

FOLLOW-UP PHONE QUESTIONNAIRE, FUQ VERSION 1.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Follow-up Phone Questionnaire (FUQ) is interviewer administered and to be completed during the follow-up phone conversations with study participants every 6 months.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.).* Beside each item input is a small double bracket icon which looks like this: >>. Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at Baseline or another event.

Item 0a. Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 0b. Record the SOURCE staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SOURCE data, please contact the GIC in order to receive your own individual staff code.

NOTE: Read the script preceding Item 1 exactly as written to the participant.

Item 1. Select only one option among the nine possible choices.

- If 'Contacted and alive' or 'Participant mailed in form' is selected, go to Item 2.
- If 'Contacted and refused interview' is selected, go to Item 1d.
- If 'Not contacted, reported deceased' is selected, go to Item 1a.
- If any other option is selected, **Go to End** of the form, **Save and Close** the form, and **End the call**.

Item 1a. Record the date the participant died in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 1b. Record the city, state, and country where the participant died in the space provided.

- Item 1c.** Select only one option among the two possible choices.
- If 'No' is selected, **Go to End** of the form, **Save and Close** the form, and **End the call**.
 - If 'Yes' is selected, go to Item 15a.

- Item 1d.** Select only one option among the three possible choices.
- If 'No' is selected, **Go to End** of the form, **Save and Close** the form, **End the call**, and **Complete the RSW form**.
 - If 'Yes, willing to be contacted' is selected, go to Item 1d1; then **Go to End** of the form, **Save and Close** the form, and **End the call**.
 - If 'Yes, willing to be contacted and next visit already scheduled' is selected, **Go to End** of the form, **Save and Close** the form, and **End the call**.

Items 1d1a-1d1c. Use the check boxes to answer all that apply for which SOURCE visit(s) the participant is willing to be contacted.

HOSPITALIZATIONS

Item 2. Select only one option among the two possible choices. If 'No' is selected, go to Item 15.

- Item 2a.** Record the participant's number of episodes of breathing problems since their last contact in the space provided. *NOTE: CDART will only open the corresponding number of episode items. For example, if you enter '04', the items for the first four episodes will only be activated (items for the fifth and sixth episodes will remain greyed out).*

NOTE: Read the script preceding Item 3 exactly as written to the participant.

Item 3.

- Items 3a-3d.** Select only one option among the two possible choices.

- Item 3e.** Select only one option among the two possible choices. If 'No' is selected, go to Item 3f.

Items 3e1-3e4. Use the check boxes to answer all that apply to the first episode.

- Item 3f.** Select only one option among the two possible choices. If 'No' is selected, go to Item 3g.

Items 3f1-3f4. Use the check boxes to answer all that apply to the first episode.

- Item 3g.** Select only one option among the two possible choices. If 'No' is selected, go to Item 5.

Item 4.

- Item 4a.** Record the date the participant was admitted to the hospital for the first episode in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

- Item 4b.** Record the name of the medical facility where the participant was admitted for the first episode in the space provided.

- Item 4c.** Record the address of the medical facility where the participant was admitted for the first episode in the space provided.

Item 4d.

Items 4d1-4d4. Record the First (4d1), Second (4d2), Last (4d3), and Maternal Last (4d4) names the participant was admitted to the hospital under for the first episode in the spaces provided.

Items 4e-4f. Select only one option among the two possible choices.

Items 5-6f. For the participant's second episode, follow the instructions as in Items 3-4f as the question pattern is identical (if applicable).

Items 7-8f. For the participant's third episode, follow the instructions as in Items 3-4f as the question pattern is identical (if applicable).

Items 9-10f. For the participant's fourth episode, follow the instructions as in Items 3-4f as the question pattern is identical (if applicable).

Items 11-12f. For the participant's fifth episode, follow the instructions as in Items 3-4f as the question pattern is identical (if applicable).

Items 13-14f. For the participant's sixth episode, follow the instructions as in Items 3-4f as the question pattern is identical (if applicable).

NOTE: It is important that the EARLIEST episode be recorded first (Item 3) working backward towards the episode closest to the current date since the last contact.

NOTE: Read the script preceding Item 15 exactly as written to the participant.

Item 15. Select only one option among the two possible choices. If 'No' is selected, go to Item 22.

Item 15a. Record the participant's number of hospitalizations since their last contact in the space provided. *NOTE: CDART will only open the corresponding number of hospitalization items. For example, if you enter '04', the items for the first four hospitalizations will only be activated (items for the fifth and sixth hospitalizations will remain greyed out).*

NOTE: Read the script preceding Item 16 exactly as written to the participant.

Item 16.

Item 16a. Record the date the participant was admitted to the hospital for the first time since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 16b. Record the name of the medical facility where the participant was admitted for the first time since their last contact in the space provided.

Item 16c. Record the address of the medical facility where the participant was admitted for the first time since their last contact in the space provided.

Item 16d.

Items 16d1-16d4. Record the First (16d1), Second (16d2), Last (16d3), and Maternal Last (16d4) names the participant was admitted to the hospital under for the first time since their last contact in the spaces provided.

NOTE:

- If participant is alive and had only 1 hospitalization since their last contact, go to Item 22.
- If participant is deceased and had only 1 hospitalization since their last contact, **Go to End** of the form, **Save and Close** the form, and **End the call**.

Items 17-17d4. For the participant's second hospitalization, follow the instructions as in Items 16-16d4 as the question pattern is identical (if applicable).

