

## Supplementary file, Appendix 1

### 1. About you:

You are:  A woman  A man

Your age: |\_\_| |\_\_| years

Occupation:

Student  Actif  Retired  Unemployed  Other:

Your surgery is:

Endoscopy (gastroscopy or colonoscopy)  Orthopedics  Digestive  Urology   
Gynecology  ENT  Ophthalmology  Dentistry  Obstetrics  
 Neurosurgery  Plastic  Thoracic Vascular  Cardiac  
 Interventional Radiology  Other (.....)

About your hospitalization:

Outpatient (entered this morning)

Hospitalized

### 2. Regarding nicotine cigarette and / or the electronic cigarette, you are:

1:  No smoking (neither nicotine cigarette nor e-cigarette)

(The questionnaire is completed, thank you for your participation)

2:  Former smoker (nicotine cigarette not e-cigarette).

You have stopped smoking for how many years |\_\_| |\_\_|

(The questionnaire is completed, thank you for your participation)

3:  E-cigarette and former smoker (you only consume e-cigarette)

Do you consume e-cigarette last night:  yes  no

Do you consume e-cigarette this morning:  yes  no

(Please turn the page and go to question 3)

4:  Smoking without consume e-cigarette:

Have you smoked last night:  yes  no

Did you smoke this morning:  yes  no

(Please turn the page and go to question 4)

5:  Smoking nicotine cigarette and e-cigarette (daily or occasionally)

Have you smoked nicotine cigarette last night:  yes  no

Have you smoked e-cigarette last night:  yes  no

Have you smoked nicotine cigarette this morning:  yes  no

Have you smoked e-cigarette this morning:  yes  no

(Please turn the page and go to question 3 and 4)

### 3. If you use the electronic cigarette (e-cigarette)

Before consume, how long have you smoked nicotine cigarette? |\_\_| |\_\_| years

How long do you use the electronic cigarette: |\_\_| |\_\_| years

How do you use the electronic cigarette:  daily  occasionally

Do you smoke nicotine cigarette while consume e-cigarette?  Yes  no

For the day of your surgery:

- Your surgeon or the anesthesiologist gave you instructions about your e-cigarette use?

Yes  no

- Does you were advised not consume e-cigarette before the operation this morning?

Yes  no

What electronic cigarette you use dosage:

Do not know       6 mg       11/12 mg       16/19 mg

How to recharge or volume you use per week? |\_\_| |\_\_| recharge or mL

### 4. If you smoke nicotine cigarette

- How many years have you smoked? |\_\_| |\_\_| years

- Have you had preoperative instructions on tobacco by the surgeon or the anesthesiologist:  Yes

no

- You has been advised to stop smoking?  Yes  no

If so how many days before the operation |\_\_| |\_\_| days

If so, have you managed to stop smoking?  Yes  no (failed)

- You got your advised to follow a program stop or reduce smoking?

Yes  no