

JUUL vape pods questionnaire

Potential clients (injured person) name: _____

Inquirer Name (if different): _____

Inquirer's relationship to injured person: _____

Mailing Address: _____

Physical Address (if different): _____

City/State/Zip: _____

Primary phone: _____

Secondary phone: _____

Email Address: _____

Injured Person spouse name: _____

(If Injured Person Is Deceased)

Date of Death: _____

State of Death: _____

State of Ingestion: _____

Cause(s) of Death: _____

Residency at time of Death: City & State: _____

Has an Estate been opened: _____

If yes, who has been appointed Personal Representative:

CONFIRM RESIDENCY _____

(If caller is a resident of KY, LA or TN then DECLINE)

What is your current age? _____

(If over 32 years old today then DECLINE)

What is your Date of Birth? _____

If current age is less than 18 (or less than 19 in Nebraska or Alabama) ask:

Are your parents or legal guardians aware that you are calling our law firm, and do you have any issues with your parents becoming aware that you have contacted us?

May we text you? If yes, please provide your cell phone number and provider (who they have their phone with ... AT&T, T-Mobile, Verizon, etc) : _____

Have you ever used JUUL branded e-cigarettes? _____
(If NO, DECLINE)

When did you first begin using JUUL (mm/yr)? _____
If first use started *after* August 10, 2018 – DECLINE.

When did you first begin using JUUL daily?(i.e. onset of addiction) _____

When would you say you first became aware that you might be addicted to JUUL? _____

In what state do you currently hold a driver's license? (if over 16) _____

- Did this ever change during the period that you were using JUUL? _____
 - If so, when did it change and in what other state were licensed to drive? _____
-

In what state are you currently registered to vote? (if over 18) _____

- Did this ever change during the period that you were using JUUL? _____
 - If so, when did it change and in what other state were you registered to vote? _____
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Did you smoke or use any nicotine-containing products before you first used JUUL? (e.g., cigars, vapes, cigarettes, snuff, dip, etc.)

If yes, **which product types** _____

Score prior nicotine-containing products:

How many times per day did you usually use the nicotine containing product

- _____ 0-4 times/day (Score = 0)
- _____ 5-9 times/day (Score = 1)
- _____ 10-15 times/day (Score = 2)
- _____ 15-19 times/day (Score = 3)
- _____ 20-29 times/day (Score = 4)
- _____ 30+ times/day (Score = 5)

How soon after waking did you use the nicotine containing product?

- _____ 0-5 minutes (Score = 5)
- _____ 6-15 minutes (Score = 4)
- _____ 16-30 minutes (Score = 3)
- _____ 31-60 minutes (Score = 2)
- _____ > 60 minutes (Score = 1)

Did you ever have strong cravings to use the nicotine containing product?

- _____ Yes (Score = 1)
- _____ No (Score = 0)

Did you use the nicotine containing product because it was really hard to quit?

- _____ Yes (Score = 1)
- _____ No (Score = 0)

Total Score: _____

If total score is more than 5 - **DECLINE THE CASE**, otherwise continue.

Score JUUL Addiction:

How many times per day does/did IP usually use JUUL?

- _____ 0-4 times/day (Score = 0)
- _____ 5-9 times/day (Score = 1)
- _____ 10-15 times/day (Score = 2)
- _____ 15-19 times/day (Score = 3)
- _____ 20-29 times/day (Score = 4)
- _____ 30+ times/day (Score = 5)

How soon after waking does/did IP use JUUL?

- _____ 0-5 minutes (Score = 5)
- _____ 6-15 minutes (Score = 4)
- _____ 16-30 minutes (Score = 3)
- _____ 31-60 minutes (Score = 2)
- _____ > 60 minutes (Score = 1)

Do/did you ever have strong cravings to use JUUL?

- _____ Yes (Score = 1)
- _____ No (Score = 0)

Do/did you use JUUL because it is/was really hard to quit?

- _____ Yes (Score = 1)
- _____ No (Score = 0)

Total Score: _____

If total score is less than 6 – **DECLINE**, otherwise continue

**Have you experienced any of the following injuries while using JUUL or since using JUUL?
If YES, when were diagnosed (must provide at least month/year)? And;
Has a doctor or HCP told you that you use of JUUL caused or contributed to this injury?**

Injury	Date of Onset or Diagnosis	Doctor Causation (Yes/No)
Nicotine Poisoning		
Heart Attack or Myocardial Infarction		
Stroke		
Seizure		
Pneumonia		
Vaping-related Lung Illness		
Hypersensitivity Pneumonitis		
Eosinophilic Pneumonia		
Chronic Obstructive Pulmonary Disease (COPD)		
Advanced Asthma		
Other: Please Describe		

Are you currently using JUUL or any nicotine containing product? _____

If Yes, which products? _____

If “No” – when did you last use JUUL or any nicotine containing product?

Month/Year _____

Did you ever personally purchase JUUL? _____

- **If yes, did you purchase directly from JUUL Labs, Inc.?** _____

Identify every state where you purchased or used JUUL:

What JUUL Pod Flavors Did You Mostly Use? _____

If you used Mint Flavor, did you purchase or use the Mint Refill Kits? _____

(If Yes or No, remind them to save them as potential evidence)

******Please be sure to save all evidence of your use of the JUUL, including any proof of purchase, receipts, packaging, boxes, old pods, emails or notices from the JUUL website or social media messages related to JUUL. Also, any evidence of you addiction to JUUL, including attempts to quit JUUL will be very helpful for your case, should LP decide to represent you.**