



# FOLLOW-UP PHONE QUESTIONNAIRE

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FORM CODE: FUQ  
VERSION: 4.0 07/28/2022

Event: \_\_\_\_\_

0a) Date of Collection   /   /     0b) Staff Code

**Instructions:** This form should be completed during the follow-up phone conversations with study participants. Read the form carefully to familiarize yourself with the script as well as questions and skip patterns.

**INTERVIEWER: “Hello, my name is (interviewer name), and I am calling to follow up with (participant name) about the Subpopulations and Intermediate Outcome Measures in COPD Study (SPIROMICS), a health study in which s/he is currently enrolled. Is s/he available?”**

No ———→ When would it be convenient to call back? .....Thank you. I will call again.

Yes ———→ Hello, (participant name), this is (interviewer name) with the SPIROMICS study. I’m calling to see how you have been since your last (visit to our center or telephone contact). Do you have a few minutes to speak on the phone?

No ———→ When would it be convenient to call back?.....Thank you. I will call again.

Yes ———→ We’d like to gather information about your health. I will ask you some questions about your general health and about specific medical conditions since your last (visit to our center or telephone contact) on (date).

**INTERVIEWER: “I want you to focus on what happened from (date of last contact) until today.”**

1) (Do not ask participant) Participant status (choose one):

- Contacted and alive<sub>1</sub> → **Go to 2**
- Contacted and refused interview<sub>2</sub> → **Go to 1d**
- Not contacted, reported alive<sub>3</sub> → **End Call**
- Not contacted, reported deceased<sub>4</sub> → **Go to 1a**
- Not contacted, left message<sub>6</sub> → **End Call**
- Not contacted, unable to leave message<sub>7</sub> → **End Call**
- Not contacted, phone line disconnected<sub>8</sub> → **End Call**
- Unknown<sub>5</sub> → **End Call**
- Participant mailed in form<sub>9</sub> → **Go to 2**

1a) What was the date of death?   /   /

1b) In what city, state, and country did the death occur? \_\_\_\_\_

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

1c) Do you know if (*insert decedent's name*) was hospitalized or visited an emergency room for any reason between (*date of last contact*) and his/her death?

- No<sub>0</sub> → **End Call**  
 Yes<sub>1</sub> → **Go to 20a**

1d) Is the participant willing to be contacted regarding the in-person SPIROMICS II clinic visit?

- No<sub>0</sub> → **Complete the RSW form**  
 Yes, willing to be contacted<sub>1</sub>  
 Yes, willing to be contacted and Clinic Visit 5 already scheduled<sub>2</sub>  
 Not applicable, Clinic Visit 5 already complete<sub>3</sub>

### HOSPITALIZATIONS

2) Since your last (*clinic visit or telephone contact*) on (*date*), have you had a flare-up of chest trouble?

- No<sub>0</sub> → **Go to 20**  
 Yes<sub>1</sub>

2a) How many episodes of chest trouble flare-ups have you had since (*date*)?  episodes

How was/were the episode(s) of breathing problem(s) treated? Please answer for each episode (if more than one) by checking all relevant treatments given for each episode.

3) For the first episode of breathing problems you had since (*date*):

3a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

3b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

3c) Did you take additional antibiotics but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

3d) Did you take additional oral steroids but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

3e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 3e1) An additional antibiotic?   
3e2) Additional steroids?   
3e3) Don't know   
3e4) Don't remember

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

3f) Were you evaluated in an Emergency Department?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 3f1) An additional antibiotic?
- 3f2) Additional steroids?
- 3f3) Don't know
- 3f4) Don't remember

3g) Were you admitted to the hospital?

- No<sub>0</sub> → **If a second episode occurred, go to 6. Otherwise, go to 20**  
 Yes<sub>1</sub>

If participant was admitted to the hospital:

4a) What was the date of this event?

		/			/				
--	--	---	--	--	---	--	--	--	--

4b) What is the name of the medical facility? \_\_\_\_\_

4c) What is the address of this medical facility? \_\_\_\_\_

4d) For clarification, under what name is this hospital record?

4d1) First Name: \_\_\_\_\_

4d2) Second Name: \_\_\_\_\_

4d3) Last Name: \_\_\_\_\_

4d4) Maternal Last Name: \_\_\_\_\_

4e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

4f) During the hospitalization did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose?

