



# FOLLOW-UP EXACERBATION QUESTIONNAIRE

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FORM CODE: FEQ  
VERSION: 1.0 03/06/2018

Event \_\_\_\_\_

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

**Instructions:** This form should be completed during the participant's clinic visit. Please read the questions exactly as written.

- 1) Have you had an episode of breathing problems in the last 12 months?  
 No<sub>0</sub> → **Go to End**  
 Yes<sub>1</sub>
- 2) How many episodes of breathing problems have you had in the last 12 months?   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.**

**For the first episode of breathing problems you had in the last 12 months:**

- 3) What was the approximate month and year of the first episode:   /
- 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> → **Go to 3f**  
 Yes<sub>1</sub>

ID NUMBER:								
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FORM CODE: FEQ  
VERSION: 1.0 03/06/2018

Event \_\_\_\_\_

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

3f) Were you evaluated in an Emergency Department?

- No<sub>0</sub> → **Go to 3g**
- 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> → **Go to 5**
- Yes<sub>1</sub>

If participant was admitted to hospital:

4) What was the date of this event?   /   /

4a) What is the name of the medical facility?

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4b) What is the address of this medical facility? (Leave blank if unknown)

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4c) For clarification of our records, under what name is this record?

4c1) First Name: \_\_\_\_\_

4c2) Second Name: \_\_\_\_\_

4c3) Last Name: \_\_\_\_\_

4c4) Maternal Last Name: \_\_\_\_\_

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

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

4e) 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>

**For the second episode of breathing problems you had in the last 12 months:**

5) What was the approximate month and year of the second episode:   /

5a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

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

5b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

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

5c) Did you take additional antibiotics but without contacting a healthcare provider?

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

5d) Did you take additional oral steroids but without contacting a healthcare provider?

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

5e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub> → **Go to 5f**  
 Yes<sub>1</sub>

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

- 5e1) An additional antibiotic   
5e2) Additional steroids   
5e3) Don't know   
5e4) Don't remember

5f) Were you evaluated in an Emergency Department?

- No<sub>0</sub> → **Go to 5g**  
 Yes<sub>1</sub>

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

- 5f1) An additional antibiotic   
5f2) Additional steroids   
5f3) Don't know

ID NUMBER:								
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FORM CODE: FEQ  
VERSION: 1.0 03/06/2018

Event \_\_\_\_\_

5f4) Don't remember

5g) Were you admitted to the hospital?

No<sub>0</sub> → **Go to 7**

Yes<sub>1</sub>

If participant was admitted to hospital:

6) What was the date of this event?

<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6a) What is the name of the medical facility?

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6b) What is the address of this medical facility? (Leave blank if unknown)

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6c) For clarification of our records, under what name is this record?

6c1) First Name: \_\_\_\_\_

6c2) Second Name: \_\_\_\_\_

6c3) Last Name: \_\_\_\_\_

6c4) Maternal Last Name: \_\_\_\_\_

6d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

No<sub>0</sub>

Yes<sub>1</sub>

6e) 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>

**For the third episode of breathing problems you had in the last 12 months:**

7) What was the approximate month and year of the third episode:

<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

No<sub>0</sub>

ID NUMBER:								
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Yes<sub>1</sub>

7b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

No<sub>0</sub>

Yes<sub>1</sub>

7c) Did you take additional antibiotics but without contacting a healthcare provider?

No<sub>0</sub>

Yes<sub>1</sub>

7d) Did you take additional oral steroids but without contacting a healthcare provider?

No<sub>0</sub>

Yes<sub>1</sub>

7e) Were you evaluated in a physician's office or urgent care?

No<sub>0</sub> → **Go to 7f**

Yes<sub>1</sub>

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

7e1) An additional antibiotic

7e2) Additional steroids

7e3) Don't know

7e4) Don't remember

7f) Were you evaluated in an Emergency Department?

No<sub>0</sub> → **Go to 7g**

Yes<sub>1</sub>

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

7f1) An additional antibiotic

7f2) Additional steroids

7f3) Don't know

7f4) Don't remember

7g) Were you admitted to the hospital?

No<sub>0</sub> → **Go to 9**

Yes<sub>1</sub>

If participant was admitted to hospital:

8) What was the date of this event?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8a) What is the name of the medical facility?

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ID NUMBER:								
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FORM CODE: FEQ  
VERSION: 1.0 03/06/2018

Event \_\_\_\_\_

8b) What is the address of this medical facility? (Leave blank if unknown)

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8c) For clarification of our records, under what name is this record?

