_yes_complete	Section Header: <i>Form Status</i> Complete?	dropdown <div><div>0 Incomplete</div><div>1 Unverified</div><div>2 Complete</div></div>
Instrument: Consent No (consent_no) Enabled as survey <div>^ Collapse</div>			
8	noconsent_txt	Thank you! If you have any questions, please email the study coordinator.Press the SUBMIT button below to leave the survey.	descriptive

	9	consent_no_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																																				
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Instrument: Unsubscribe (unsubscribe)  Enabled as survey ^ Collapse																																														
	10	unsub_txt	Thank you. To confirm that you want to unsubscribe, press the SUBMIT button below. Your email will be removed.	descriptive																																										
	11	unsubscribe_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																																				
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Instrument: Baseline (baseline)  Enabled as survey ^ Collapse																																														
	12	encourage1	This survey will only take 5-7 minutes, but what we learn from your responses will help so many.	descriptive																																										
	13	ecusv_1	Why are you interested in joining the Stop Vaping Challenge? Select all that apply.	checkbox, Required <table><tr><td>1</td><td>ecusv_1__1</td><td>To stop vaping because I lost interest or did not enjoy it</td></tr><tr><td>2</td><td>ecusv_1__2</td><td>To stop vaping because of concerns about addiction</td></tr><tr><td>3</td><td>ecusv_1__3</td><td>To stop vaping because it costs too much money</td></tr><tr><td>4</td><td>ecusv_1__4</td><td>To stop vaping because of health concerns</td></tr><tr><td>5</td><td>ecusv_1__5</td><td>To stop vaping because of concerns about COVID-19</td></tr><tr><td>6</td><td>ecusv_1__6</td><td>To stop vaping because it did not help me quit or cut back on smoking</td></tr><tr><td>7</td><td>ecusv_1__7</td><td>To stop vaping because my parents and family want me to stop</td></tr><tr><td>8</td><td>ecusv_1__8</td><td>To stop vaping because my friends or partner want me to stop</td></tr><tr><td>9</td><td>ecusv_1__9</td><td>Tried to stop vaping on my own but it was hard</td></tr><tr><td>10</td><td>ecusv_1__10</td><td>To test it out and see if I can do it</td></tr><tr><td>11</td><td>ecusv_1__11</td><td>To do this challenge with my friends</td></tr><tr><td>12</td><td>ecusv_1__12</td><td>Enjoy challenging myself</td></tr><tr><td>13</td><td>ecusv_1__13</td><td>Other</td></tr><tr><td>14</td><td>ecusv_1__14</td><td>Don't know</td></tr></table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "14"</div>	1	ecusv_1__1	To stop vaping because I lost interest or did not enjoy it	2	ecusv_1__2	To stop vaping because of concerns about addiction	3	ecusv_1__3	To stop vaping because it costs too much money	4	ecusv_1__4	To stop vaping because of health concerns	5	ecusv_1__5	To stop vaping because of concerns about COVID-19	6	ecusv_1__6	To stop vaping because it did not help me quit or cut back on smoking	7	ecusv_1__7	To stop vaping because my parents and family want me to stop	8	ecusv_1__8	To stop vaping because my friends or partner want me to stop	9	ecusv_1__9	Tried to stop vaping on my own but it was hard	10	ecusv_1__10	To test it out and see if I can do it	11	ecusv_1__11	To do this challenge with my friends	12	ecusv_1__12	Enjoy challenging myself	13	ecusv_1__13	Other	14	ecusv_1__14	Don't know
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13	ecusv_1__13	Other																																												
14	ecusv_1__14	Don't know																																												
	14	reasons_stop_other Show the field ONLY if: [ecusv_1(13)] = '1'	What are the other reasons that made you interested in joining the Stop Vaping Challenge?	text Custom alignment: LV																																										

