1. About you:

You are:  □ A woman  □ A man
Your age: I__I I__I 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 I__ __I
(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? I__I I__I years
How long do you use the electronic cigarette? I__I I__I 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? I__I I__I recharge or mL

4. If you smoke nicotine cigarette
- How many years have you smoked? I__I I__I 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 I__I I__I 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

© 2019 Gricourt Y. et al.