

## INTERVIEW PROTOCOL

Hello, I am [interviewer]. Can I get to know your name? Nice to meet you.

Thank you for taking the time to participate in this interview. Your time is much appreciated.

My team and I are conducting research, aimed at comprehending vape addiction. We want to understand your experiences with how the addiction started, the factors leading to its continuation, and your tries to quit vaping. Your insights can contribute to a better understanding of this critical issue. Feel free to deny whenever you feel uncomfortable or are reluctant to answer any question.

I assure you that your anonymity will be respected and preserved. Would you be comfortable if I recorded our conversation for accuracy and reference purposes?

<b>General Work</b>	
<b>Let's start with knowing a little about yourself.</b>  <ol style="list-style-type: none"><li>1. Can you start by telling me a bit about yourself and your role within the firefighting or incident command community?</li><li>2. How long have you been involved in firefighting or incident command?</li><li>3. Can you describe a typical day or recent experience in your role?</li><li>4. How do you feel about the current tools and technologies available for incident command and firefighting?</li></ol>	
<b>Journey of vaping addiction</b>	
<b>I'd like to talk to you about your journey during vaping</b>  <ol style="list-style-type: none"><li>1. When did you start vaping?</li><li>2. What were you engaged (type of addiction or mindset) in while you started vaping?</li><li>3. What led you to start vaping in the first place?</li><li>4. Can you walk me through a typical day in terms of when and where you usually vape?</li><li>5. Have you noticed any kind of mood or behavioral changes after you started vaping?</li><li>6. Have you observed any other kinds of changes? If required, give options:<ol style="list-style-type: none"><li>a. Eating habits</li><li>b. Concentration levels</li></ol></li></ol>	

c. Memory loss	
<b>Digging deeper/Understanding better</b> (change title)	
<ol style="list-style-type: none"> <li>Have you been engaged in smoking cigarettes? <ol style="list-style-type: none"> <li>In your opinion, what sets vaping apart from cigarette smoking?</li> </ol> </li> <li>What is leading you to continue vaping? If required, <ol style="list-style-type: none"> <li>How strong does peer pressure play a role in your vaping habits?</li> <li>Do you feel stress-free after vaping?</li> <li>What effect do flavors have on your vaping habit?</li> </ol> </li> <li>Do you know about the consequences of vaping on your mental and physical health?</li> <li>Have you been through any such adverse health conditions?</li> <li>Have you tried to quit vaping?</li> </ol>	
<b>Quitting effort/journey</b>	
<ol style="list-style-type: none"> <li>Why did you decide to quit vaping?</li> <li>What kind of motivations (internal or external) did you have when you decided to quit vaping?</li> <li>What were the triggers that made it challenging to quit vaping?</li> <li>Can you talk about the coping techniques that you used while quitting?</li> <li>Did you seek any professional help?</li> <li>Knowing that relapses can be a natural part of the process, have you noticed any specific patterns of these cravings?</li> <li>Can you describe how you managed the cravings?</li> <li>Can you walk me through the milestones or rewards that you set for yourself in this journey (if any)?</li> </ol>	
<b>Professional Help</b>	
<ol style="list-style-type: none"> <li>When you need to discuss your addiction and work on overcoming it, who is your usual go-to person or support system?</li> <li>Have you consulted someone to overcome your addiction?</li> <li>Can you recall what insights you got from the conversation you had?</li> <li>Have you used any supplements that suppress</li> </ol>	

<p>your cravings while you were trying to quit?</p> <p>5. Did you try to track your daily usage, i.e. puff count?</p> <p>a. Do you try to track any other metrics that are related to vaping or its side effects?</p>	
<b>Reflection</b>	
<p>1. If you had to go back to the time you started vaping and were given an option, would you do it again?</p> <p>2. Can you describe the circumstances or situations where you find yourself most tempted to use vapes?</p> <p>3. How has vaping affected your daily life, relationships, or overall well-being?</p> <p>4. How do you envision your life without vaping? What positive changes do you expect to see?</p> <p>5. What advice or insights would you offer to others who are struggling with vape addiction?</p>	
<b>Ending Notes(Conclusion)</b>	
<p>a. Is there anything else I have not talked about, that you think I would be interested in knowing about?</p> <p>b. Is there anybody else whom you think I might be interested in talking to? (Or who might be interested in talking to me...)</p>	