

## Inhalation of e-cigarettes and ingestion of e-liquid

Ingestion hazards in the home continue to pose health risks for children and youth. Electronic cigarettes (or e-cigarettes) may be an emerging hazard for children and youth. The Canadian Paediatric Surveillance Program is conducting a one-time survey to assess the extent to which paediatricians have observed inhalation or ingestion from e-cigarettes among Canadian children and youth. **Your contribution is greatly appreciated.**

1. Please indicate the **first 3 digits of the postal code** of your practice: \_\_\_ \_\_\_ \_\_\_
2. Which of the following best describes **your practice**?  
 General paediatrician       Paediatric subspecialist; specify: \_\_\_\_\_
3. In the last 12 months, how many children and/or youth have you seen for problems related to **inhalation** of e-cigarettes?  
 None\_\_\_ Unintentional inhalation\_\_\_ Intentional inhalation\_\_\_ Not relevant to my area of practice\_\_\_
4. In the last 12 months, how many children and/or youth have you seen for problems related to **ingestion of the e-liquid** from e-cigarettes? None\_\_\_ Unintentional ingestion\_\_\_ Intentional ingestion\_\_\_ Not relevant to my area of practice\_\_\_

***If cases of inhalation ONLY were seen, please continue to question 11.***

***If you have not seen any cases related to e-cigarettes, we thank you for completing this survey.***

### INHALATION CASES

5. **Age group of the majority of patients:**  <1 year     1–4 years     5–9 years     10–14 years     15– <19 years
6. **Sex of the majority of patients:**  Male     Female
7. In what **setting** did you see the child(ren) and/or youth? (Check all that apply.)  
 Office or outpatient clinic     Hospital inpatient ward     Hospital emergency department  
 Other, specify: \_\_\_\_\_
8. What **injuries/symptoms** did the child(ren) and/or youth sustain? (Check all that apply.)  
 Nausea/Vomiting     Cough     Throat irritation     Mouth irritation     Respiratory irritation  
 Symptoms of acute nicotine toxicity (other than nausea/vomiting)     Burn: skin\_\_\_ mouth/esophagus\_\_\_  
 Decrease in pulmonary function; e.g., increased dynamic airway resistance     CNS depression  
 Other, specify: \_\_\_\_\_
9. How often did the majority of patients use **e-cigarettes**?  
 Only once     Once per week     2–3 times per week     4–7 times per week     >7 times per week
10. How did the majority of patients **access** e-cigarettes? (Check all that apply.)  
 Purchasing e-cigarettes from the Internet     Purchasing e-cigarettes from a mall kiosk/convenience store  
 In the home     From parents/caregivers     From a friend     Unknown  
 Other, specify: \_\_\_\_\_

### INGESTION CASES

11. **Age group of the majority of patients:**  <1 year     1–4 years     5–9 years     10–14 years     15– <19 years
12. **Sex of the majority of patients:**  Male     Female
13. In what **setting** did you see the child(ren) and/or youth? (Check all that apply.)  
 Office or outpatient clinic     Hospital inpatient ward     Hospital emergency department  
 Other, specify: \_\_\_\_\_
14. What **injuries/symptoms** did the child(ren) and/or youth sustain? (Check all that apply.)  
 Nausea/Vomiting     Cough     Throat irritation     Mouth irritation     Respiratory irritation  
 Symptoms of acute nicotine toxicity (other than nausea/vomiting)     Burn: skin\_\_\_ mouth/esophagus\_\_\_  
 Decrease in pulmonary function; e.g., increased dynamic airway resistance     CNS depression  
 Other, specify: \_\_\_\_\_
15. What **type of flavour** of e-cigarette liquid did the child(ren) and/or youth ingest? (Check all that apply.)  
 Tobacco     Fruit     Coffee     Menthol     Candy     Alcohol     Unknown  
 Other, specify: \_\_\_\_\_
16. How did the majority of children and/or youth **access** e-cigarette liquid? (Check all that apply.)  
 Purchasing e-cigarette liquid from the Internet     Purchasing e-cigarette liquid from a mall kiosk/convenience store  
 In the home     From parents/caregivers     From a friend     Unknown  
 Other, specify: \_\_\_\_\_

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

11/2015