- No<sub>0</sub>  
 Yes<sub>1</sub>

**Question 5 has been removed.**

6) For the second episode of breathing problems you had since (date):

6a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

6b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

6c) Did you take additional antibiotics but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

6d) Did you take additional oral steroids but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

6e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 6e1) An additional antibiotic?
- 6e2) Additional steroids?
- 6e3) Don't know
- 6e4) Don't remember

6f) Were you evaluated in an Emergency Department?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 6f1) An additional antibiotic?
- 6f2) Additional steroids?
- 6f3) Don't know
- 6f4) Don't remember

6g) Were you admitted to the hospital?

- No<sub>0</sub> → **If a third episode occurred, go to 9. Otherwise, go to 20**  
 Yes<sub>1</sub>

If participant was admitted to the hospital:

7a) What was the date of this event? / /

7b) What is the name of the medical facility? \_\_\_\_\_

7c) What is the address of this medical facility? \_\_\_\_\_

7d) For clarification, under what name is this hospital record?

7d1) First Name: \_\_\_\_\_

7d2) Second Name: \_\_\_\_\_

7d3) Last Name: \_\_\_\_\_

7d4) Maternal Last Name: \_\_\_\_\_

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

7e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

7f) During the hospitalization did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose?

- No<sub>0</sub>  
 Yes<sub>1</sub>

Question 8 has been removed.

9) For the third episode of breathing problems you had since (date):

9a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

9b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

9c) Did you take additional antibiotics but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

9d) Did you take additional oral steroids but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

9e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 9e1) An additional antibiotic?   
9e2) Additional steroids?   
9e3) Don't know   
9e4) Don't remember

9f) Were you evaluated in an Emergency Department?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 9f1) An additional antibiotic?   
9f2) Additional steroids?   
9f3) Don't know   
9f4) Don't remember

9g) Were you admitted to the hospital?

- No<sub>0</sub> → **If a fourth episode occurred, go to 12. Otherwise, go to 20**  
 Yes<sub>1</sub>

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

If participant was admitted to the hospital:

10a) What was the date of this event?

		/			/				
--	--	---	--	--	---	--	--	--	--

10b) What is the name of the medical facility? \_\_\_\_\_

10c) What is the address of this medical facility? \_\_\_\_\_

10d) For clarification, under what name is this hospital record?

10d1) First Name: \_\_\_\_\_

10d2) Second Name: \_\_\_\_\_

10d3) Last Name: \_\_\_\_\_

10d4) Maternal Last Name: \_\_\_\_\_

10e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

10f) During the hospitalization did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose?

- No<sub>0</sub>  
 Yes<sub>1</sub>

Question 11 has been removed.

12) For the fourth episode of breathing problems you had since (date):

12a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12c) Did you take additional antibiotics but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12d) Did you take additional oral steroids but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

12e1) An additional antibiotic?

12e2) Additional steroids?

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: FUQ  
VERSION: 4.0 07/28/2022

Event: \_\_\_\_\_

12e3) Don't know

12e4) Don't remember

12f) Were you evaluated in an Emergency Department?

No<sub>0</sub>

Yes<sub>1</sub>

During that visit were you given (check all that apply):

12f1) An additional antibiotic?

12f2) Additional steroids?

12f3) Don't know

12f4) Don't remember

12g) Were you admitted to the hospital?

No<sub>0</sub>

Yes<sub>1</sub>

**If a fifth episode occurred, go to 15. Otherwise, go to 20**

If participant was admitted to the hospital:

13a) What was the date of this event?

		/			/				
--	--	---	--	--	---	--	--	--	--

13b) What is the name of the medical facility? \_\_\_\_\_

13c) What is the address of this medical facility? \_\_\_\_\_

13d) For clarification, under what name is this hospital record?

13d1) First Name: \_\_\_\_\_

13d2) Second Name: \_\_\_\_\_

13d3) Last Name: \_\_\_\_\_

13d4) Maternal Last Name: \_\_\_\_\_

13e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

No<sub>0</sub>

Yes<sub>1</sub>

13f) During the hospitalization did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose?

No<sub>0</sub>

Yes<sub>1</sub>

Question 14 has been removed.

