

**ADVERSE HEALTH EFFECTS ASSOCIATED WITH
SYNTHETIC CANNABINOID USE — MISSISSIPPI, 2015**

PATIENT (OR SURROGATE) INTERVIEW

Reviewer/Interviewer: _____ Agency: _____ Date:(mm/dd/yy): _____
Emergency Department (ED): _____ or Coroner/Medical Examiner Name _____

PATIENT IDENTIFICATION <i>(prepopulate from medical record if applicable)</i>	
Full Name (Last Name, First Name)	Medical Record Number
Date of Birth (mm/dd/yy)	Age
Sex	
Address	
City/State/Zip	
Phone/Home	Phone/Cell

DEMOGRAPHICS	
I will start by asking some demographic questions	
1. Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	2. Race (check all that apply): <input type="checkbox"/> Amer Ind/AK native <input type="checkbox"/> Asian <input type="checkbox"/> Black/Afr Am <input type="checkbox"/> Native HI/other PI <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
3. Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <i>If yes: which level?</i> <input type="checkbox"/> Elementary <input type="checkbox"/> Junior high <input type="checkbox"/> High school <input type="checkbox"/> College <input type="checkbox"/> Vocational/trade school <input type="checkbox"/> Graduate School	
4. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

PAST MEDICAL HISTORY	
Now I want to shift and ask you about your general health and health history.	
5. Prior to your recent visit to the ER, would you say your health was <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
6. Prior to you recent visit to the ER, had a doctor or nurse ever told you that you have... High blood pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Heart disease: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Specify _____ Kidney disease: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Specify _____ Liver disease: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Specify _____ Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Seizure disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Specify _____ Mental illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Specify _____ Substance addiction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Specify _____ Other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Specify _____

7. Do you regularly take any medicine prescribed by your doctor?

Yes No Don't Know Refused

If yes: please tell me three things: the name of each medication you take; the reason why, or the health condition for which you take it; and finally, whether you took any of these medicines in the 24 hours before your visit to the ER.

Name: _____ Condition: _____ used in 24 hours before visit to ER
Name: _____ Condition: _____ used in 24 hours before visit to ER
Name: _____ Condition: _____ used in 24 hours before visit to ER
Name: _____ Condition: _____ used in 24 hours before visit to ER

RECREATIONAL DRUG EXPOSURES AT TIME OF ILLNESS ONSET

Now I'm going to ask you about the substance(s) you used 24 hours before going to the ER. This information will not be shared with any law enforcement and may help us prevent others from getting sick.

8. Did you drink any alcoholic beverages during the 24 hours before your recent visit to the ER?

Yes No Don't know Refused

If yes: was this your first time using alcohol? Yes No Don't know Refused

If yes: please specify type of alcoholic beverage and amount consumed (be as specific as possible, for example 3 8-oz. beers or 2 shots of tequila) _____

9. Did you use synthetic or "fake" marijuana during the 24 hours before your recent visit to the ER?

Yes No Don't know (skip to question 11) Refused (skip to question 11)

If yes: when you were using it did you know you were using synthetic or "fake" marijuana?

Yes No Don't know Refused

If no: what substance did you think you were using _____

10. Approximately how long after you used synthetic or "fake" marijuana did you first feel sick?

Specify in minutes _____ Don't Know Refused

11. Did you use any prescription medicine or over-the-counter medicine for non-medical reasons during the 24 hours before your recent visit to the ER? Yes No Don't know Refused

If yes: please specify _____

12. Did you use any other recreational substances(s) during the 24 hours before your recent visit to the ER? This would include recreational substances such as cocaine, meth, heroin, and others.

Yes No Don't know Refused

If yes: specify drug(s) _____

13. In what order or combination did you take these substances during the 24 hours before you first felt sick?

If no drug history (i.e. Questions 9, 11, 12 are all No, Don't know, or Refused) GO TO CLOSING STATEMENT.

DETAILS OF RECENT RECREATIONAL DRUG USE

Now I am going to ask you about each recreational drug or medication you used during the 24 hours before your ER visit

Note: Chart synthetic marijuana first and DO NOT chart alcohol.

14. Substance # 1: _____

14.1 Thinking about the (substance 1) you used during the 24 hours before your recent visit to the ER, did this

[Type here]

(substance 1) have a brand/street name _____ Don't Know Refused
Please describe the packaging: _____ Don't Know Refused

14.2 Was this your first time using this substance? Yes No Don't Know Refused
If yes, skip to question 14.7

14.3 Have you used this specific brand before Yes No Don't Know Refused
If no, skip to question 14.7
If yes: how many times? Once 2-5 times > 5 times

14.4 Have you been sick before after using this brand?
 Yes No Don't Know Refused

14.5 Did using this substance make you feel the same way it did other times you have used it?
 Yes No Don't Know Refused

Notes (optional) _____

14.6 Did the substance taste or smell like it did the other times you have used it?
 Yes No Don't Know Refused
Notes (optional) _____

14.7 How did you use this substance during the 24 hours before your recent visit to the ER?
 Smoke Eat or Swallow Snort Intravenous Other _____

14.8 Did you use it in a different way than you usually use it?
 Yes No Don't have normal method Don't Know Refused

14.9 How much of this substance did you use during the 24 hours before your recent visit to the ER?
amount = _____ unit (check only one) = grams packets puffs hits bowls blunts
 other, specify _____ Don't Know

