Vaping Assessment

Name: ________________________________  Age: __________

**Instruction:** Listed below are various questions used to assess vaping and nicotine dependence: specifically for the past 12 months. Please answer the questions as truthfully as possible. The questions are asked on a 5-point Likert scale ranging from Never to Always.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. I often vape in places I should not (School, Restaurants, and church)?
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always

2. When I am unable to vape, I find myself becoming irritable, cranky, mean, or short-tempered?
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always

3. I vape first thing in the morning.
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always

4. I experience cravings for my vape.
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always

5. I can’t go days without my vape.
   a. Never
b. Rarely  
c. Sometimes  
d. Often  
e. Always

6. I use other substances while vaping. (Weed, Alcohol, Adderall, Pills, Etc.)
   a. Never  
b. Rarely  
c. Sometimes  
d. Often  
e. Always

7. Vaping has affected my schooling. (Grades, detention, focus)
   a. Never  
b. Rarely  
c. Sometimes  
d. Often  
e. Always

8. My vaping leads me to engage in risky behaviors. (Stealing, school suspension, experimentation with other substances, distracted driving etc.)
   a. Never  
b. Rarely  
c. Sometimes  
d. Often  
e. Always

9. I feel guilty for vaping.
   a. Never  
b. Rarely  
c. Sometimes  
d. Often  
e. Always

10. I lost friends due to my vaping.
    a. Never  
b. Rarely  
c. Sometimes  
d. Often  
e. Always

11. My vaping has created a strain in my family.
12. I have had appetite changes since starting vaping.
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always

13. My vaping has caused me physical discomfort. (Stomach pain, severe cough, sore throat, etc.)
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always

14. I feel like I need to vape more now to get the same effect as I did when I first started.
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always

15. I have tried to stop vaping but failed.
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always

16. When I run out of my vape products (juice, pods, vape) I replaced them as soon as possible.
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. Always
Semi Structured Feedback form

1. What questions do you dislike and why?

2. What questions do you like and why?

3. If you were creating this assessment, what questions would you ask?

4. Any other advice or opinions?
Scoring Vape Assessment

For this assessment, you are able to receive a total vaping score and 4 subscales scores (social impairment, risky use, tolerance/withdrawal and impaired control). This total score indicates overall nicotine or vape dependency. The total score can also indicate severity, ranging from mild problems to severe problems.

**Total Score:** add up all questions to receive total scores. (Q1+Q2+Q3+Q4+Q5.......)

**Subscales:**

Social Impairment: 7, 10,11

Risky Use: 1,8,6

Tolerance/Withdrawal:2,12,13,14

Impaired Control: 3,4,5,15

**Missing data:** If a client leaves an item blank, you can still add up the total score ignoring the blank question. When discussing results, you should directly ask the client about the blank questions.

**Severity Levels:**

**Total Score:**
Mild: 15 to 29
Moderate: 30 to 49
Severe: 50 to 64

**Social Impairment & Risky Use:**
Mild: 4 to 6
Moderate: 7 to 9
Severe: 10 to 12

**Withdrawal/Tolerance & Impaired Control**
Mild: 5 to 8
Moderate: 9 to 12
Severe: 13 to 16