Severe Vaping-Associated Pulmonary Illness (VAPI)

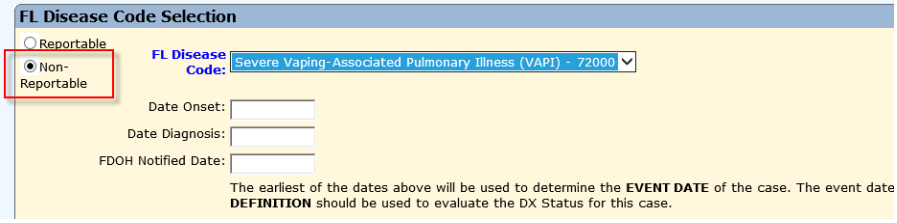
Case Report Form

Version 1 | September 23, 2019

Florida HEALTH

Reported Cases

For all reported cases, create a new profile (assuming the person is not already in Merlin) and a new case using non-reportable disease code "Severe Vaping-Associated Pulmonary Illness (VAPI) – 72000."



Determining Whether Investigation Needed (Basic Data Screen)

On the Basic Case screen, indicate whether the person was hospitalized and answer the two priority questions in the "Determining Whether Investigation Needed" section.

Based on these questions, if the dx status sets to:

- **Suspect:** Investigate and complete the case symptoms, health care visits, and extended data screens. Enter lab results.
- **Not a case:** No further investigation needed, submit as not a case.

Determining Whether Investigation Needed

Patient used e-cigarette ("vaping") or dabbing to inhale substances in the 90 days before onset: ○ Yes ○ No ○ Unknown

Patient had pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT: ○ Yes ○ No ○ Unknown

Health Care Visits Screen

Complete the health care screen for all hospitalized patients. If the patient was hospitalized in multiple facilities, create a visit for each facility.

Health Care Visits

Admin visit date: _____

Discharge date: _____

Facility: _____

ED visit: ○ Yes ○ No ○ Unknown

Visit type: ○ Inpatient ○ Outpatient ○ Unknown

Comments:

Symptoms screen

Complete the symptoms screen for all suspect, probable, and confirmed cases.

Symptoms	Onset date
☐ Shortness of breath	_____
☐ Chest pain	_____
☐ Pain on breathing in or out	_____
☐ Fever	_____
☐ Cough	_____
☐ Headache	_____
☐ Nausea	_____
☐ Vomiting	_____
☐ Diarrhea or loose stools	_____
☐ Abdominal pain	_____
☐ Other: _____	_____

Extended Data Screen

Complete the extended data screen for all suspect, probable, and confirmed cases.

General

Vaping includes the use of electronic devices that can vaporize a combination of nicotine, flavors, or other substances (e.g. marijuana, THC, THC concentrates, CBD, synthetic cannabinoids) for inhalation. Examples of these devices include electronic cigarettes or e-cigarettes, such as JUUL, SMOK, Suorin, Vuse, or blu. They are also known as vapes, mods, e-cigs, e-hookahs, vape-pens, or some other electronic vapor product.

Investigated: ○ Yes ○ No ○ Unknown Date: _____

Interviewed: ○ Yes ○ No ○ Unknown Date: _____

Patient used e-cigarette ("vaping") or dabbing to inhale substances in the 90 days before onset: ○ Yes ○ No ○ Unknown

Same question from basic data screen.

If yes, patient vaped or used e-cigarettes: ○ Yes ○ No ○ Unknown

If yes, patient dabbed: ○ Yes ○ No ○ Unknown

Nicotine (Free-Base or Nicotine Salts)

Patient vaped free-base nicotine or nicotine salts in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, answer the following questions. If no, skip to Dank Vapes section.

Brands: _____

Flavors: _____

Date last used: _____

Strength (mg, mg/mL, %): _____

Free-base nicotine: ○ Yes ○ No ○ Unknown

Nicotine salts: ○ Yes ○ No ○ Unknown

Frequency of use: ○ Monthly or less ○ 2-4 times/month ○ 2-3 times/week ○ 4-6 times/week ○ Daily ○ Unknown

Types of devices used:

Disposable e-cigarette/vape (1st generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable cartridge (2nd generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable tank (3rd generation, e.g., sub-ohm, mod): ○ Yes ○ No ○ Unknown

E-cigarette/vape with prefilled/refillable pod (4th generation, e.g., JUUL): ○ Yes ○ No ○ Unknown

Other, specify: _____ ○ Yes ○ No ○ Unknown

Where purchased/obtained: **Date of last purchase before onset:**

Bought at vape shop or dispensary: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought at different type of store (e.g., gas station): ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought at pop-up shop: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought from another person: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought online: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Given to patient by another person: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Other: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Nicotine (Continued)