NOTE:

- If participant is alive and had only 2 hospitalizations since their last contact, go to Item 22.
- If participant is deceased and had only 2 hospitalizations since their last contact, **Go to End** of the form, **Save and Close** the form, and **End the call**.

Items 18-18d4. For the participant's third hospitalization, follow the instructions as in Items 16-16d4 as the question pattern is identical (if applicable).

NOTE:

- If participant is alive and had only 3 hospitalizations since their last contact, go to Item 22.
- If participant is deceased and had only 3 hospitalizations since their last contact, **Go to End** of the form, **Save and Close** the form, and **End the call**.

Items 19-19d4. For the participant's fourth hospitalization, follow the instructions as in Items 16-16d4 as the question pattern is identical (if applicable).

NOTE:

- If participant is alive and had only 4 hospitalizations since their last contact, go to Item 22.
- If participant is deceased and had only 4 hospitalizations since their last contact, **Go to End** of the form, **Save and Close** the form, and **End the call**.

Items 20-20d4. For the participant's fifth hospitalization, follow the instructions as in Items 16-16d4 as the question pattern is identical (if applicable).

NOTE:

- If participant is alive and had only 5 hospitalizations since their last contact, go to Item 22.
- If participant is deceased and had only 5 hospitalizations since their last contact, **Go to End** of the form, **Save and Close** the form, and **End the call**.

Items 21-21d4. For the participant's sixth hospitalization, follow the instructions as in Items 16-16d4 as the question pattern is identical (if applicable).

NOTE:

- If participant is alive, go to Item 22.
- If participant is deceased, **Go to End** of the form, **Save and Close** the form, and **End the call**.

NOTE: It is important that the EARLIEST hospitalization be recorded first (Item 16) working forwards towards the hospitalization closest to the current date since the last contact.

NOTE: Read the script preceding Item 22 exactly as written to the participant.

Item 22. Select only one option among the two possible choices. If 'No' is selected, go to Item 23.

Item 22a. Select only one option among the two possible choices. If 'Yes' is selected, go to Item 24.

Item 22b. Record the date the participant stopped smoking cigarettes regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. Then, go to Item 24.

Item 23. Select only one option among the two possible choices. If 'No' is selected, go to Item 26.

Item 23a. Record the date the participant started smoking cigarettes regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 24. Select only one option among the two possible choices. If 'No' is selected, go to Item 25.

Item 24a. Select only one option among the two possible choices. If 'Yes' is selected, go to Item 26.

Item 24b. Record the date the participant stopped smoking menthol cigarettes regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. Then, go to Item 26.

Item 25. Select only one option among the two possible choices. If 'No' is selected, go to Item 26.

Item 25a. Record the date the participant started smoking menthol cigarettes regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 26. Select only one option among the two possible choices. If 'No' is selected, go to Item 27.

Item 26a. Select only one option among the two possible choices. If 'Yes' is selected, go to Item 28.

Item 26b. Record the date the participant stopped using an electronic cigarette or vape product regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. Then, go to Item 28.

Item 27. Select only one option among the two possible choices. If 'No' is selected, go to Item 28.

Item 27a.

Items 27a1-27a5. Use the check boxes to answer all that apply included in the participant's electronic cigarette or vape product.

Item 27a5a. Specify other substance included in the participant's electronic cigarette or vape product in the space provided.

Item 27b. Record the date the participant started using an electronic cigarette or vape product regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 28. Select only one option among the two possible choices. If 'No' is selected, go to Item 29.

Item 28a. Select only one option among the two possible choices. If 'Yes' is selected, go to Item 29.

Item 28b. Record the date the participant stopped smoking or using any other substance(s) regularly since their last contact in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. Then, go to Item 30.

Item 29. Select only one option among the two possible choices. If 'No' is selected, go to Item 30.

Item 29a.

Items 29a1-29a7. Use the check boxes to answer all that apply for substance(s) the participant is smoking or using.

Item 29a7a. Specify other substance the participant is smoking or using in the space provided.

Item 30. Select only one option among the two possible choices. If 'No' is selected, go to Item 31.

Items 30a-30i. Select only one option among the two possible choices. If 'Yes' is selected in Item 30b, go to Item 30b1.

Item 30b1. Specify other type of cancer the participant has been diagnosed with for the first time since their last contact, other than lung cancer, in the space provided.

NOTE: Read the script preceding Item 31 exactly as written to the participant.

Item 31. Select only one option among the two possible choices. If 'No' is selected, go to Item 35.

NOTE: Please read the current contact information in the CIF form to the participant to confirm that it is still the latest information.

Item 32. Select only one option among the two possible choices. If 'Yes' is selected, **Go to the CIF form** and enter the participant's updated home address.

Item 33. Select only one option among the two possible choices. If 'Yes' is selected, **Go to the CIF form** and enter the participant's updated primary phone number.

Item 34. Select only one option among the two possible choices. If 'Yes' is selected, **Go to the CIF form** and enter the participant's updated email address.

NOTE: Please read the current contacts information in the CIF form to the participant to confirm that it is still the latest information.

Item 35. Select only one option among the two possible choices. If 'Yes' is selected, **Go to the CIF form** and enter the participant's updated contacts.

Item 36. Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, **Save and Close** the form, and **End the call**.

Item 36a. Record the name(s) of the study or trial the participant has enrolled in since their last contact in the space provided.

NOTE: Read the script following Item 36a exactly as written to the participant. Select the script choice per whether 'the next contact is by telephone', 'the next contact is a clinic visit that has been scheduled', or 'the next contact is a clinic visit that has not been scheduled'.

Select **Save and Close** at the bottom of the page/screen and **End the call**.