	15	<div><div>ecu4_1</div></div>	How often do you currently vape?	<div>radio, Required</div> <table><tr><td>1</td><td>Daily or almost daily</td></tr><tr><td>2</td><td>Less than daily, but at least once a week</td></tr><tr><td>3</td><td>Less than weekly, but at least once a month</td></tr><tr><td>4</td><td>Less than monthly</td></tr><tr><td>5</td><td>Not at all</td></tr><tr><td>6</td><td>I have never vaped</td></tr></table> <div>Custom alignment: LV</div>	1	Daily or almost daily	2	Less than daily, but at least once a week	3	Less than weekly, but at least once a month	4	Less than monthly	5	Not at all	6	I have never vaped
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6	I have never vaped															
	16	<div><div>ecu5_1</div><div>Show the field ONLY if: [ecu4_1] = '4' or [ecu4_1] = '5'</div></div>	When was the last time you vaped?	<div>radio</div> <table><tr><td>1</td><td>1 to 3 months ago</td></tr><tr><td>2</td><td>4 to 6 months ago</td></tr><tr><td>3</td><td>7 to 12 months ago</td></tr><tr><td>4</td><td>Over a year ago</td></tr></table> <div>Custom alignment: LV</div>	1	1 to 3 months ago	2	4 to 6 months ago	3	7 to 12 months ago	4	Over a year ago				
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	17	<div><div>ecu7_1</div><div>Show the field ONLY if: [ecu4_1] = '3' or [ecu4_1] = '4' or [ecu4_1] = '5'</div></div>	Have you ever vaped AT LEAST WEEKLY for a month or more?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	2	No								
1	Yes															
2	No															

18	<div><div>ecu8_1</div><div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3'</div></div>	How many days did you vape in the past month?	<div>dropdown</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30
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19	<div><div>ecu11b_1</div><div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3'</div></div>	On days that you can vape freely, how soon after you wake up do you have the first vape of the day	<div>radio, Required</div> <table><tr><td>1</td><td>0-5 minutes</td></tr><tr><td>2</td><td>6-15 minutes</td></tr><tr><td>3</td><td>16-30 minutes</td></tr><tr><td>4</td><td>31-60 minutes</td></tr><tr><td>5</td><td>61-120 minutes</td></tr><tr><td>6</td><td>More than 120 minutes</td></tr></table> <div>Custom alignment: LV</div>	1	0-5 minutes	2	6-15 minutes	3	16-30 minutes	4	31-60 minutes	5	61-120 minutes	6	More than 120 minutes																																																
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20	<div><div>ecu12a_1</div><div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3'</div></div>	When you vape, how many puffs do you take?	<div>radio</div> <table><tr><td>1</td><td>Less than 5</td></tr><tr><td>2</td><td>5-9</td></tr><tr><td>3</td><td>10-29</td></tr><tr><td>4</td><td>30 or more</td></tr></table> <div>Custom alignment: LV</div>	1	Less than 5	2	5-9	3	10-29	4	30 or more																																																				
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21	<div>ecu16_1</div> <div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3'</div>	Would you say that you are...?	<div>radio, Required</div> <table><tr><td>1</td><td>Very addicted to vaping</td></tr><tr><td>2</td><td>Somewhat addicted to vaping</td></tr><tr><td>3</td><td>Not at all addicted to vaping</td></tr><tr><td>4</td><td>I don't know</td></tr></table> <div>Custom alignment: LV</div>	1	Very addicted to vaping	2	Somewhat addicted to vaping	3	Not at all addicted to vaping	4	I don't know												
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22	<div>ecu17_1</div> <div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3'</div>	Are you planning to quit vaping completely...?	<div>radio</div> <table><tr><td>1</td><td>Within the next month</td></tr><tr><td>2</td><td>Within the next 6 months</td></tr><tr><td>3</td><td>Sometime in the future beyond 6 months</td></tr><tr><td>4</td><td>I am not planning to quit vaping</td></tr></table> <div>Custom alignment: LV</div>	1	Within the next month	2	Within the next 6 months	3	Sometime in the future beyond 6 months	4	I am not planning to quit vaping												
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4	I am not planning to quit vaping																						
