**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)**

<table>
<thead>
<tr>
<th>Case ID Number</th>
<th>Medical Record Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case status</td>
<td>Died? Yes No</td>
</tr>
<tr>
<td>Was patient hospitalized? Yes No</td>
<td>If yes, hospitalization date Discharge date</td>
</tr>
<tr>
<td>Date reported to public health department</td>
<td>Name of Public Health Department</td>
</tr>
<tr>
<td>Person completing form</td>
<td>Contact phone number:</td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>What is your state and county of residence? State County</th>
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</thead>
<tbody>
<tr>
<td>What is your gender? Male Female Other</td>
</tr>
<tr>
<td>What is your age? years</td>
</tr>
<tr>
<td>Which of these categories best describes your race? White Black American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander Other</td>
</tr>
<tr>
<td>Which of these categories best describes your ethnicity? Hispanic Non-Hispanic</td>
</tr>
</tbody>
</table>
**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.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you used any e-cigarettes or vaping products in the past 3 months?</td>
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<td></td>
<td></td>
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<tr>
<td>If yes, which of the following substance(s) have you vaped or dabbed</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>Refused</td>
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<tr>
<td>in past 3 months? (Check all that apply)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nicotine</td>
<td></td>
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<tr>
<td>- Marijuana, THC oil, THC concentrates, hash oil, wax</td>
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<td></td>
<td></td>
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<tr>
<td>- Cannabidiol (CBD)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Synthetic Cannabinoids</td>
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<td></td>
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<tr>
<td>- Flavors alone</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>- Other substances, specify</td>
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<tr>
<td>Have you used any combustible tobacco smoking such as cigarettes or</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cigars in the past 3 months?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>Refused</td>
</tr>
<tr>
<td>Have you used any other tobacco products such as smokeless tobacco or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hookah in the past 3 months?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>Refused</td>
</tr>
<tr>
<td>Have you smoked any combustible marijuana? That is any non-vaped</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>marijuana?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
<td>Refused</td>
</tr>
<tr>
<td>Have you used any other marijuana products such as edibles?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please specify:</td>
<td></td>
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</tbody>
</table>
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 dabbed 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:
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?

☐ Yes ☐ No ☐ Don’t know ☐ Refused

Do you have any unopened packages of nicotine vapor products that are the same as what you were using prior to developing symptoms?

☐ Yes ☐ No ☐ Don’t know ☐ 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.

☐ Yes ☐ No ☐ Don’t know ☐ Refused

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:

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
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 any times a week? ______ (skip to the next question)

□ A few times per month - If answered, on average, how any 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? ☐ Yes ☐ No ☐ Don’t know ☐ Refused

Do you have any unopened packages of THC vapor products that are the same as what you were using prior to developing symptoms? ☐ Yes ☐ No ☐ Don’t know ☐ 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. ☐ Yes ☐ No ☐ Don’t know ☐ Refused