8c1) First Name: \_\_\_\_\_

8c2) Second Name: \_\_\_\_\_

8c3) Last Name: \_\_\_\_\_

8c4) Maternal Last Name: \_\_\_\_\_

8d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

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

8e) 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>

**For the fourth episode of breathing problems you had in the last 12 months:**

9) What was the approximate month and year of the fourth episode:        /

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>

ID NUMBER:								
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Event \_\_\_\_\_

Yes<sub>1</sub>

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

No<sub>0</sub> → **Go to 9f**

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> → **Go to 9g**

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> → **Go to 11**

Yes<sub>1</sub>

If participant was admitted to hospital:

10) What was the date of this event?   /   /

10a) What is the name of the medical facility?

\_\_\_\_\_

10b) What is the address of this medical facility? (Leave blank if unknown)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10c) For clarification of our records, under what name is this record?

10c1) First Name: \_\_\_\_\_

10c2) Second Name: \_\_\_\_\_

ID NUMBER:								
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10c3) Last Name: \_\_\_\_\_

10c4) Maternal Last Name: \_\_\_\_\_

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

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

10e) 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>

**For the fifth episode of breathing problems you had in the last 12 months:**

11) What was the approximate month and year of the fifth episode:        /

11a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

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

11b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

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

11c) Did you take additional antibiotics but without contacting a healthcare provider?

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

11d) Did you take additional oral steroids but without contacting a healthcare provider?

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

11e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub> → **Go to 11f**
- Yes<sub>1</sub>

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

- 11e1) An additional antibiotic
- 11e2) Additional steroids
- 11e3) Don't know
- 11e4) Don't remember

11f) Were you evaluated in an Emergency Department?

- No<sub>0</sub> → **Go to 11g**



ID NUMBER:								
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FORM CODE: FEQ  
VERSION: 1.0 03/06/2018

Event \_\_\_\_\_

Yes<sub>1</sub>

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

- 11f1) An additional antibiotic
- 11f2) Additional steroids
- 11f3) Don't know
- 11f4) Don't remember

11g) Were you admitted to the hospital?

- No<sub>0</sub> → **Go to 13**
- Yes<sub>1</sub>

If participant was admitted to hospital:

12) What was the date of this event?   /   /

12a) What is the name of the medical facility?  
\_\_\_\_\_

12b) What is the address of this medical facility? (Leave blank if unknown)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12c) For clarification of our records, under what name is this record?

12c1) First Name: \_\_\_\_\_

12c2) Second Name: \_\_\_\_\_

12c3) Last Name: \_\_\_\_\_

12c4) Maternal Last Name: \_\_\_\_\_

12d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

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

12e) 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>

**For the sixth episode of breathing problems you had in the last 12 months:**

ID NUMBER:							
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FORM CODE: FEQ  
VERSION: 1.0 03/06/2018

Event \_\_\_\_\_

13) What was the approximate month and year of the sixth episode:

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13a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

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

13b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

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

13c) Did you take additional antibiotics but without contacting a healthcare provider?

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

13d) Did you take additional oral steroids but without contacting a healthcare provider?

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

13e) Were you evaluated in a physician's office or urgent care?

- No<sub>0</sub> → **Go to 13f**  
 Yes<sub>1</sub>

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

- 13e1) An additional antibiotic   
13e2) Additional steroids   
13e3) Don't know   
13e4) Don't remember

13f) Were you evaluated in an Emergency Department?

- No<sub>0</sub> → **Go to 13g**  
 Yes<sub>1</sub>

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

- 13f1) An additional antibiotic   
13f2) Additional steroids   
13f3) Don't know   
13f4) Don't remember

13g) Were you admitted to the hospital?

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

If participant was admitted to hospital:

14) What was the date of this event?

		/			/				
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ID NUMBER:								
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FORM CODE: FEQ  
VERSION: 1.0 03/06/2018

Event \_\_\_\_\_

14a) What is the name of the medical facility?

\_\_\_\_\_

14b) What is the address of this medical facility? (Leave blank if unknown)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14c) For clarification of our records, under what name is this record?

14c1) First Name: \_\_\_\_\_

14c2) Second Name: \_\_\_\_\_

14c3) Last Name: \_\_\_\_\_

14c4) Maternal Last Name: \_\_\_\_\_

14d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

No<sub>0</sub>

Yes<sub>1</sub>

14e) 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>