

E-cigarette or Vaping Product Use Associated Lung Injury (EVALI) Preliminary Case Report Form

REPORTING INFORMATION

Date form completed: _____ Clinician location (hospital, clinic): _____
 Clinician name: _____ Clinician phone number: _____
 Date reported to public health: _____

PATIENT INFORMATION

Full name: _____
 Medical record number: _____ Date of birth: _____ Gender: M F
 Ethnicity: Hispanic Non-Hispanic Race: White African-American Asian/API Other _____
 Phone number: _____
 Street address: _____ City: _____ ZIP: _____

PATIENT INHALATIONAL USE IN THE PAST 90 DAYS (ASK PATIENT OR PROXY, IF PATIENT UNABLE TO ANSWER)

Any e-cigarette use reported: Yes No (vaping, dabbing, etc.)
 Any THC vaping reported? Yes No Any nicotine vaping reported? Yes No
 Was there an alternative plausible diagnosis that was not EVALI? Yes No
 If yes, (specify) _____
 Did the clinical team caring for the patient believe EVALI contributed to underlying lung injury? Yes No
 Admitted to hospital? Yes No Date of hospital admission: _____
 Date of discharge: _____

Imaging	<input type="checkbox"/> CT chest	<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> Both	<input type="checkbox"/> None
Infiltrates/opacities present	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Impression: <i>(copy the Summary/Impression from the CT/CXR radiologist report or attach a copy of report)</i>				
Infectious Disease Testing	+	-	Not Done	
Respiratory Viral Panel				Blood cultures
Influenza				<i>Strep pneumoniae</i>
<i>Legionella</i>				<i>Mycoplasma pneumoniae</i>
Other testing or additional detail:				

Page 1 – The data elements on this page are necessary for public health monitoring.

Please let patient know public health may try to follow-up with patient for additional information.

Supplemental Information

(collect information, if available)

PATIENT INHALATIONAL USE IN THE PAST 90 DAYS (ASK PATIENT OR PROXY, IF PATIENT UNABLE TO ANSWER)

Any combustible cigarette smoking (nicotine)? Yes No (includes cigarettes, cigars, etc.)

Any combustible marijuana? Yes No (includes any non-e-cigarette marijuana use)

Date of last e-cigarette THC use: _____

Frequency of e-cigarette THC use (average # times/day): _____ (whole #)

If yes, please list product brands: _____

of brands: _____

What devices were used for THC? _____

Where was THC product purchased?

Dealer Friend Website Social media app Convenience store

Vape shop Out-of-state dispensary Other _____

Date of last e-cigarette nicotine use: _____

Frequency of e-cigarette nicotine use (average # times/day): _____ (whole #)

If yes, please list brands: _____

of brands: _____

What devices used for nicotine?

Disposable e-cigarette or vaping device

E-cigarette with pre-filled or refillable cartridges

E-cigarette with tank that can be refilled with liquids (e.g., mods)

E-cigarettes with pre-filled or refillable "pods" or pod cartridges (e.g., JUUL, Suorin)

Other _____

Where was nicotine product purchased?

Dealer Friend Website Social media app Convenience store

Vape shop Out-of-state dispensary Other _____

Any other e-cigarette exposures? Yes No

If yes, please describe (e.g., CBD, Unknown): _____

PATIENT CLINICAL DATA

Gastrointestinal symptoms: N/A Nausea Vomiting Abdominal pain Other _____

Onset date: _____

Respiratory symptoms: N/A Cough Shortness of breath Hypoxia Pleuritic chest pain

Other _____ Onset date: _____

Constitutional symptoms: N/A Fever Chills Tachycardia Malaise Other _____

Onset date: _____

Page 2 – The data elements on this page are supplemental and help inform the EVALI investigation.

Please let patient know public health may try to follow-up with patient for additional information.