Changes in vaping behavior:

Patient changed where they purchased or got substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient changed type of substance they used: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in taste, texture, smell, clarity, or quality of substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in how they felt after using substance (e.g., cough, trouble breathing, dizziness, confusion, the buzz or high from use, or other physical changes in symptoms or experiences): ○ Yes ○ No ○ Unknown

If yes, details: _____

Comments:

Dank Vapes

Dank Vapes are an illegal brand of THC oil cartridges. *Since it is an illegal operation, they are sold by a number of different people and places.*

Patient vaped dank vapes in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, answer the following questions. If no, skip to Other Marijuana, THC, and THC Concentrates section.

Flavors: _____

Date last used: _____

Strength (mg, mg/mL, %): _____

Frequency of use: ○ Monthly or less ○ 2-4 times/month ○ 2-3 times/week ○ 4-6 times/week ○ Daily ○ Unknown

Types of devices used:

Disposable e-cigarette/vape (1st generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable cartridge (2nd generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable tank (3rd generation, e.g., sub-ohm, mod): ○ Yes ○ No ○ Unknown

E-cigarette/vape with prefilled/refillable pod (4th generation, e.g., JUUL): ○ Yes ○ No ○ Unknown

Other, specify: _____ ○ Yes ○ No ○ Unknown

Dank Vapes (Continued)

Where purchased/obtained:

Date of last purchase before onset:

Bought at vape shop or dispensary: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought at different type of store (e.g., gas station): ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought at pop-up shop: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought from another person: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought online: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Given to patient by another person: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Other: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Changes in vaping behavior:

Patient changed where they purchased or got substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient changed type of substance they used: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in taste, texture, smell, clarity, or quality of substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in how they felt after using substance (e.g., cough, trouble breathing, dizziness, confusion, the buzz or high from use, or other physical changes in symptoms or experiences): ○ Yes ○ No ○ Unknown

If yes, details: _____

Comments:

Other Marijuana, THC, and THC Concentrates

Patient vaped marijuana, THC, THC concentrates, hash oil, or wax in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, answer the following questions. If no, skip to Synthetic Cannabinoinds section.

Brands: _____

Flavors: _____

Date last used: _____

Strength (mg, mg/mL, %): _____

Frequency of use: ○ Monthly or less ○ 2-4 times/month ○ 2-3 times/week ○ 4-6 times/week ○ Daily ○ Unknown

Types of devices used:

Disposable e-cigarette/vape (1st generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable cartridge (2nd generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable tank (3rd generation, e.g., sub-ohm, mod): ○ Yes ○ No ○ Unknown

E-cigarette/vape with prefilled/refillable pod (4th generation, e.g., JUUL): ○ Yes ○ No ○ Unknown

Vaporizer: ○ Yes ○ No ○ Unknown

Other, specify: _____ ○ Yes ○ No ○ Unknown

Where purchased/obtained:				**Date of last purchase before onset:**
Bought at vape shop or dispensary:	○ Yes	○ No	○ Unknown	
If yes, details:				
Bought at different type of store (e.g., gas station):	○ Yes	○ No	○ Unknown	
If yes, details:				
Bought at pop-up shop:	○ Yes	○ No	○ Unknown	
If yes, details:				
Bought from another person:	○ Yes	○ No	○ Unknown	
If yes, details:				
Bought online:	○ Yes	○ No	○ Unknown	
If yes, details:				
Given to patient by another person:	○ Yes	○ No	○ Unknown	
If yes, details:				
Other:	○ Yes	○ No	○ Unknown	
If yes, details:				

Other Marijuana, THC, and THC Concentrates (Continued)

Type of product(s) used:

Dabs:	○ Yes ○ No ○ Unknown
Dab wax:	○ Yes ○ No ○ Unknown
Dab cards:	○ Yes ○ No ○ Unknown
Hash oil:	○ Yes ○ No ○ Unknown
Wax	○ Yes ○ No ○ Unknown
Dry herb:	○ Yes ○ No ○ Unknown
Other, specify: _____	○ Yes ○ No ○ Unknown

Changes in vaping behavior:

Patient changed where they purchased or got substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient changed type of substance they used: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in taste, texture, smell, clarity, or quality of substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in how they felt after using substance (e.g., cough, trouble breathing, dizziness, confusion, the buzz or high from use, or other physical changes in symptoms or experiences): ○ Yes ○ No ○ Unknown

If yes, details: _____

Comments:

Synthetic Cannabinoids

Patient vaped synthetic cannabinoids (e.g., K2 or Spice) in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, answer the following questions. If no, skip to CBD or CBD Oil section.