23	<div>ecusv_2</div>	Before this challenge, have you tried to completely stop vaping in the past 12 months?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>I don't know</td></tr><tr><td>4</td><td>Not applicable</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	2	No	3	I don't know	4	Not applicable												
1	Yes																						
2	No																						
3	I don't know																						
4	Not applicable																						
24	<div>ecusv_3</div> <div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3' or [ecu4_1] = '4'</div>	How confident are you that you could quit VAPING within the next month and stay quit for good?	<div>radio</div> <table><tr><td>1</td><td>1 Not at all confident</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10 100% confident</td></tr></table> <div>Custom alignment: LV</div>	1	1 Not at all confident	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 100% confident
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25	<div>epp1_intro</div> <div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3' or [ecu4_1] = '4' or [ecu4_1] = '5'</div>	The next questions ask about your vaping device and e-liquid/pod/cartridge. Please use the letters above the images to answer the next question.	<div>descriptive</div>																				

26	<div>epp1_1</div> <div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3' or [ecu4_1] = '4' or [ecu4_1] = '5'</div>	When you LAST vaped, what type of device did you use? Choose one.	<div>radio</div> <table><tr><td>1</td><td>A - A disposable cigarette-like vaping device</td></tr><tr><td>2</td><td>B - A rechargeable cigarette-like vaping device that uses replaceable pre-filled cartridges</td></tr><tr><td>3</td><td>C - A simple pen-like device that you refill with liquids and does not have modifiable settings</td></tr><tr><td>4</td><td>D - An advanced box or tubular device that you refill with liquids and has modifiable settings</td></tr><tr><td>5</td><td>E - A pod system or pod vape that uses pods or cartridges and may look like a flash drive (e.g., JUUL, MYLÉ, MyBlu, Vype, Logic, Breeze 2, etc.)</td></tr><tr><td>6</td><td>F - A disposable pod vape that may look like a flash drive, popularly known as a Puff Bar</td></tr><tr><td>7</td><td>Other device(s) (specify)</td></tr><tr><td>8</td><td>Don't know</td></tr></table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "8"</div>	1	A - A disposable cigarette-like vaping device	2	B - A rechargeable cigarette-like vaping device that uses replaceable pre-filled cartridges	3	C - A simple pen-like device that you refill with liquids and does not have modifiable settings	4	D - An advanced box or tubular device that you refill with liquids and has modifiable settings	5	E - A pod system or pod vape that uses pods or cartridges and may look like a flash drive (e.g., JUUL, MYLÉ, MyBlu, Vype, Logic, Breeze 2, etc.)	6	F - A disposable pod vape that may look like a flash drive, popularly known as a Puff Bar	7	Other device(s) (specify)	8	Don't know				
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28	<div>epp10_1</div> <div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3' or [ecu4_1] = '4' or [ecu4_1] = '5'</div>	What is the nicotine strength of the e-liquid you LAST used?	<div>radio</div> <table><tr><td>1</td><td>0 mg/ml (no nicotine)</td></tr><tr><td>2</td><td>1-4 mg/ml (0.1-0.4%)</td></tr><tr><td>3</td><td>5-8 mg/ml (0.5-0.8%)</td></tr><tr><td>4</td><td>9-14 mg/ml (0.9-1.4%)</td></tr><tr><td>5</td><td>15-20 mg/ml (1.5-2.0%)</td></tr><tr><td>6</td><td>21-24 mg/ml (2.1-2.4%)</td></tr><tr><td>7</td><td>25 mg/ml (2.5%)</td></tr><tr><td>8</td><td>26-60 mg/ml (2.6%-6.0%)</td></tr><tr><td>9</td><td>I don't know</td></tr></table> <div>Custom alignment: LV</div>	1	0 mg/ml (no nicotine)	2	1-4 mg/ml (0.1-0.4%)	3	5-8 mg/ml (0.5-0.8%)	4	9-14 mg/ml (0.9-1.4%)	5	15-20 mg/ml (1.5-2.0%)	6	21-24 mg/ml (2.1-2.4%)	7	25 mg/ml (2.5%)	8	26-60 mg/ml (2.6%-6.0%)	9	I don't know		
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9	I don't know																						
