

Vaping Self-Assessment

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...

11. Did you feel more irritable because you couldn't vape? Yes No
12. 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 questions, it could mean that vaping has become problematic for you.

If you are concerned about some of the questions listed above, please contact the UCSB Alcohol and Drug Program for a *free* and *confidential* appointment with one of our counselors. Additional resources about drugs can be found on the Alcohol & Drug Program website.

UCSB Alcohol and Drug Program

Phone: (805) 893-5013

Email: alcohol@sa.ucsb.edu

Website: <http://alcoholpl.sa.ucsb.edu>