CPSP
CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

Survey

Vaping-related illness and injury

The use of vaping devices (also called e-cigarettes) has increased significantly in recent years. The CPSP is conducting a survey to assess the frequency of illnesses and/or injuries resulting from both the intentional and unintentional use of vaping products. This survey has been designed in collaboration with the Public Health Agency of Canada and Health Canada, and will be used to inform vaping product public policy. For more information on vaping, go to https://www.canada.ca/en/services/health/campaigns/vaping.html. **Your contribution is greatly appreciated.**

1. Which of the following best describes your practice?
   ❍ General paediatrician ❍ Paediatric subspecialist, specify: ______________________________
   ❍ Other health care provider, specify: _________________________
2. Please indicate the first three digits of the postal code of your practice: ___ ___ ___
3. Does your practice include the care of children or youth who may be exposed to vaping products? ❍ Yes ❍ No

If YES, complete the following questions. If NO, we thank you for completing this survey.

4. How comfortable are you with discussing vaping-related health risks with youth and families?
   ❍ Very uncomfortable ❍ Somewhat uncomfortable ❍ Somewhat comfortable ❍ Very comfortable ❍ N/A
5. In the last 12 months, have you seen a patient for an illness or injury related **to the routine use of a vaping device** (i.e., direct inhalation or second-hand exposure)? This **does NOT** include addiction to e-cigarettes or use disrupting activities of daily living. ❍ Yes ❍ No

If NO, proceed to question 6. If YES, complete the following information for each case encountered:

	Case 1	Case 2	Case 3	Case 4
Age of patient:	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years
Sex of patient at birth:	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex
Type of exposure:	❍ Direct inhalation ❍ Second-hand exposure	❍ Direct inhalation ❍ Second-hand exposure	❍ Direct inhalation ❍ Second-hand exposure	❍ Direct inhalation ❍ Second-hand exposure
How did the patient **access** the vaping device? **(check all that apply)**	❑ Owned/purchased ❑ Borrowed/given from a friend or family member ❑ Unknown ❑ Other: ____________ ________________	❑ Owned/purchased ❑ Borrowed/given from a friend or family member ❑ Unknown ❑ Other: ____________ ________________	❑ Owned/purchased ❑ Borrowed/given from a friend or family member ❑ Unknown ❑ Other: ____________ ________________	❑ Owned/purchased ❑ Borrowed/given from a friend or family member ❑ Unknown ❑ Other: ____________ ________________
Vaping substances contained: **(check all that apply)**	❑ Flavouring ❑ Nicotine ❑ Cannabis ❑ Unknown ❑ Other: ____________	❑ Flavouring ❑ Nicotine ❑ Cannabis ❑ Unknown ❑ Other: ____________	❑ Flavouring ❑ Nicotine ❑ Cannabis ❑ Unknown ❑ Other: ____________	❑ Flavouring ❑ Nicotine ❑ Cannabis ❑ Unknown ❑ Other: ____________
With which **complaint(s)** did the patient present? **(check all that apply)**	❑ Respiratory distress/lung injury ❑ Mouth/throat irritation and/or burn ❑ Skin burn ❑ Abdominal pain ❑ Nausea/vomiting ❑ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ❑ CNS depression ❑ Other: ____________ ________________	❑ Respiratory distress/lung injury ❑ Mouth/throat irritation and/or burn ❑ Skin burn ❑ Abdominal pain ❑ Nausea/vomiting ❑ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ❑ CNS depression ❑ Other: ____________ ________________	❑ Respiratory distress/lung injury ❑ Mouth/throat irritation and/or burn ❑ Skin burn ❑ Abdominal pain ❑ Nausea/vomiting ❑ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ❑ CNS depression ❑ Other: ____________ ________________	❑ Respiratory distress/lung injury ❑ Mouth/throat irritation and/or burn ❑ Skin burn ❑ Abdominal pain ❑ Nausea/vomiting ❑ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ❑ CNS depression ❑ Other: ____________ ________________
Where did the patient receive **treatment**?	❑ Walk-in/outpatient clinic	❑ Walk-in/outpatient clinic	❑ Walk-in/outpatient clinic	❑ Walk-in/outpatient clinic

(check all that apply)	❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________	❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________	❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________	❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________
What was the patient's **outcome?**	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown

6. In the last 12 months, have you seen a patient for illness or injury related **to the ingestion (i.e., drinking) of e-liquids and/or other vaping substances**? ❍ Yes ❍ No

If NO, proceed to question 7. If YES, complete the following information for each case encountered:

