

VAPE CHECK



Name

Service Number

Date

Ready to cut back or give up vaping? Understanding your vaping habits, motivations, and challenges will help you to set realistic and achievable goals, giving you the best possible chance at quitting.

1 In the past 3 months, how often have you vaped?

- A few times a month
- A few times a week
- Daily/almost daily

What age/year did you first start vaping?

Why did you start vaping?

What nicotine concentration do you use?

How much e-liquid does your vape hold?

How often does your vape run out of e-liquid?

How does alcohol consumption affect your vape use?

- Stays the same
- Decreases
- Increases

When do you notice a change in your vape use? E.g. smoko breaks, late evenings, social events, being around certain people, in the field, on a ship?

I vape more when...

I vape less when...

*“When I saw people with obstructive airway disease on ambo shift, it made me scared. So I quit”
Jess, medic*

*“I was always getting sick with colds and flu. I’ve had a lot less since stopping vaping”
P, Infantry Soldier*

COMMIT TO QUIT VAPING

Kia kaha, you’ve got this

2 The following questions will help us understand if you are becoming dependent on nicotine (tick all that apply)

- Have you ever tried to stop vaping, but couldn't?
- Do you need to vape if you're feeling stressed?
- Do you ever have strong cravings/urges to vape?
- Is it hard to keep from vaping in places where you are not supposed to, such as inside barracks, the office, a NZDF vehicle, or during tactical exercises?
- Do you find it hard to concentrate, or do you get anxious, restless, or irritable if you haven't vaped in a while?
- Do you feel stressed if you can't find your vape or it runs out?
- If you run out of e-liquid or use disposable vapes, will you continue to vape even if it tastes burnt?

Answering yes to any of these may indicate nicotine dependence.

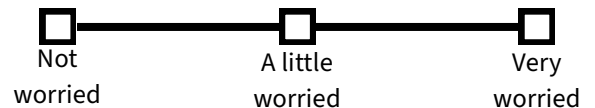
3 What do you like about vaping? E.g. I find it relaxing, I like the taste, it's something to look forward to.

What do you not like about vaping? E.g. I get sick a lot, I leave social or work situations early so I can vape.

4 How worried are you about your vaping?



How worried are your whānau and friends about your vaping?



When you wake up, how long is it before you have your first vape?

Is your vaping affecting your work output?



What would you like to do about your vaping?

- Quit
- Cut back
- Nothing right now

If you want to cut back or quit, how confident are you that you can make it happen?