29	<div>epp13_1</div> <div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3'</div>	In the past 30 days, approximately how much have you spent on vaping devices, e-liquids/pods/cartridges and accessories for your personal use? Enter dollar amount only.	<div>text (number, Min: 1, Max: 1000)</div> <div>Custom alignment: LV</div>																				
30	<div>epp14_1</div> <div>Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3'</div>	On average, how much e-liquid do you vape each week? Enter number of ml only.	<div>text (number)</div> <div>Custom alignment: LV</div>																				

31	epp15_1 Show the field ONLY if: [ecu4_1] = '1' or [ecu4_1] = '2' or [ecu4_1] = '3'	On average, how long does a pod last for you? Enter number of days only.	text (number, Min: 0, Max: 100) Custom alignment: LV															
32	osu_intro	Now we would like to ask you about other substance use such as cigarettes, other tobacco products, alcohol and marijuana. When was the LAST time you used each of the following...?	descriptive															
33	cur_csmk_1	Cigarettes	radio (Matrix), Required <table><tr><td>1</td><td>In the past 30 days</td></tr><tr><td>2</td><td>1 to 12 months ago</td></tr><tr><td>3</td><td>More than a year ago</td></tr><tr><td>4</td><td>Never</td></tr></table>	1	In the past 30 days	2	1 to 12 months ago	3	More than a year ago	4	Never							
1	In the past 30 days																	
2	1 to 12 months ago																	
3	More than a year ago																	
4	Never																	
34	cur_can_1	Cannabis (e.g., weed, pot, marijuana, hash)	radio (Matrix), Required <table><tr><td>1</td><td>In the past 30 days</td></tr><tr><td>2</td><td>1 to 12 months ago</td></tr><tr><td>3</td><td>More than a year ago</td></tr><tr><td>4</td><td>Never</td></tr></table>	1	In the past 30 days	2	1 to 12 months ago	3	More than a year ago	4	Never							
1	In the past 30 days																	
2	1 to 12 months ago																	
3	More than a year ago																	
4	Never																	
35	cur_alc_1	Alcohol	radio (Matrix), Required <table><tr><td>1</td><td>In the past 30 days</td></tr><tr><td>2</td><td>1 to 12 months ago</td></tr><tr><td>3</td><td>More than a year ago</td></tr><tr><td>4</td><td>Never</td></tr></table>	1	In the past 30 days	2	1 to 12 months ago	3	More than a year ago	4	Never							
1	In the past 30 days																	
2	1 to 12 months ago																	
3	More than a year ago																	
4	Never																	
36	cur_wp_1	Hookah, shisha or waterpipe	radio (Matrix), Required <table><tr><td>1</td><td>In the past 30 days</td></tr><tr><td>2</td><td>1 to 12 months ago</td></tr><tr><td>3</td><td>More than a year ago</td></tr><tr><td>4</td><td>Never</td></tr></table>	1	In the past 30 days	2	1 to 12 months ago	3	More than a year ago	4	Never							
1	In the past 30 days																	
2	1 to 12 months ago																	
3	More than a year ago																	
4	Never																	
37	cur_otob_1	Other tobacco products such as cigars, pipes, chewing tobacco, bidis, kreteks	radio (Matrix), Required <table><tr><td>1</td><td>In the past 30 days</td></tr><tr><td>2</td><td>1 to 12 months ago</td></tr><tr><td>3</td><td>More than a year ago</td></tr><tr><td>4</td><td>Never</td></tr></table>	1	In the past 30 days	2	1 to 12 months ago	3	More than a year ago	4	Never							
1	In the past 30 days																	
2	1 to 12 months ago																	
3	More than a year ago																	
4	Never																	
38	osu7_1 Show the field ONLY if: [cur_csmk_1] = '1'	Would you say that you are...?	radio, Required <table><tr><td>0</td><td>Very addicted to cigarettes</td></tr><tr><td>1</td><td>Somewhat addicted to cigarettes</td></tr><tr><td>2</td><td>Not at all addicted to cigarettes</td></tr><tr><td>3</td><td>I don't know</td></tr></table> Custom alignment: LV	0	Very addicted to cigarettes	1	Somewhat addicted to cigarettes	2	Not at all addicted to cigarettes	3	I don't know							
0	Very addicted to cigarettes																	
1	Somewhat addicted to cigarettes																	