15) For the fifth episode of breathing problems you had since (date):

15a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

No<sub>0</sub>

Yes<sub>1</sub>

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

15b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

15c) Did you take additional antibiotics but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

15d) Did you take additional oral steroids but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

15e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 15e1) An additional antibiotic?   
 15e2) Additional steroids?   
 15e3) Don't know   
 15e4) Don't remember

15f) Were you evaluated in an Emergency Department?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 15f1) An additional antibiotic?   
 15f2) Additional steroids?   
 15f3) Don't know   
 15f4) Don't remember

15g) Were you admitted to the hospital?

- No<sub>0</sub> → **If a sixth episode occurred, go to 18. Otherwise, go to 20**  
 Yes<sub>1</sub>

If participant was admitted to the hospital:

16a) What was the date of this event? / /

16b) What is the name of the medical facility? \_\_\_\_\_

16c) What is the address of this medical facility? \_\_\_\_\_

16d) For clarification, under what name is this hospital record?

16d1) First Name: \_\_\_\_\_

16d2) Second Name: \_\_\_\_\_

16d3) Last Name: \_\_\_\_\_

16d4) Maternal Last Name: \_\_\_\_\_



ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

16e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

16f) During the hospitalization did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose?

- No<sub>0</sub>  
 Yes<sub>1</sub>

Question 17 has been removed.

18) For the sixth episode of breathing problems you had since (date):

18a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

18b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

18c) Did you take additional antibiotics but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

18d) Did you take additional oral steroids but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

18e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 18e1) An additional antibiotic?   
18e2) Additional steroids?   
18e3) Don't know   
18e4) Don't remember

18f) Were you evaluated in an Emergency Department?

- No<sub>0</sub>  
 Yes<sub>1</sub>

During that visit were you given (check all that apply):

- 18f1) An additional antibiotic?   
18f2) Additional steroids?   
18f3) Don't know   
18f4) Don't remember

18g) Were you admitted to the hospital?

- No<sub>0</sub> → **Go to 20**  
 Yes<sub>1</sub>

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: FUQ  
VERSION: 4.0 07/28/2022

Event: \_\_\_\_\_

If participant was admitted to the hospital:

19a) What was the date of this event?

		/			/				
--	--	---	--	--	---	--	--	--	--

19b) What is the name of the medical facility? \_\_\_\_\_

19c) What is the address of this medical facility? \_\_\_\_\_

19d) For clarification, under what name is this hospital record?

19d1) First Name: \_\_\_\_\_

19d2) Second Name: \_\_\_\_\_

19d3) Last Name: \_\_\_\_\_

19d4) Maternal Last Name: \_\_\_\_\_

19e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

19f) During the hospitalization did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose?

- No<sub>0</sub>  
 Yes<sub>1</sub>

**INTERVIEWER: "The following questions are about any other hospitalizations you may have had since your last (center visit or telephone contact) on (date)."**

20) Since your last (center visit or telephone contact) on (date), have you at any time been admitted to a hospital for any reason other than a chest flare-up?

- No<sub>0</sub> → **Go to 27**  
 Yes<sub>1</sub>  
 Unsure<sub>9</sub> → **Go to 27**

20a) How many hospitalizations have/has (you or insert decedent's name) had since (date)?

**INTERVIEWER: "The next few questions are about one event. If there was more than one, we would like to talk about each one separately. Let's start with the first event after (your or decedent's) (visit or telephone contact) on (date)."**

21) For the first hospitalization (you or insert decedent's name) had since (date):

21a) What was the date of this event?

		/			/				
--	--	---	--	--	---	--	--	--	--

21b) What is the name of the medical facility? \_\_\_\_\_

21c) What is the address of this medical facility? \_\_\_\_\_

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: FUQ  
VERSION: 4.0 07/28/2022

Event: \_\_\_\_\_

21d) For clarification, under what name is this hospital record?

21d1) First Name: \_\_\_\_\_

21d2) Second Name: \_\_\_\_\_

21d3) Last Name: \_\_\_\_\_

21d4) Maternal Last Name: \_\_\_\_\_

**If participant is alive and had only 1 hospitalization since (last visit date) → Go to 27**

**If participant is deceased and had only 1 hospitalization since (last visit date) → Go to End**

22) For the second hospitalization (you or insert decedent's name) had since (date):

22a) What was the date of this event?   /   /

22b) What is the name of the medical facility? \_\_\_\_\_

22c) What is the address of this medical facility? \_\_\_\_\_

22d) For clarification, under what name is this hospital record?