14.10 How did you get this substance? please, check all that apply
 convenience store gas station tobacco store head shop pharmacy
Please specify store name/location: _____
 dealer friend family member
 internet, please specify website _____
 event (e.g. party), please specify _____
 other, please specify _____
 Don't know Refused

14.11 How many days before your recent visit to the ER did you get this substance?
 Same Day (0 days) # of Days _____
 Don't know Refused

14.12 If you got it from a friend, family member, an acquaintance, or a dealer, where did they get it from?
check all that apply
 convenience store gas station tobacco store head shop pharmacy
Please specify store name/location: _____
 dealer friend family member
 internet, please specify website _____
 event (e.g. party), please specify _____
 other, please specify _____
 Don't know Refused

14.13 Did anyone else you know use this substance from the same source (same packet, baggy, joint, etc.)?

[Type here]

Yes No Don't Know Refused

If yes: **do you know if these people also got sick?** Yes No Don't Know Refused

If yes: **did they have to go to the hospital because of it?** Yes No Don't Know Refused

Repeat "DETAILS OF RECENT RECREATIONAL DRUG USE" section (use Appendix A) for each recreational drug.

If no history of synthetic marijuana use, skip to AWARENESS QUESTIONS.

SYNTHETIC MARIJUANA USE (GENERAL)

Now I am going to ask you general questions about your use of synthetic marijuana

15. How often do you use synthetic or "fake" marijuana?

- one time only (this episode) less than once a month 1-3 times a month once a week
 2-3 times a week 4 - 6 times a week once a day more than once a day Refused

If one time only, skip to question 17

16. How long have you been using synthetic or "fake" marijuana at this frequency?

- first time less than 1 year 1-2 years 3-5 years 6-10 years more than 10 years
 Don't Know Refused

17. How old were you when you first tried synthetic or "fake" marijuana? Age (in years)_____

- Don't Know Refused

18. Why do you choose to use synthetic or "fake" marijuana? _____

AWARENESS QUESTIONS

Finally, I want to ask you about your awareness of synthetic marijuana and a few closing questions

19. Before your recent visit to the ER, were you aware that using synthetic or "fake" marijuana could cause severe illness? Yes No Don't Know Refused

20. Are you aware that over the last month many people in the state of Colorado have been getting sick after using synthetic or "fake" marijuana? Yes No Don't know Refused

If yes: how did you find out? (check all that apply)

- TV/Radio, specify _____
 Social media (e.g. Facebook, Twitter, Instagram), specify _____
 internet website (specify) _____
 friend
 family member
 other (specify) _____

21. Have you continued to use synthetic or "fake" marijuana since your recent visit to the ER?

- Yes No Don't Know Refused

CLOSING QUESTIONS/COMMENT

22. What contact information works best if another public health person needs to speak with you again?

_____ Don't Know Refused

[Type here]

23. If you have any leftover product(s) from the 24 hours before your illness started, would you be willing to provide it for possible testing? Yes No

Notes/Comments/Questions:

APPENDIX A MRN: _____ Last Name:

[Type here]

14 Substance # _____ : _____

14.1 Thinking about the (substance 1) you used during the 24 hours before your recent visit to the ER, did this (substance 1) have a brand/street name _____ Don't Know Refused
Please describe the packaging: _____ Don't Know Refused

14.2 Was this your first time using this substance? Yes No Don't Know Refused
If yes, skip to question 14.7

14.3 Have you used this specific brand before Yes No Don't Know Refused
If no, skip to question 14.7
If yes: how many times? Once 2-5 times > 5 times

14.4 Have you been sick before after using this brand?
 Yes No Don't Know Refused

14.5 Did using this substance make you feel the same way it did other times you have used it?
 Yes No Don't Know Refused
Notes (optional) _____

14.6 Did the substance taste or smell like it did the other times you have used it?
 Yes No Don't Know Refused
Notes (optional) _____

14.7 How did you use this substance during the 24 hours before your recent visit to the ER?
 Smoke Eat or Swallow Snort Intravenous Other _____

14.8 Did you use it in a different way than you usually use it?
 Yes No Don't have normal method Don't Know Refused

14.9 How much of this substance did you use during the 24 hours before your recent visit to the ER?
amount = _____ unit (check only one) = grams packets puffs hits bowls blunts
 other, specify _____ Don't Know

14.10 How did you get this substance? please, check all that apply
 convenience store gas station tobacco store head shop pharmacy
Please specify store name/location: _____
 dealer friend family member
 internet, please specify website _____
 event (e.g. party), please specify _____
 other, please specify _____
 Don't know Refused

14.11 How many days before your recent visit to the ER did you get this substance?
 Same Day (0 days) # of Days _____
 Don't know Refused

14.12 If you got it from a friend, family member, an acquaintance, or a dealer, where did they get it from?
check all that apply
 convenience store gas station tobacco store head shop pharmacy
Please specify store name/location: _____
 dealer friend family member
 internet, please specify website _____
 event (e.g. party), please specify _____
 other, please specify _____
 Don't know Refused

14.13 Did anyone else you know use this substance from the same source (same packet, baggy, joint, etc.)?
 Yes No Don't Know Refused
If yes: do you know if these people also got sick? Yes No Don't Know Refused
If yes: did they have to go to the hospital because of it? Yes No Don't Know Refused