	Case 1	Case 2	Case 3	Case 4
Age of patient:	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years
Sex of patient at birth:	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex
Type of ingestion:	❍ Unintentional ❍ Intentional ❍ Unknown intent	❍ Unintentional ❍ Intentional ❍ Unknown intent	❍ Unintentional ❍ Intentional ❍ Unknown intent	❍ Unintentional ❍ Intentional ❍ Unknown intent
How did the patient **come into contact with** the vaping substance? **(check all that apply)**	❑ Spill ❑ From a refill bottle ❑ From prefilled cartridge/pod products ❑ From the device itself ❑ Unknown ❑ Other: ____________	❑ Spill ❑ From a refill bottle ❑ From prefilled cartridge/pod products ❑ From the device itself ❑ Unknown ❑ Other: ____________	❑ Spill ❑ From a refill bottle ❑ From prefilled cartridge/pod products ❑ From the device itself ❑ Unknown ❑ Other: ____________	❑ Spill ❑ From a refill bottle ❑ From prefilled cartridge/pod products ❑ From the device itself ❑ Unknown ❑ Other: ____________
Vaping substances ingested contained: **(check all that apply)**	❑ Flavouring ❑ Nicotine ❑ Cannabis ❑ Unknown ❑ Other: ____________	❑ Flavouring ❑ Nicotine ❑ Cannabis ❑ Unknown ❑ Other: ____________	❑ Flavouring ❑ Nicotine ❑ Cannabis ❑ Unknown ❑ Other: ____________	❑ Flavouring ❑ Nicotine ❑ Cannabis ❑ Unknown ❑ Other: ____________
With which **complaint(s)** did the patient present? **(check all that apply)**	❑ Respiratory distress ❑ Mouth/throat irritation and/or burn ❑ Skin burn ❑ Abdominal pain ❑ Nausea/vomiting ❑ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ❑ CNS depression ❑ Other: ____________	❑ Respiratory distress ❑ Mouth/throat irritation and/or burn ❑ Skin burn ❑ Abdominal pain ❑ Nausea/vomiting ❑ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ❑ CNS depression ❑ Other: ____________	❑ Respiratory distress ❑ Mouth/throat irritation and/or burn ❑ Skin burn ❑ Abdominal pain ❑ Nausea/vomiting ❑ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ❑ CNS depression ❑ Other: ____________	❑ Respiratory distress ❑ Mouth/throat irritation and/or burn ❑ Skin burn ❑ Abdominal pain ❑ Nausea/vomiting ❑ Symptoms of acute nicotine toxicity (e.g., tachycardia, headache, dizziness) other than nausea/vomiting ❑ CNS depression ❑ Other: ____________
Where did the patient receive **treatment**? **(check all that apply)**	❑ Walk-in/outpatient clinic ❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________	❑ Walk-in/outpatient clinic ❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________	❑ Walk-in/outpatient clinic ❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________	❑ Walk-in/outpatient clinic ❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________

What was the patient's **outcome?**	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown

7. In the last 12 months, have you seen any patients for illness or injuries **resulting from the malfunction of a vaping device (e.g., explosion, fire)?** ❍ Yes ❍ No

If NO, we thank you for completing this survey. If YES, complete the following information for each case encountered:

	Case 1	Case 2	Case 3	Case 4
Age of patient:	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years	❍ < 1 year ❍ 1–4 years ❍ 5–9 years ❍ 10–14 years ❍ 15+ years
Sex of patient at birth:	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex	❍ Male ❍ Female ❍ Intersex
How did the patient **access** with the vaping device? **(check all that apply)**	❑ Owned/purchased ❑ Borrowed/given from a friend or family member ❑ Unknown ❑ Other: ____________ ____________________	❑ Owned/purchased ❑ Borrowed/given from a friend or family member ❑ Unknown ❑ Other: ____________ ____________________	❑ Owned/purchased ❑ Borrowed/given from a friend or family member ❑ Unknown ❑ Other: ____________ ____________________	❑ Owned/purchased ❑ Borrowed/given from a friend or family member ❑ Unknown ❑ Other: ____________ ____________________
Was the device **modified** or used in a way that differed from recommended use?	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown	❍ Yes ❍ No ❍ Unknown
What was the **cause** of the injury? **(check all that apply)**	❑ Battery malfunction ❑ Electrical fire ❑ Smoke inhalation ❑ Unknown ❑ Other: ____________ ____________________	❑ Battery malfunction ❑ Electrical fire ❑ Smoke inhalation ❑ Unknown ❑ Other: ____________ ____________________	❑ Battery malfunction ❑ Electrical fire ❑ Smoke inhalation ❑ Unknown ❑ Other: ____________ ____________________	❑ Battery malfunction ❑ Electrical fire ❑ Smoke inhalation ❑ Unknown ❑ Other: ____________ ____________________
What **injury/injuries** did the patient sustain as a result of the use or malfunctioning of the vaping device? **(check all that apply)**	❑ Eye injury/vision loss ❑ Head or neck burn ❑ Mouth injury/burn ❑ Acute lung injury ❑ Injury to lower limbs ❑ Injury to upper limbs or torso ❑ Other: ____________ ____________________	❑ Eye injury/vision loss ❑ Head or neck burn ❑ Mouth injury/burn ❑ Acute lung injury ❑ Injury to lower limbs ❑ Injury to upper limbs or torso ❑ Other: ____________ ____________________	❑ Eye injury/vision loss ❑ Head or neck burn ❑ Mouth injury/burn ❑ Acute lung injury ❑ Injury to lower limbs ❑ Injury to upper limbs or torso ❑ Other: ____________ ____________________	❑ Eye injury/vision loss ❑ Head or neck burn ❑ Mouth injury/burn ❑ Acute lung injury ❑ Injury to lower limbs ❑ Injury to upper limbs or torso ❑ Other: ____________ ____________________
Where did the patient receive **treatment?** **(check all that apply)**	❑ Walk-in/outpatient clinic ❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________ ____________________	❑ Walk-in/outpatient clinic ❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________ ____________________	❑ Walk-in/outpatient clinic ❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________ ____________________	❑ Walk-in/outpatient clinic ❑ Emergency room ❑ Hospital ward ❑ Intensive care unit ❑ Referred to specialist ❑ Other: ____________ ____________________
What was the patient's **outcome?**	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown	❍ Full recovery ❍ Ongoing health issue(s) ❍ Death ❍ Unknown

Investigators: N Chadi, M Do, S Beno, R Graham, C Moore Hepburn, S Richmond, W Thompson

Please return this survey with your monthly reporting form. Thank you for your participation.

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