22d1) First Name: \_\_\_\_\_

22d2) Second Name: \_\_\_\_\_

22d3) Last Name: \_\_\_\_\_

22d4) Maternal Last Name: \_\_\_\_\_

**If participant is alive and had only 2 hospitalizations since (last visit date) → Go to 27**

**If participant is deceased and had only 2 hospitalizations since (last visit date) → Go to End**

23) For the third hospitalization (you or insert decedent's name) had since (date):

23a) What was the date of this event?   /   /

23b) What is the name of the medical facility? \_\_\_\_\_

23c) What is the address of this medical facility? \_\_\_\_\_

23d) For clarification, under what name is this hospital record?

23d1) First Name: \_\_\_\_\_

23d2) Second Name: \_\_\_\_\_

23d3) Last Name: \_\_\_\_\_

23d4) Maternal Last Name: \_\_\_\_\_

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

**If participant is alive and had only 3 hospitalizations since (last visit date) → [Go to 27](#)**

**If participant is deceased and had only 3 hospitalizations since (last visit date) → [Go to End](#)**

24) For the fourth hospitalization (you or insert decedent's name) had since (date):

24a) What was the date of this event?   /   /

24b) What is the name of the medical facility? \_\_\_\_\_

24c) What is the address of this medical facility? \_\_\_\_\_

24d) For clarification, under what name is this hospital record?

24d1) First Name: \_\_\_\_\_

24d2) Second Name: \_\_\_\_\_

24d3) Last Name: \_\_\_\_\_

24d4) Maternal Last Name: \_\_\_\_\_

**If participant is alive and had only 4 hospitalizations since (last visit date) → [Go to 27](#)**

**If participant is deceased and had only 4 hospitalizations since (last visit date) → [Go to End](#)**

25) For the fifth hospitalization (you or insert decedent's name) had since (date):

25a) What was the date of this event?   /   /

25b) What is the name of the medical facility? \_\_\_\_\_

25c) What is the address of this medical facility? \_\_\_\_\_

25d) For clarification, under what name is this hospital record?

25d1) First Name: \_\_\_\_\_

25d2) Second Name: \_\_\_\_\_

25d3) Last Name: \_\_\_\_\_

25d4) Maternal Last Name: \_\_\_\_\_

**If participant is alive and had only 5 hospitalizations since (last visit date) → [Go to 27](#)**

**If participant is deceased and had only 5 hospitalizations since (last visit date) → [Go to End](#)**

26) For the sixth hospitalization (you or insert decedent's name) had since (date):

26a) What was the date of this event?   /   /

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

26b) What is the name of the medical facility? \_\_\_\_\_

26c) What is the address of this medical facility? \_\_\_\_\_

26d) For clarification, under what name is this hospital record?

26d1) First Name: \_\_\_\_\_

26d2) Second Name: \_\_\_\_\_

26d3) Last Name: \_\_\_\_\_

26d4) Maternal Last Name: \_\_\_\_\_

If participant is alive → **Go to 27**

If participant is deceased → **Go to End**

**INTERVIEWER: "I'd now like to ask you some other questions about your health since your last (clinic visit or telephone contact) on (date)."**

27) Are you currently using oxygen?

No<sub>0</sub> → **Go to 28**

Yes<sub>1</sub>

27a) Did your use of oxygen begin since your last (center visit or telephone contact) on (date)?

No<sub>0</sub>

Yes<sub>1</sub>

28) Have you been listed for or received a lung transplant or resection?

No<sub>0</sub>

Yes<sub>1</sub>

**Question 29 has been removed.**

30) Have you had a procedure involving insertion of a camera into the lung (bronchoscopy)?

No<sub>0</sub> → **Go to 32**

Yes<sub>1</sub>

31) If you have had a bronchoscopy, what procedure(s) was performed?

31a) Check for infection?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>2</sub>

31b) Biopsy of nodule/mass?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>2</sub>

31c) Place a coil and/or valve?

No<sub>0</sub>

Yes<sub>1</sub>

Don't know<sub>2</sub>

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

31d) Other procedure not listed?

- No<sub>0</sub>
- Yes<sub>1</sub>
- Don't know<sub>2</sub>

2932) Are you currently smoking cigarettes?

- No<sub>0</sub>
- Yes<sub>1</sub>

3033) Since your last (*center visit* or *telephone contact*) on (*date*), has a doctor or health care provider diagnosed you for the first time with a medical problem(s)?

- No<sub>0</sub> → **Go to 35**
- Yes<sub>1</sub>

3134) Were you diagnosed with:

31a34a) Lung cancer?

