

VAPING SELF ASSESSMENT



**Sometimes It's hard to recognize when you have a problem.
Answer these questions to find out if vaping has become
problematic for you.**

1. What do you typically vape (nicotine, CBD, THC)? _____
2. How often do you usually vape? (assume one “time” consists of around 15 puffs, or lasts around 10 minutes) _____ times per day
3. On days that you can vape freely, how soon after you wake up do you vape?
_____ minutes
4. Do you sometimes wake up at night to vape? Yes No
5. If yes, how many nights per week do you typically wake up to vape? _____
nights
6. Is it hard to keep from vaping in places where you are not supposed to? Yes No
7. Do you ever have strong cravings to vape? Yes No
8. Over the past week, how strong have the urges to vape been? (circle one): No
urges, Slight, Moderate, Strong, Very Strong, Extremely Strong
9. Are you currently vaping because it is really hard to quit? Yes No
10. Have you made one or more quit attempts in the past 6 months? Yes No

When you haven't vaped for a while... OR when you tried to stop vaping...

1. Did you feel more irritable because you couldn't vape? Yes No
2. Did you feel nervous, restless or anxious when you run out of juice, or can't vape?
Yes No

**If you answered yes to one or more of these questions, vaping
may have become problematic for you.**

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