2	Not at all addicted to cigarettes																	
3	I don't know																	
39	osu14_1 Show the field ONLY if: [cur_can_1] = '1' or [cur_can_1] = '2' or [cur_can_1] = '3'	In what ways have you ever used cannabis (a joint, pot, weed, marijuana, hash or hash oil)? Check all that apply.	checkbox <table><tr><td>1</td><td>osu14_1__1</td><td>Vaped it in a herbal vapourizer</td></tr><tr><td>2</td><td>osu14_1__2</td><td>Vaped it in an e-cigarette</td></tr><tr><td>3</td><td>osu14_1__3</td><td>Smoked a joint, bong, pipe or blunt</td></tr><tr><td>4</td><td>osu14_1__4</td><td>Eaten it in food (e.g., brownies, cake, cookies, etc.)</td></tr><tr><td>5</td><td>osu14_1__5</td><td>Used it in another way (please specify)</td></tr></table> Custom alignment: LV	1	osu14_1__1	Vaped it in a herbal vapourizer	2	osu14_1__2	Vaped it in an e-cigarette	3	osu14_1__3	Smoked a joint, bong, pipe or blunt	4	osu14_1__4	Eaten it in food (e.g., brownies, cake, cookies, etc.)	5	osu14_1__5	Used it in another way (please specify)
1	osu14_1__1	Vaped it in a herbal vapourizer																
2	osu14_1__2	Vaped it in an e-cigarette																
3	osu14_1__3	Smoked a joint, bong, pipe or blunt																
4	osu14_1__4	Eaten it in food (e.g., brownies, cake, cookies, etc.)																
5	osu14_1__5	Used it in another way (please specify)																

	40	osu14_1other Show the field ONLY if: [osu14_1(5)] = '1'	In what other ways have you ever used cannabis (a joint, pot, weed, marijuana, hash or hash oil)?	text Custom alignment: LV										
	41	osu16_ecig_1	How many of your closest friends use e-cigarettes or vaping devices?	radio <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Some</td></tr><tr><td>3</td><td>Most</td></tr><tr><td>4</td><td>I don't know</td></tr></table> Custom alignment: LV	1	None	2	Some	3	Most	4	I don't know		
1	None													
2	Some													
3	Most													
4	I don't know													
	42	osu16_can_1	How many of your closest friends use cannabis (e.g., weed, pot, marijuana, hash)?	radio <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Some</td></tr><tr><td>3</td><td>Most</td></tr><tr><td>4</td><td>I don't know</td></tr></table> Custom alignment: LV	1	None	2	Some	3	Most	4	I don't know		
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2	Some													
3	Most													
4	I don't know													
	43	kab3_1	How much do you agree or disagree with this statement? "Vaping is less harmful to one's health than cigarettes."	radio <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Somewhat agree</td></tr><tr><td>3</td><td>Somewhat disagree</td></tr><tr><td>4</td><td>Strongly disagree</td></tr><tr><td>5</td><td>I don't know</td></tr></table> Custom alignment: LV	1	Strongly agree	2	Somewhat agree	3	Somewhat disagree	4	Strongly disagree	5	I don't know
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2	Somewhat agree													
3	Somewhat disagree													
4	Strongly disagree													
5	I don't know													
	44	health	Questions about your health	descriptive										
	45	ghealth_1	In general, would you say your overall HEALTH is ...?	radio <table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>4</td><td>Fair</td></tr><tr><td>5</td><td>Poor</td></tr></table> Custom alignment: LV	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent													
2	Very good													
3	Good													
4	Fair													
5	Poor													
	46	mhealth1_1	In general, would you say your overall MENTAL HEALTH is ...?	radio <table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>4</td><td>Fair</td></tr><tr><td>5</td><td>Poor</td></tr></table> Custom alignment: LV	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent													
2	Very good													
3	Good													
4	Fair													
5	Poor													
	47	svc_mood	In general, would you say your MOOD on most days is ...?	radio <table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>4</td><td>Fair</td></tr><tr><td>5</td><td>Poor</td></tr></table> Custom alignment: LV	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent													
