

## Lung Injury Associated with E-cigarette Use or Vaping – Washington State Patient Interview Guide

### **INTERVIEWER & PATIENT INFORMATION** (To be completed by interviewer prior to questionnaire administration)

Case ID Number \_\_\_\_\_ Medical Record Number \_\_\_\_\_  
Case status  Probable  Confirmed Died?  Yes  No If yes, date of death \_\_\_\_\_  
Was patient hospitalized?  Yes  No If yes, hospitalization date \_\_\_\_\_ Discharge date \_\_\_\_\_  
Date reported to public health department \_\_\_\_\_ Name of Public Health Department \_\_\_\_\_  
Person completing form \_\_\_\_\_ Contact phone number: \_\_\_\_\_

*The (insert name of Health Department conducting interview) is trying to understand why people are getting sick after vaping. Information you provide about your vaping habits can help us better understand vaping habits in the United States and may help us identify what is different about the people who have become sick. We appreciate your willingness to provide information. Any information you provide will be kept confidential. This interview will take approximately 15 minutes to complete.*

### **PATIENT DEMOGRAPHICS** – First, I have a couple of questions about you and where you live.

What is your state and county of residence? State \_\_\_\_\_ County \_\_\_\_\_  
What is your gender?  Male  Female  Other  
What is your age? \_\_\_\_\_ years  
Which of these categories best describes your race?  White  Black  American Indian/Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  
 Other  
Which of these categories best describes your ethnicity?  Hispanic  Non-Hispanic

**PATIENT SUBSTANCE USE IN THE PAST 3 MONTHS**

*The next several questions are about vaping or e-cigarette use, such as JUUL, SMOK, Suorin, Vuse, or blu in the past 3 months. You also may know them as vapes, vaporizers, mods, e-cigs, e-hookahs, dab pens, rigs, vape-pens, or electronic nicotine delivery systems (ENDS). When answering these questions, please consider your use of vapes and e-cigarettes for **any substance**.*

Have you used any e-cigarettes or vaping products in the past 3 months? This is sometimes called vaping or dabbing  Yes  No  Don't know  Refused

*If yes, which of the following substance(s) have you vaped or dabbed in past 3 months? (Check all that apply)*

- Nicotine  Marijuana, THC oil, THC concentrates, hash oil, wax  Cannabidiol (CBD)  Synthetic Cannabinoids  Flavors alone
- Other substances, specify \_\_\_\_\_  Unknown

Have you used any combustible tobacco smoking such as cigarettes or cigars in the past 3 months?  Yes  No  Don't know  Refused

Have you used any other tobacco products such as smokeless tobacco or hookah in the past 3 months?  Yes  No  Don't know  Refused

Have you smoked any combustible marijuana? That is any non-vaped marijuana  Yes  No  Don't know  Refused

Have you used any other marijuana products such as edibles?  Yes  No  Don't know  Refused

If yes, please specify:

**Note to interviewer: If the patient indicated in questions above that they vaped any nicotine e-cigarettes in the past 3 months, then ask the following questions. If not, skip to the next section about THC-containing products.**

*I will now ask you some questions about **nicotine**-containing products you used in e-cigarettes, vaping devices, or dab rigs. Please do the best you can to answer **only** for the vapor product the question asks about.*

What was the date you last used any **nicotine**-containing e-cigarettes or vaping devices? \_\_\_\_\_

Approximately how frequently did you vape **nicotine**-containing products in the past 3 months?

- Daily - *If answered, on average, how many times per day? \_\_\_\_\_ (skip to the next question)*
- A few times per week - *If answered, on average, how many times a week? \_\_\_\_\_ (skip to the next question)*
- A few times per month - *If answered, on average, how many times a month? \_\_\_\_\_ (skip to the next question)*
- Monthly or less

Did you vape any flavored **nicotine**-containing products in the past 3 months?  Yes  No  Don't know  Refused

How many different brands of **nicotine**-containing products did you vape or dab in the past 3 months? \_\_\_\_\_ [enter whole number]

What are the brands or names of **nicotine**-containing products vaped or dabbled in the past 3 months? List as many as can be remembered:

Where did you obtain the **nicotine**-containing product(s)? *Check all that apply*

- Recreational dispensary (retail cannabis/marijuana shop)  Vape or smoke shop  Pop-up shop  Grocery store/Drugstore/Convenience store
- Family or friend  Dealer  Online  Other, describe \_\_\_\_\_

*If applicable, please provide name(s) and location(s) of stores where you bought the products:*

In the past 3 months, what type of device(s) did you use to vape **nicotine**-containing product(s)? *(Select all that apply)*

