*From the* ***Tobacco Prevention Toolkit***[www.tobaccopreventiontoolkit.stanford.edu](http://www.tobaccopreventiontoolkit.stanford.edu)

*Distributed by the  
Indiana State Department of Health   
  
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**Pre-Assessment**

1. **If I take time to plan when to vape, how to pay for it, where to get it, do it first thing in the morning, leave class to do it – my brain might be:**
   1. Good at planning
   2. Addicted
   3. Manipulated by big tobacco
   4. Aerosolized
2. **Which of these increase the addictiveness of a cigarette and an e-cigarette/vape:** 
   1. Sugar
   2. High levels of nicotine
   3. Flavors
   4. All of the above
3. **Why might someone start feeling intense withdrawal symptoms after using a JUUL for a short period of time?**
   1. The nicotine in 1 pod is close to 2 packs of cigarettes
   2. Because they are craving the flavors
   3. Their pleasure pathway is weaker than others
   4. The person may just be anxious in general
4. **Which of the following is NOT true of how vaping affects your body?**
   1. Flavors and other chemicals impair lung function
   2. The aerosol causes arteries to harden and increases blood pressure
   3. They are healthy for adults
   4. Nicotine turns your brain against you
5. **Besides youth, what other vulnerable group has big tobacco targeted with the use of menthol flavored tobacco/nicotine products?**
   1. Women
   2. African Americans
   3. Elderly
   4. Athletes

**“Where Are You At?” (Part 1)**

1. **When was the last time you used e-cigs/vapes/JUULS?**

\_\_\_in the past 7 days

\_\_\_8 – 30 days ago

\_\_\_ more than 30 days ago

1. **How often do you use e-cigs/vapes/JUULS (please check)**

\_\_\_every weekend

\_\_\_several times/week

\_\_\_every day

\_\_\_ several times/day

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

\_\_\_no

\_\_\_yes

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

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

\_\_\_mod-based

\_\_\_vape pens

\_\_\_don’t know

1. **If using pod-based e-cigs/vapes, such as JUULS, 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-cigs/vapes/JUULS?**

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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-cigs/vape/JUUL usage? Circle below.**

Not Ready

Very Ready

1

2

3

4

5

6

7

8

9

10

**“Where Are You At?” (Part 2)**

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-cigs/vape/JUUL usage? Circle below.**

Not Ready

Very Ready

1

2

3

4

5

6

7

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9

10

1. **What sentence best describes where you are at now with regards to changing your e-cig/vape/JUUL usage? (circle one)**
   1. Not interested in making any changes.
   2. I may consider cutting back
   3. I want to cut back
   4. I want to quit
2. **One goal I have for myself in the next 30 days is…**

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1. **Help I may need to accomplish that goal is…**

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**Post Assessment**

1. **If I take time to plan when to vape, how to pay for it, where to get it, do it first thing in the morning, leave class to do it – my brain might be:**
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   3. They are healthy for adults
   4. Nicotine turns your brain against you
5. **Besides youth, what other vulnerable group has big tobacco targeted with the use of menthol flavored tobacco/nicotine products?**
   1. Women
   2. African-Americans
   3. Elderly
   4. Athletes
6. **In this presentation today (choose one)**
   1. I learned nothing new
   2. I learned some new information
   3. I learned a lot of new information
7. **On a scale from 1 to 10 (where 1 means not useful at all and 10 means very useful), how useful did you find today’s presentation?**

Not Useful at All

Very Useful

1

2

3

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1. **If I could suggest one thing about the presentation today to have made it better, it would have been**…

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