

**Supplementary Material 1.** Questionnaire to assess the patient's vaping habit [9].

1- Do you vape? ( ☐ ) Yes ( ☐ ) No.

2- How long have you been vaping?: \_\_\_\_\_

3- Do you buy a specific brand of e-cigarette? ( ☐ ) Yes ( ☐ ) No.

If yes, which brand: \_\_\_\_\_

4- Do you use a rechargeable or disposable device?

( ☐ ) Rechargeable ( ☐ ) Disposable ( ☐ ) Both.

5- How long does the device last before you need to charge (in case of rechargeable) or buy a new device (in case of disposable)? :

\_\_\_\_\_

6- Do you know the volume of the capsule/device and/or the nicotine concentration of your device? : ( ☐ ) Yes ( ☐ ) No.

If yes, please inform the volume of the capsule/device and/or the nicotine concentration of your device:

\_\_\_\_\_

7- Do you use e-cigarettes with flavor? ( ☐ ) Yes ( ☐ ) No.

If yes, which two flavors do you buy the most? :

\_\_\_\_\_

8- If you use a disposable device, where do you dispose once it is over? (e.g.: regular, recyclable waste or specific waste for electronics):

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