

Report of E-cigarette/Vaping Associated Lung Injury (EVALI)

Confidential Case Report

Patient Name (Last, First): ,

Date of Birth: Current Gender Identity: Female Male Non-binary Hispanic: Yes No

City of Residence: Race: White Black/African American Native Hawaiian/Pacific Islander

State of Residence: Asian American Indian/Alaskan Native Other

Symptoms

Symptom Onset Date: Respiratory (cough, hemoptysis, chest pain, SoB): Y N

Constitutional (fever, chills, malaise): Y N Gastrointestinal (nausea, vomiting, diarrhea): Y N

History

Vaping/E-cigarette Use w/in 90 Days: Y N

If yes, what substance(s) vaped in the past 3 months: Nicotine Marijuana, THC oil, THC concentrates, hash oil, wax

Cannabidiol (CBD) Synthetic Cannabinoids Flavors alone Unknown

Other, specify:

Any combustible tobacco smoking (e.g., cigarettes, cigars)? Y N

Any combustible marijuana smoking (i.e., any non-vape marijuana)? Y N

Where was the e-cigarette(s) or vape product(s) purchased or obtained? (check all that apply)

Medical dispensary Vape or smoke shop Grocery store/convenience store Family or friend

Recreational dispensary (retail cannabis/marijuana shop) Off the street/illicit dealer Online

Other, specify:

Clinical Information

Chest Radiographic/CT Abnormalities: Y N Not Done

Respiratory Viral Panel: Positive Negative Not Done

Influenza: Positive Negative Not Done

Blood cultures: Positive Negative Not Done

Legionella urinary antigen: Positive Negative Not Done

Strep pneumoniae urinary antigen: Positive Negative Not Done

Mycoplasma pneumoniae: Positive Negative Not Done

Hospitalized: Y N Dates of Hospitalization: From: To:

Died: Y N Date of Death:

Facility Information

Provider Name (Last, First): ,

Contact Phone Number: Facility Name:

Email: Date Form Completed (mm/dd/yyyy):