- Disposable e-cigarette or vaping device
- E-cigarettes with pre-filled or refillable cartridges (e.g., using battery pens, Ego, EVO, Ooze pen, Caliplug, 510 Battery)
- E-cigarette with tank that you refill with liquids (including sub-ohm, mod or modifiable systems)
- E-cigarettes with pre-filled or refillable “pods” or pod cartridges (e.g. JUUL, Suorin)
- Other, describe:

Was this a mod device or a device that allows you to choose higher and/or variable temperatures)?  Yes  No  Don't know  Refused

Did you modify or add a substance to the device(s) that was not intended by the manufacturer?  Yes  No  Don't know  Refused

*If yes, explain:*

Do you know anyone else who became ill from vaping **nicotine**?  Yes  No  Don't know  Refused

*If yes, were **nicotine** products or devices shared with that person?*  Yes  No  Don't know  Refused

We are working with the CDC and FDA to identify the cause of these lung injuries. Do you still have nicotine vapor products you used prior to developing symptoms that you would be willing to provide to us for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
Do you have any unopened packages of nicotine vapor products that are the same as what you were using prior to developing symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
Could you take pictures of the nicotine product in the packaging and send them to us. Please take photos of the front and back of the package.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused

**Note to interviewer: If the patient indicated in questions above that they vaped any THC-containing products in the past 3 months, then ask the following questions. If not, skip to the end of the survey.**

*I will now ask you some questions about **THC**-containing products you used in e-cigarettes, vaping devices, or dab rigs. Please do the best you can to answer **only** for the vapor products that contained THC/marijuana.*

What was the date you last used any **THC**-containing e-cigarettes or vaping devices? \_\_\_\_\_

Approximately how frequently did you vape or dab **THC**-containing products in the past 3 months?

- Daily - *If answered, on average, how many times per day?\_\_\_\_\_ (skip to the next question)*
- A few times per week - *If answered, on average, how many times a week?\_\_\_\_\_ (skip to the next question)*
- A few times per month - *If answered, on average, how many times a month?\_\_\_\_\_ (skip to the next question)*
- Monthly or less

Did you vape any flavored **THC**-containing products in the past 3 months?  Yes  No  Don't know  Refused

How many different brands of **THC**-containing products did you vape or dab in the past 3 months? \_\_\_\_\_ [enter whole number]

What are the brands or names of **THC**-containing products vaped or dabbed in the past 3 months? List as many as can be remembered:

What was the purpose of your **THC**-containing product(s) use?  Medical purposes  Nonmedical (recreational) purposes  Other, specify \_\_\_\_\_

Which **THC** substance(s) did you use in an e-cigarette, vaping device, vaporizer, or dab rig in the past 3 months? *(Select all that apply)*

- Marijuana herb  THC oils  Butane hash oil  THC concentrate (e.g., wax, batter/budder, crumble, shatter, pull and snap)
- THC powder (e.g., dry sift)  Other, describe \_\_\_\_\_

Where did you purchase or obtain the **THC**-containing product(s)? *(Check all that apply)*

- Medical dispensary  Recreational dispensary (retail cannabis/marijuana shop)  Vape or smoke shop  Pop-up shop
- Grocery store/Drugstore/Convenience store  Family or friend  Illicit dealer  Online  Other, describe \_\_\_\_\_

*If applicable, please provide name(s) and location(s) of stores where you bought the products:*

In the past 3 months, what type of device(s) did you use to vape or dab **THC**-containing products(s)? (Select all that apply)

- Disposable device
- Device with pre-filled cartridges
- Device with tank that you refill with liquids (e.g., mods)
- Device with pre-filled or refillable “pods” or pod cartridges (e.g. JUUL, Suorin)
- Dab rig
- Vaporizer (for dry herbs, etc.)
- Other, describe:

What brand of **THC** cartridge(s) did you use with these device(s)?  Rove  Dank Vapes  Golden Gorilla  Smart Cart  Other

Was this a mod device or a device that allows you to choose higher and/or variable temperatures?  Yes  No  Don't know  Refused

Did you modify or add a substance to the device(s) that was not intended by the manufacturer?  Yes  No  Don't know  Refused

*If yes, explain:*

Do you know anyone else who became ill from vaping **THC**?  Yes  No  Don't know  Refused

*If yes, were **THC** products or devices shared with that person?*  Yes  No  Don't know  Refused

We are working with the CDC and FDA to identify the cause of these lung injuries. Do you still have nicotine T products you used prior to developing symptoms that you would be willing to provide to us for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
Do you have any unopened packages of THC vapor products that are the same as what you were using prior to developing symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
Could you take pictures of the THC product in the packaging and send them to us. Please take photos of the front and back of the package.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused