

Supplemental file 2

Effect of COVID-19 pandemic on cigarette smoking and electronic vaping among adolescents: a Cross-

Sectional analytical Study

You are invited to answer this questionnaire, which aims to identify the use of electronic cigarettes and cigarettes before and during the emerging coronavirus. Participation in the survey is not mandatory, and if you want to participate, answer the questions in the approval section. You can stop at any time by leaving the survey or closing the browser. The survey takes about 8-10 minutes. The data will be kept confidential and secure and can only be accessed by the research team.

For children under 18 years old, guardian consent is required, after which, the questionnaire can be given to the son / daughter to answer the questions themselves.

Age: <input type="checkbox"/> 11-14 <input type="checkbox"/> 15-17 <input type="checkbox"/> 18-23				
I confirm that I have read and understood the information section of the participants in the current study. And I had the opportunity to absorb Information, asking questions and answering them satisfactorily. I know that my participation is voluntary and that I am free to end my participation at any time by closing the survey or web browser without Showing any reason.				
I agree to participate in this survey <input type="checkbox"/> Yes <input type="checkbox"/> No				
I am the parent of the son / daughter: I confirm that I have read and understood the information for the participants in the current study. I know that my son / daughter's participation is voluntary and that he is free to end his participation at any time by closing the survey or the web browser without giving any reason.				
Do you agree to participate in this questionnaire? <input type="checkbox"/> Agree <input type="checkbox"/> Disagree				
Part I: Demographic and personal information:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of residence? -----		Do you have any medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your level of education <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary\Intermediate <input type="checkbox"/> High school <input type="checkbox"/> University degree and higher	Maternal education <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary\Intermediate <input type="checkbox"/> High school <input type="checkbox"/> University degree and higher		Paternal education <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary\Intermediate <input type="checkbox"/> High school <input type="checkbox"/> University degree and higher	
Number of household members	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> ≥10		
Number of bedrooms (except the kitchen and bathrooms)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> ≥10		
Part II: COVID-19 psychological effect and infection:				
Have you been infected with COVID-19			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been suspected to be infected with COVID-19			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have anyone of your family members or friend been infected with COVID-19			<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. During the last 2 weeks, how often you were anxious of the following	Not at all	Several days	More than half the days	Nearly Every day
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				

Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				
Part III: smoking/ Vaping				
A. Environmental tobacco and vaping distribution				
Are the following regular cigarette smokers, please select?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Close friends <input type="checkbox"/> None			
What is the percentage of your friends who are regular cigarette smokers?	<input type="checkbox"/> Non <input type="checkbox"/> <25% <input type="checkbox"/> 25%-50% <input type="checkbox"/> >50%			
How often does anyone smoke inside your home?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less Than Monthly <input type="checkbox"/> Never			
Are the following electronic cigarette user, please select?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Close friends <input type="checkbox"/> None			
What is the percentage of your friends who are electronic cigarette users?	<input type="checkbox"/> None <input type="checkbox"/> <25% <input type="checkbox"/> 25-50% <input type="checkbox"/> >50%			
How often does anyone use electronic cigarette inside your home?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less Than Monthly <input type="checkbox"/> Never			
B. Smoking\electronic cigarettes characteristics During COVID-19				
Do you smoke cigarettes? <input type="checkbox"/> Current smoker <input type="checkbox"/> Former smoker <input type="checkbox"/> Never	Who introduced you to regular cigarette? <input type="checkbox"/> Parents <input type="checkbox"/> friends <input type="checkbox"/> media/social media <input type="checkbox"/> advertisements <input type="checkbox"/> other <input type="checkbox"/> None			
number of cigarette/ day: <input type="checkbox"/> <5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> >25	What is the frequency of using cigarettes? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> less than monthly			
How did the smoking habits change during COVID-19? <input type="checkbox"/> Less than before COVID-19 <input type="checkbox"/> Same as before COVID-19 <input type="checkbox"/> More than before COVID-19	Did your frequency of night smoking increase after COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you use electronic cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who introduced you to electronic cigarette? <input type="checkbox"/> Parents <input type="checkbox"/> friends <input type="checkbox"/> media/social media <input type="checkbox"/> advertisements <input type="checkbox"/> other <input type="checkbox"/> None			
number of e electronic cigarettes per day <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	number of vaping puffs per use <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> ≥10			
What is the frequency of using electronic cigarettes? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> less than monthly				
How did your use of electronic cigarettes change during COVID-19? <input type="checkbox"/> More than before COVID-19 <input type="checkbox"/> Same as before COVID-19 <input type="checkbox"/> Less than before COVID-19	Did your use of night-time electronic cigarettes increase? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C. Attitude toward electronic cigarette and knowledge to its harmful effect				
Do you think electronic cigarette help one to quit cigarette smoking?	<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree			
Can electronic cigarettes cause addiction?	<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree			
Should electronic cigarettes be prohibited for children below 18 years?	<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree			
Are electronic cigarettes users more likely to be infected with COVID-19?	<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree			
Are electronic cigarettes users more likely to have more severe symptoms of COVID-19 if infected?	<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree			
Can electronic cigarettes be used in the treatment of COVID-19?	<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree			
Do you think smoking\vaping can reduce anxiety caused by COVID-19?	<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree			
Does electronic cigarettes have a harmful effect on the body?	<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree			

Do you think you have the power to control your actions?		<input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree
Do you have any of the following symptoms?		
<input type="checkbox"/> None <input type="checkbox"/> Teeth discoloration <input type="checkbox"/> Dental caries <input type="checkbox"/> Gum inflammation <input type="checkbox"/> White lesion	<input type="checkbox"/> Hairy tongue <input type="checkbox"/> Taste alteration <input type="checkbox"/> Vomiting/Nausea <input type="checkbox"/> Oral ulcers	<input type="checkbox"/> Mouth dryness <input type="checkbox"/> Mouth airway irritation <input type="checkbox"/> Cancer