## **Supplemental file 1: Coding Scheme for Tweets**

Manual annotation of Tweets: The following coding scheme was used for binary classification of whether the tweet discussed nicotine sickness (including first-hand or second-hand experiences), intentional overconsumption of nicotine, intent to quit, mention of product type/brand, or withdrawal symptoms not related to nicotine sickness.

THEME/SUB-THEME	SIGNAL	CODING SCHEME
Nicotine Sickness Symptom Reporting (First-hand/Second- hand)	YES	<ul> <li>Mention of specific nicotine sickness symptoms such as vomiting, nausea, headache, burning sensation in throat, fatigue (varied severity) during or after nicotine use.</li> <li>Reporting nicotine sickness symptoms of self or friends/family/neighbors (mention of relationship, tagging the profile of other users).</li> <li>Reporting visiting clinic/urgent care/ER or hospitalization for alleged nicotine sickness symptoms.</li> <li>Users seeking suggestions on overcoming nicotine sickness symptoms.</li> </ul>
	NO	<ul> <li>Tweeting news posts related to nicotine sickness.</li> <li>Tweets on nicotine sickness symptoms by users or public health organizations to create awareness about nicotine sickness.</li> <li>Nicotine sickness due to exposure in tobacco fields.</li> <li>Tweets unrelated to nicotine sickness using the hashtag "nic sick".</li> <li>Sarcasm/jokes about nicotine sickness.</li> </ul>
a. Intentional overconsumption of nicotine	YES	Reporting intentional use of nicotine over and above one's tolerance level to experience "nicbuzz".

b. Intent to quit	YES	Users discussing nicotine sickness symptoms and an alleged intent to quit nicotine use due to unpleasant adverse effect.
c. Mention of product type/brand	YES	Users discussing nicotine sickness symptoms during or after use of a specific nicotine product or brand (e.g., JUUL, Puff Bar etc.,)
d. Withdrawal symptoms (not related to nicotine sickness)	YES	Users discussing varied symptoms or adverse effects associated with nicotine withdrawal.

 $<sup>^{\</sup>circ}$  2022 Purushothaman V. et al.