Brands: _____

Flavors: _____

Date last used: _____

Strength (mg, mg/mL, %): _____

Frequency of use: ○ Monthly or less ○ 2-4 times/month ○ 2-3 times/week ○ 4-6 times/week ○ Daily ○ Unknown

Types of devices used:

Disposable e-cigarette/vape (1st generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable cartridge (2nd generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable tank (3rd generation, e.g., sub-ohm, mod): ○ Yes ○ No ○ Unknown

E-cigarette/vape with prefilled/refillable pod (4th generation, e.g., JUUL): ○ Yes ○ No ○ Unknown

Vaporizer: ○ Yes ○ No ○ Unknown

Other, specify: _____ ○ Yes ○ No ○ Unknown

Where purchased/obtained:				**Date of last purchase before onset:**
Bought at vape shop or dispensary:	○ Yes	○ No	○ Unknown	_____
If yes, details: _____				
Bought at different type of store (e.g., gas station):	○ Yes	○ No	○ Unknown	_____
If yes, details: _____				
Bought at pop-up shop:	○ Yes	○ No	○ Unknown	_____
If yes, details: _____				
Bought from another person:	○ Yes	○ No	○ Unknown	_____
If yes, details: _____				
Bought online:	○ Yes	○ No	○ Unknown	_____
If yes, details: _____				
Given to patient by another person:	○ Yes	○ No	○ Unknown	_____
If yes, details: _____				
Other:	○ Yes	○ No	○ Unknown	_____
If yes, details: _____				

Synthetic Cannabinoids (Continued)

Changes in vaping behavior:

Patient changed where they purchased or got substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient changed type of substance they used: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in taste, texture, smell, clarity, or quality of substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in how they felt after using substance (e.g., cough, trouble breathing, dizziness, confusion, the buzz or high from use, or other physical changes in symptoms or experiences): ○ Yes ○ No ○ Unknown

If yes, details: _____

Comments:

CBD or CBD Oil

Patient vaped CBD or CBD oil in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, answer the following questions. If no, skip to Flavor Extracts or Additives Added by User section.

Brands: _____

Flavors: _____

Date last used: _____

Strength (mg, mg/mL, %): _____

Frequency of use: ○ Monthly or less ○ 2-4 times/month ○ 2-3 times/week ○ 4-6 times/week ○ Daily ○ Unknown

Types of devices used:

Disposable e-cigarette/vape (1st generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable cartridge (2nd generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable tank (3rd generation, e.g., sub-ohm, mod): ○ Yes ○ No ○ Unknown

E-cigarette/vape with prefilled/refillable pod (4th generation, e.g., JUUL): ○ Yes ○ No ○ Unknown

Other, specify: _____ ○ Yes ○ No ○ Unknown

CBD or CBD Oil (Continued)

Where purchased/obtained:

Date of last purchase before onset:

Bought at vape shop or dispensary: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Bought at different type of store (e.g., gas station): ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Bought at pop-up shop: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Bought from another person: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Bought online: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Given to patient by another person: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Other: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Changes in vaping behavior:

Patient changed where they purchased or got substance: ○ Yes ○ No ○ Unknown
If yes, details: _____

Patient changed type of substance they used: ○ Yes ○ No ○ Unknown
If yes, details: _____

Patient noticed change in taste, texture, smell, clarity, or quality of substance: ○ Yes ○ No ○ Unknown
If yes, details: _____

Patient noticed change in how they felt after using substance (e.g., cough, trouble breathing, dizziness, confusion, the buzz or high from use, or other physical changes in symptoms or experiences): ○ Yes ○ No ○ Unknown
If yes, details: _____

Comments:

Flavor Extracts or Additives Added by User

Patient vaped flavor extracts or additives added by the user in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, answer the following questions. If no, skip to Other Vaping Substances section.

Brands: _____

Flavors: _____

Date last used: _____

Frequency of use: ○ Monthly or less ○ 2-4 times/month ○ 2-3 times/week ○ 4-6 times/week ○ Daily ○ Unknown

Types of devices used:

Disposable e-cigarette/vape (1st generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable cartridge (2nd generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable tank (3rd generation, e.g., sub-ohm, mod): ○ Yes ○ No ○ Unknown

E-cigarette/vape with prefilled/refillable pod (4th generation, e.g., JUUL): ○ Yes ○ No ○ Unknown

