



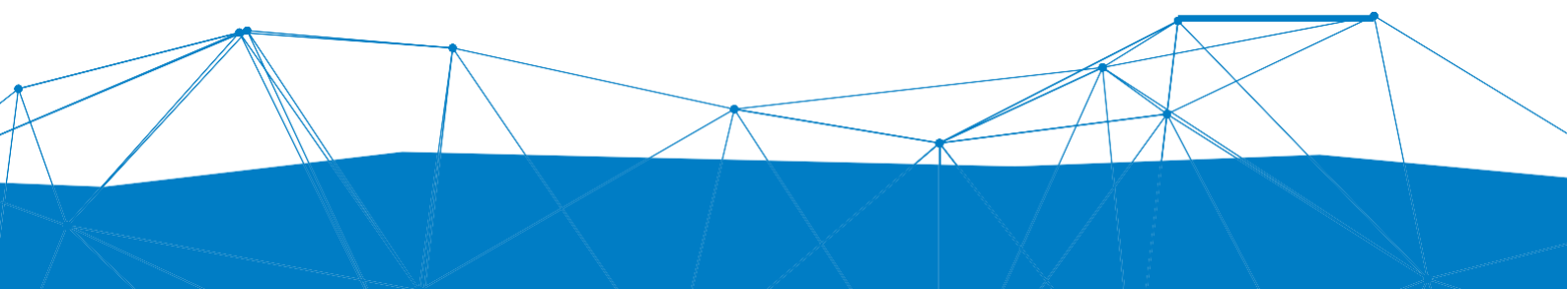
### **Supplementary file**

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## Supplementary 1

| No. | Question                                                                       | Response options                                                                                                                                                                                                                                                                                                 |
|-----|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1   | Sex?                                                                           | <input type="radio"/> Male<br><input type="radio"/> Female<br><input type="radio"/> Other                                                                                                                                                                                                                        |
| 2   | Year of birth                                                                  | _____ (calendar year)                                                                                                                                                                                                                                                                                            |
| 3   | What year of university study are you currently in?                            | <input type="radio"/> Year 1<br><input type="radio"/> Year 2<br><input type="radio"/> Year 3<br><input type="radio"/> Year 4<br><input type="radio"/> Final year/Other (specify): _____                                                                                                                          |
| 4   | What is your field/major of study?                                             |                                                                                                                                                                                                                                                                                                                  |
| 5   | Who are you currently living with?                                             | <input type="radio"/> Both parents<br><input type="radio"/> Mother or father<br><input type="radio"/> Relatives<br><input type="radio"/> In a dormitory/rented accommodation<br><input type="radio"/> Other (specify): _____                                                                                     |
| 6   | Survey location                                                                | <input type="radio"/> Hanoi<br><input type="radio"/> Ho Chi Minh<br><input type="radio"/> Hue<br><input type="radio"/> Da Nang                                                                                                                                                                                   |
| 7   | Have you ever smoked conventional cigarettes?                                  | <input type="radio"/> Never<br><input type="radio"/> Ever smoked (even a few puffs or smoked occasionally)<br><input type="radio"/> Currently smoke conventional cigarettes (occasionally or regularly)                                                                                                          |
| 8   | Do any people around you use conventional cigarettes? (Select all that apply.) | <input type="checkbox"/> Father <input type="checkbox"/> Mother<br><input type="checkbox"/> Sibling(s) <input type="checkbox"/> Dormitory/roommate(s)<br><input type="checkbox"/> Classmate(s) <input type="checkbox"/> Close friend(s)<br><input type="checkbox"/> No one <input type="checkbox"/> Other: _____ |
| 9   | Have you ever used an e-cigarette (EC)?                                        | <input type="radio"/> Ever tried (even a few puffs or occasional use)<br><input type="radio"/> Currently use (occasionally or regularly)<br><input type="radio"/> Never                                                                                                                                          |
| 10  | Have you ever used a heated tobacco product (HTP)?                             | <input type="radio"/> Ever tried (even a few puffs or occasional use)<br><input type="radio"/> Currently use (occasionally or regularly)<br><input type="radio"/> Never                                                                                                                                          |
| 11  | Have you ever used an e-cigarette (EC)?                                        | <input type="radio"/> Ever tried (even a few puffs or occasional use)<br><input type="radio"/> Currently use (occasionally or regularly)<br><input type="radio"/> Never                                                                                                                                          |
| 12  | Have you ever used a heated tobacco product (HTP)?                             | <input type="radio"/> Ever tried (even a few puffs or occasional use)<br><input type="radio"/> Currently use (occasionally or regularly)<br><input type="radio"/> Never                                                                                                                                          |
| 13  | Do any people around you use e-cigarettes/HTPs? (Select all that apply.)       | <input type="checkbox"/> Father <input type="checkbox"/> Mother<br><input type="checkbox"/> Sibling(s) <input type="checkbox"/> Roommate(s)<br><input type="checkbox"/> Classmate(s) <input type="checkbox"/> Close friend(s)<br><input type="checkbox"/> No one <input type="checkbox"/> Other: _____           |

| No. | Question                                                                  | Response options                                      |
|-----|---------------------------------------------------------------------------|-------------------------------------------------------|
| 14  | During the past 30 days, have you seen advertising for e-cigarettes/HTPs? | <input type="radio"/> Yes<br><input type="radio"/> No |