2	Very good													
3	Good													
4	Fair													
5	Poor													

48	svc_cravings	Thinking about your vaping and how it makes you feel, how often would you say you experience cravings to vape?	radio <table><tr><td>1</td><td>Daily or almost daily</td></tr><tr><td>2</td><td>Less than daily, but at least once a week</td></tr><tr><td>3</td><td>Less than weekly, but at least once a month</td></tr><tr><td>4</td><td>Less than monthly</td></tr><tr><td>5</td><td>Not at all</td></tr><tr><td>6</td><td>I don't know</td></tr></table> Custom alignment: LV	1	Daily or almost daily	2	Less than daily, but at least once a week	3	Less than weekly, but at least once a month	4	Less than monthly	5	Not at all	6	I don't know														
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3	Less than weekly, but at least once a month																												
4	Less than monthly																												
5	Not at all																												
6	I don't know																												
49	pstress_1	Thinking about the amount of stress in your life, would you say that most of your days are...?	radio <table><tr><td>1</td><td>Not at all stressful</td></tr><tr><td>2</td><td>Not very stressful</td></tr><tr><td>3</td><td>A bit stressful</td></tr><tr><td>4</td><td>Quite a bit stressful</td></tr><tr><td>5</td><td>Extremely stressful</td></tr></table> Custom alignment: LV	1	Not at all stressful	2	Not very stressful	3	A bit stressful	4	Quite a bit stressful	5	Extremely stressful																
1	Not at all stressful																												
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4	Quite a bit stressful																												
5	Extremely stressful																												
50	dem_intro	Only eight questions left - thanks for sticking with it!	descriptive																										
51	age	How old are you? Please enter the number.	text (number), Required Custom alignment: LV																										
52	encourage2	Section Header: These are the last six (6) questions.	descriptive																										
53	country	Where do you live?	radio, Required <table><tr><td>1</td><td>Canada</td></tr><tr><td>2</td><td>United States</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Canada	2	United States	3	Other																				
1	Canada																												
2	United States																												
3	Other																												
54	province Show the field ONLY if: [country] = '1'	Which province or territory do you live in?	radio, Required <table><tr><td>1</td><td>Ontario</td></tr><tr><td>2</td><td>Alberta</td></tr><tr><td>3</td><td>British Columbia</td></tr><tr><td>4</td><td>Manitoba</td></tr><tr><td>5</td><td>New Brunswick</td></tr><tr><td>6</td><td>Newfoundland and Labrador</td></tr><tr><td>7</td><td>Nova Scotia</td></tr><tr><td>8</td><td>Prince Edward Island</td></tr><tr><td>9</td><td>Quebec</td></tr><tr><td>10</td><td>Saskatchewan</td></tr><tr><td>11</td><td>Northwest Territories</td></tr><tr><td>12</td><td>Nunavut</td></tr><tr><td>13</td><td>Yukon</td></tr></table> Custom alignment: LV	1	Ontario	2	Alberta	3	British Columbia	4	Manitoba	5	New Brunswick	6	Newfoundland and Labrador	7	Nova Scotia	8	Prince Edward Island	9	Quebec	10	Saskatchewan	11	Northwest Territories	12	Nunavut	13	Yukon
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55	postal_code	Section Header: What is your postal code?	text, Required Custom alignment: LV																										
56	gender	Section Header: What term(s) do you use to describe your current gender identity (e.g., woman, man, gender fluid, trans, two-spirit, non-binary)?	text Custom alignment: LV																										
57	sexorient	Section Header: What term(s) do you use to describe your current sexual orientation (e.g., lesbian, gay, straight, bisexual)?	text Custom alignment: LV																										