Other, specify: _____ ○ Yes ○ No ○ Unknown

Where purchased/obtained: **Date of last purchase before onset:**

Bought at vape shop or dispensary: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought at different type of store (e.g., gas station): ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought at pop-up shop: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought from another person: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Bought online: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Given to patient by another person: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Other: ○ Yes ○ No ○ Unknown _____

If yes, details: _____

Flavor Extracts or Additives Added by User (Continued)

Changes in vaping behavior:

Patient changed where they purchased or got substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient changed type of substance they used: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in taste, texture, smell, clarity, or quality of substance: ○ Yes ○ No ○ Unknown

If yes, details: _____

Patient noticed change in how they felt after using substance (e.g., cough, trouble breathing, dizziness, confusion, the buzz or high from use, or other physical changes in symptoms or experiences): ○ Yes ○ No ○ Unknown

If yes, details: _____

Comments:

Other Vaping Substances

Patient vaped other substance in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, answer the following questions. If no, skip to Dabbing section.

Brands: _____

Flavors: _____

Date last used: _____

Frequency of use: ○ Monthly or less ○ 2-4 times/month ○ 2-3 times/week ○ 4-6 times/week ○ Daily ○ Unknown

Types of devices used:

Disposable e-cigarette/vape (1st generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable cartridge (2nd generation): ○ Yes ○ No ○ Unknown

E-cigarette/vape with refillable tank (3rd generation, e.g., sub-ohm, mod): ○ Yes ○ No ○ Unknown

E-cigarette/vape with prefilled/refillable pod (4th generation, e.g., JUUL): ○ Yes ○ No ○ Unknown

Other, specify: _____ ○ Yes ○ No ○ Unknown

Other Vaping Substances (Continued)

Where purchased/obtained:

Date of last purchase before onset:

Bought at vape shop or dispensary: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Bought at different type of store (e.g., gas station): ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Bought at pop-up shop: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Bought from another person: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Bought online: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Given to patient by another person: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Other: ○ Yes ○ No ○ Unknown _____
If yes, details: _____

Changes in vaping behavior:

Patient changed where they purchased or got substance: ○ Yes ○ No ○ Unknown
If yes, details: _____

Patient changed type of substance they used: ○ Yes ○ No ○ Unknown
If yes, details: _____

Patient noticed change in taste, texture, smell, clarity, or quality of substance: ○ Yes ○ No ○ Unknown
If yes, details: _____

Patient noticed change in how they felt after using substance (e.g., cough, trouble breathing, dizziness, confusion, the buzz or high from use, or other physical changes in symptoms or experiences): ○ Yes ○ No ○ Unknown
If yes, details: _____

Comments:

Dabbing

Patient dabbed in the 3 months before onset: ○ Yes ○ No ○ Unknown

Same question from basic data screen. If yes, answer the following questions. If no, skip to Modifications/Hacking section.

What was dabbed: _____

How was it dabbed: _____

Comments:

Modifications/Hacking

Patient bought e-juice, e-liquid or vaping liquid to put in device in 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, describe e-liquid or liquid used (include brand and substance):

Patient made or mixed own e-liquid, e-juice, or vaping liquid in 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, describe ingredients used:

Patient modified vaping device in some way in the 3 months before onset: ○ Yes ○ No ○ Unknown

"Mods" are devices where you can modify voltage or add additional equipment such as an atomizer for "dripping," or devices the user is tampering with to change settings (e.g., exposing heating coils to "drip" liquids directly on the heating device and get a bigger cloud of aerosol).

If yes, please answer the following questions for each mod used:

Device:
○ 3rd generation – refillable tank
○ 4th generation – refillable pod/cartridge
○ Vaporizer
○ Other, specify: _____
○ Unknown

Brand/type of coils: _____

Patient noticed build-up on coil when using it: ○ Yes ○ No ○ Unknown

Brand/type of atomizer: _____

Brand/type of wicks: _____

Device used for dripping: ○ Yes ○ No ○ Unknown

Device was cleaned in 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, describe cleaning: _____

Comments:

Product Testing

Patient has device(s), substance(s), product(s), or product packaging used in the 3 months before onset available for testing: ○ Yes ○ No ○ Unknown

Chain of custody forms are required to document receipt and transfer of vape samples.

Please contact Lylah Seaton (Lylah.Seaton@FLHealth.gov) to coordinate packing and shipping of available samples.