- No<sub>0</sub>
- Yes<sub>1</sub>

31b34b) Other type of cancer?

- No<sub>0</sub>
- Yes<sub>1</sub>

34b1) If so, what type? \_\_\_\_\_

31c34c) Diabetes?

- No<sub>0</sub>
- Yes<sub>1</sub>

31d34d) Blood Clots?

- No<sub>0</sub>
- Yes<sub>1</sub>

Questions 34e and 34f have been removed.

31g34g) Heart attack or myocardial infarction?

- No<sub>0</sub>
- Yes<sub>1</sub>

31h34h) Stroke

- No<sub>0</sub>
- Yes<sub>1</sub>

31i34i) Coronary artery disease (atherosclerosis)?

- No<sub>0</sub>
- Yes<sub>1</sub>

34j) Congestive heart failure or heart failure?

- No<sub>0</sub>
- Yes<sub>1</sub>

34k) Bypass or coronary bypass surgery, or stents to coronary arteries?

- No<sub>0</sub>
- Yes<sub>1</sub>

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: FUQ  
VERSION: 4.0 07/28/2022

Event: \_\_\_\_\_

**INTERVIEWER: "Thank you very much for your participation in the SPIROMICS study. I am going to ask you for your current address, phone number, and email address. This is both to make sure we have the most current contact information for you as well as to help us examine the relationship between place of residence and COPD. Please remember that all information that you give us is confidential, and only certified SPIROMICS personnel will have access to this information."**

35) Has there been any change to your home address, primary phone number, or email address since your last (*center visit or telephone contact*) on (*date*)?

- No<sub>0</sub> → **Go to 44**
- Yes<sub>1</sub>
- Refused to provide<sub>9</sub> → **Go to 44**

**INTERVIEWER: Please read the current contact information to participants every four months to confirm that it is still the latest information.**

36) Has there been any change in your home address?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to CIF form to enter change**
- Refused to provide<sub>9</sub>

37) Has there been any change in your primary phone number?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to CIF form to enter change**
- Refused to provide<sub>9</sub>

Questions 38 – 41 have been removed.

42) Has there been any change in your email address?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to CIF form to enter change**
- Refused to provide<sub>9</sub>

Question 43 has been removed.

**INTERVIEWER: Please read the current contacts information to participants every four months to confirm that it is still the latest information.**

44) Has there been any change in your contacts since your last (*center visit or telephone contact*) on (*date*)?

- No<sub>0</sub>
- Yes<sub>1</sub> → **Go to CIF form to enter change**
- Prefer not to give contacts<sub>9</sub>

44a) Are you currently enrolled in another research study or clinical trial?

- No<sub>0</sub> → **Go to Q45**
- Yes<sub>1</sub>

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

Don't know<sub>2</sub> → **Go to Q45**

44b) If Yes, are you enrolled in (check all that apply):

44b1)  Footprint

44b2)  Novelty

44b3)  Rethinc

44b4)  Other

44b4a) If Other, what is the study or trial name(s)? \_\_\_\_\_

**INTERVIEWER: Thank you for answering these questions. (do not read) Please discuss the SPIROMICS Bronchoscopy Substudy, Exacerbation Substudy, Heart Failure Ancillary Study, and C4R Ancillary Study with the participant as each applies to your site and record the discussion/outcome below in Question 45.**

45) Did you discuss, consent, and/or remind the participant about any of the SPIROMICS substudies and/or ancillary studies?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 45b**

45a) If no, please provide the reason: \_\_\_\_\_

45b) Which of the following substudies and/or ancillary studies did you discuss with the participant whether it be regarding interest, consent, and/or reminder based? (Please select all that apply)

45b1)  Bronchoscopy Substudy

45b2)  Exacerbation Substudy

45b3)  Heart Failure Ancillary

45b4)  C4R Ancillary

45b5)  Other

45b5a) If other, please specify: \_\_\_\_\_

(If the next contact is by telephone): We'll be contacting you again around (*date*) for another telephone contact.

(If next contact is a clinic visit that has been scheduled): We look forward to seeing you during your in-person visit at (*insert institution*) on (*date*).

(If next contact is a clinic visit that has not been scheduled): We'll be contacting you around (*date*) to schedule an in-person visit at (*insert institution*) to take place around (*date*).

Thank you again for your time and participation.

(end call)

**END FORM**