58	race	<p>Section Header:</p> <p>Which of the following best describes your background? Check all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>race__1</td><td>Black (e.g., African, Caribbean, North American)</td></tr> <tr><td>2</td><td>race__2</td><td>Chinese</td></tr> <tr><td>3</td><td>race__3</td><td>Filipino</td></tr> <tr><td>4</td><td>race__4</td><td>Indigenous (e.g., First Nations, Inuk/Inuit, Métis)</td></tr> <tr><td>5</td><td>race__5</td><td>Japanese</td></tr> <tr><td>6</td><td>race__6</td><td>Korean</td></tr> <tr><td>7</td><td>race__7</td><td>Latin American, Central American, South American (e.g., Mexican, Brazilian, Chilean, Guatemalan, Venezuelan, Colombian, Argentinian, Salvadoran, Costa Rican)</td></tr> <tr><td>8</td><td>race__8</td><td>Southeast Asian (e.g., Vietnamese, Cambodian, Indonesian, Malaysian, Laotian)</td></tr> <tr><td>9</td><td>race__9</td><td>South Asian (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan)</td></tr> <tr><td>10</td><td>race__10</td><td>West Asian or Arab (e.g., Egyptian, Saudi Arabian, Syrian, Iranian, Iraqi, Afghan,)</td></tr> <tr><td>11</td><td>race__11</td><td>White (e.g., British, French, Italian, Portuguese, German, Ukrainian, Russian)</td></tr> <tr><td>12</td><td>race__12</td><td>Another background</td></tr> <tr><td>13</td><td>race__13</td><td>Not sure</td></tr> <tr><td>14</td><td>race__14</td><td>Prefer not to say</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "14"</p>	1	race__1	Black (e.g., African, Caribbean, North American)	2	race__2	Chinese	3	race__3	Filipino	4	race__4	Indigenous (e.g., First Nations, Inuk/Inuit, Métis)	5	race__5	Japanese	6	race__6	Korean	7	race__7	Latin American, Central American, South American (e.g., Mexican, Brazilian, Chilean, Guatemalan, Venezuelan, Colombian, Argentinian, Salvadoran, Costa Rican)	8	race__8	Southeast Asian (e.g., Vietnamese, Cambodian, Indonesian, Malaysian, Laotian)	9	race__9	South Asian (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan)	10	race__10	West Asian or Arab (e.g., Egyptian, Saudi Arabian, Syrian, Iranian, Iraqi, Afghan,)	11	race__11	White (e.g., British, French, Italian, Portuguese, German, Ukrainian, Russian)	12	race__12	Another background	13	race__13	Not sure	14	race__14	Prefer not to say
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59	<p>race_other</p> <p>Show the field ONLY if: [race(12)] = '1'</p>	Please specify your background.	<p>text</p> <p>Custom alignment: LV</p>																																										
60	yob	<p>Section Header:</p> <p>What year were you born?</p>	<p>dropdown</p> <table border="1"> <tr><td>2009</td><td>2009</td></tr> <tr><td>2008</td><td>2008</td></tr> <tr><td>2007</td><td>2007</td></tr> <tr><td>2006</td><td>2006</td></tr> <tr><td>2005</td><td>2005</td></tr> <tr><td>2004</td><td>2004</td></tr> <tr><td>2003</td><td>2003</td></tr> <tr><td>2002</td><td>2002</td></tr> <tr><td>2001</td><td>2001</td></tr> <tr><td>2000</td><td>2000</td></tr> <tr><td>1999</td><td>1999</td></tr> <tr><td>1998</td><td>1998</td></tr> <tr><td>1997</td><td>1997</td></tr> <tr><td>1996</td><td>1996</td></tr> <tr><td>1995</td><td>1995</td></tr> <tr><td>1994</td><td>1994</td></tr> <tr><td>1993</td><td>1993</td></tr> <tr><td>1992</td><td>1992</td></tr> </table>	2009	2009	2008	2008	2007	2007	2006	2006	2005	2005	2004	2004	2003	2003	2002	2002	2001	2001	2000	2000	1999	1999	1998	1998	1997	1997	1996	1996	1995	1995	1994	1994	1993	1993	1992	1992						
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	61	age_year	Calculated Age (years)	calc Calculation: 2021-[yob] Custom alignment: LV Field Annotation: @HIDDEN																												
	62	age_confirmed	Age (Confirmed)	calc Calculation: [age_year] - [age] Custom alignment: LV Field Annotation: @HIDDEN																												
	63	eligibility	Eligibility	calc Calculation: if ([[age_confirmed] = "0" or [age_confirmed] = "1"), 1, 0) Custom alignment: LV Field Annotation: @HIDDEN																												
	64	end	YOU ARE FINISHED! You're ready for the Stop Vaping Challenge. Good luck! You're going to crush it.	descriptive																												
	65	baseline_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																						
0	Incomplete																															
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