If yes, CHD sent sample for testing: ○ Yes ○ No ○ Unknown

Comments:

General Substance Use

Patient inhaled the following substances in the 3 months before onset:

Cigarettes:	○ Yes ○ No ○ Unknown	
Cigars (regular cigars, little cigars, cigarillos):	○ Yes ○ No ○ Unknown	
Hookah/waterpipe:	○ Yes ○ No ○ Unknown	
Pipe tobacco:	○ Yes ○ No ○ Unknown	
Roll-your-own:	○ Yes ○ No ○ Unknown	
Bidis:	○ Yes ○ No ○ Unknown	
Heated tobacco products:	○ Yes ○ No ○ Unknown	
Heroin:	○ Yes ○ No ○ Unknown	
Cocaine:	○ Yes ○ No ○ Unknown	
Methamphetamine:	○ Yes ○ No ○ Unknown	
Huffing (e.g., paint, glue, bath salts):	○ Yes ○ No ○ Unknown	
Non-vaped cannabinoids (e.g., marijuana, hash, synthetic cannabinoids [K2 or Spice]):	○ Yes ○ No ○ Unknown	If yes, frequency:
Marijuana, hash:	○ Yes ○ No ○ Unknown	○ Daily ○ <daily ○ Unknown
Synthetic cannabinoids (e.g., K2 or Spice):	○ Yes ○ No ○ Unknown	○ Daily ○ <daily ○ Unknown
Dabbed marijuana (e.g., oils or waxes):	○ Yes ○ No ○ Unknown	○ Daily ○ <daily ○ Unknown
Dabbed CBD concentrate:	○ Yes ○ No ○ Unknown	○ Daily ○ <daily ○ Unknown

Date last used: _____

Brands used: _____

Other, specify: _____ ○ Yes ○ No ○ Unknown

Comments:

Other Exposures

Patient was exposed to the following in the 6 months before onset:

Moldy hay, grain, cheese, or wood bark: ○ Yes ○ No ○ Unknown

Animal droppings or urine: ○ Yes ○ No ○ Unknown

Birds in the home, as part of a hobby or at work: ○ Yes ○ No ○ Unknown

Humidifiers, hot tubs, or saunas: ○ Yes ○ No ○ Unknown

Soil or compost (e.g., frequent handling of soil): ○ Yes ○ No ○ Unknown

Spray paints or polyurethane foam: ○ Yes ○ No ○ Unknown

Spent time in an infrequently used space or structure (e.g., attic, cabin):: ○ Yes ○ No ○ Unknown

Inhaled chemicals or toxins (e.g., cleaning products, occupational exposures): ○ Yes ○ No ○ Unknown

Comments:

Medical Information

Patient has a Medical Marijuana Use Registry ID card: ○ Yes ○ No ○ Unknown

If yes, ID: _____

Patient has underlying medical conditions: ○ Yes ○ No ○ Unknown

If yes, list: _____

Patient took over-the-counter medications in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, list all and include frequency: _____

Patient took prescription medications prescribed to them in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, list all and include frequency and route of administration (e.g., oral, inhaled, topical): _____

Patient took prescription medications not prescribed to them in the 3 months before onset: ○ Yes ○ No ○ Unknown

If yes, list all and include frequency and route of administration (e.g., oral, inhaled, topical): _____

Patient took vitamins or supplements in the 3 months before onset (including products purchased online): ○ Yes ○ No ○ Unknown

If yes, list all and include frequency: _____

Other Information

Does patient have any thoughts on why they became ill? _____

Patient shared product(s) with others (e.g., friends, family): ○ Yes ○ No ○ Unknown

If yes, others developed similar illness: ○ Yes ○ No ○ Unknown

Patient employed: ○ Yes ○ No ○ Unknown

If yes, occupation or job function: _____

Patient has ever been exposed occupationally to coal, beryllium, silica, asbestos, or pesticides: ○ Yes ○ No ○ Unknown

If yes, details: _____

Comments:

Case Definition Determination

Case determination will be made or verified by the state-level case reviewer based on review of medical records and available laboratory testing. CHD staff are not required to complete these questions.

Patient had pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT: ○ Yes ○ No ○ Unknown

Patient had evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic, or neoplastic process): ○ Yes ○ No ○ Unknown

Patient had pulmonary infection testing during initial work-up: ○ Yes ○ No ○ Unknown

If yes, respiratory panel result: ○ Positive ○ Negative ○ Not done

If yes, influenza PCR result: ○ Positive ○ Negative ○ Not done

If yes, influenza rapid test result: ○ Positive ○ Negative ○ Not done

If yes, other clinically indicated respiratory ID testing results (e.g., urine antigen for *Streptococcus pneumonia* and *Legionella*, sputum culture if productive cough, bronchoalveolar lavage culture, blood culture, testing for HIV-related opportunistic respiratory infections if appropriate). ○ Positive ○ Negative ○ Not done

Clinical team caring for the patient believes pulmonary infection is the sole cause of the underlying respiratory disease process: ○ Yes ○ No ○ Unknown