



FOLLOW-UP PHONE QUESTIONNAIRE

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FORM CODE: **FUQ**
 VERSION: 3.0 02/27/2018

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 alive₁ → **Go to 2**
- Contacted and refused interview₂ → **Go to 1d**
- Not contacted, reported alive₃ → **End Call**
- Not contacted, reported deceased₄ → **Go to 1a**
- Not contacted, left message₆ → **End Call**
- Not contacted, unable to leave message₇ → **End Call**
- Not contacted, phone line disconnected₈ → **End Call**
- Unknown₅ → **End Call**

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

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

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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?

- No₀ → **End Call**
 Yes₁ → **Go to 20a**

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

- No₀ → **Complete the RSW form**
 Yes, willing to be contacted₁
 Yes, willing to be contacted and Clinic Visit 5 already scheduled₂
 Not applicable, Clinic Visit 5 already complete₃

HOSPITALIZATIONS

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

- No₀ → **Go to 20**
 Yes₁

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?

- No₀
 Yes₁

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

- No₀
 Yes₁

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

- No₀
 Yes₁

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

- No₀
 Yes₁

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

- No₀
 Yes₁

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

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3f) Were you evaluated in an Emergency Department?

- No₀
 Yes₁

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?

- No₀ → **If a second episode occurred, go to 6. Otherwise, go to 20**
 Yes₁

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)?

- No₀
 Yes₁

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?

- No₀
 Yes₁

Questions 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?

- No₀
 Yes₁

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

- No₀
 Yes₁

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

- No₀
 Yes₁

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

- No₀
 Yes₁

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

- No₀
 Yes₁

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?

- No₀
 Yes₁

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?

- No₀ → **If a third episode occurred, go to 9. Otherwise, go to 20**
 Yes₁

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: _____

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7e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?
 No₀
 Yes₁

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?
 No₀
 Yes₁

Questions 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?
 No₀
 Yes₁

9b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
 No₀
 Yes₁

9c) Did you take additional antibiotics but without contacting a healthcare provider?
 No₀
 Yes₁

9d) Did you take additional oral steroids but without contacting a healthcare provider?
 No₀
 Yes₁

9e) Were you evaluated in a physician's office or urgent care?
 No₀
 Yes₁

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?
 No₀
 Yes₁

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?
 No₀ → **If a fourth episode occurred, go to 12. Otherwise, go to 20**
 Yes₁

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If participant was admitted to the hospital:

10a) What was the date of this event?

		/			/				
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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)?

No₀
 Yes₁

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?

No₀
 Yes₁

Questions 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?

No₀
 Yes₁

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

No₀
 Yes₁

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

No₀
 Yes₁

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

No₀
 Yes₁

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

No₀
 Yes₁

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

12e1) An additional antibiotic?

12e2) Additional steroids?

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12e3) Don't know

12e4) Don't remember

12f) Were you evaluated in an Emergency Department?

No₀

Yes₁

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?

No₀

Yes₁

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?

		/			/				
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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)?

No₀

Yes₁

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?

No₀

Yes₁

Questions 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?

No₀

Yes₁

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

- No₀
- Yes₁

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

- No₀
- Yes₁

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

- No₀
- Yes₁

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

- No₀
- Yes₁

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?

- No₀
- Yes₁

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?

- No₀ → **If a sixth episode occurred, go to 18. Otherwise, go to 20**
- Yes₁

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: _____

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16e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?
 No₀
 Yes₁

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?
 No₀
 Yes₁

Questions 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?
 No₀
 Yes₁

18b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
 No₀
 Yes₁

18c) Did you take additional antibiotics but without contacting a healthcare provider?
 No₀
 Yes₁

18d) Did you take additional oral steroids but without contacting a healthcare provider?
 No₀
 Yes₁

18e) Were you evaluated in a physician's office or urgent care?
 No₀
 Yes₁

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?
 No₀
 Yes₁

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?
 No₀ → **Go to 20**
 Yes₁

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If participant was admitted to the hospital:

19a) What was the date of this event?

		/			/				
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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)?

No₀
 Yes₁

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?

No₀
 Yes₁

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?

No₀ → **Go to 27**
 Yes₁
 Unsure₉ → **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?

		/			/				
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21b) What is the name of the medical facility? _____

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

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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: _____

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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? / /

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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?

No₀ → **Go to 28**

Yes₁

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

No₀

Yes₁

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

No₀

Yes₁

Question 29 has been removed.

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

No₀ → **Go to 32**

Yes₁

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

31a) Check for infection?

No₀

Yes₁

Don't know₂

31b) Biopsy of nodule/mass?

No₀

Yes₁

Don't know₂

31c) Place a coil and/or valve?

No₀

Yes₁

Don't know₂

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31d) Other procedure not listed?

- No₀
- Yes₁
- Don't know₂

²⁹32) Are you currently smoking cigarettes?

- No₀
- Yes₁

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)?

- No₀ → **Go to 35**
- Yes₁

³¹34) Were you diagnosed with:

^{31a}34a) Lung cancer?

- No₀
- Yes₁

^{31b}34b) Other type of cancer?

- No₀
- Yes₁

34b1) If so, what type? _____

^{31c}34c) Diabetes?

- No₀
- Yes₁

^{31d}34d) Blood Clots?

- No₀
- Yes₁

Questions 34e and 34f have been removed.

^{31g}34g) Heart attack or myocardial infarction?

- No₀
- Yes₁

^{31h}34h) Stroke

- No₀
- Yes₁

³¹ⁱ34i) Coronary artery disease (atherosclerosis)?

- No₀
- Yes₁

34j) Congestive heart failure or heart failure?

- No₀
- Yes₁

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

- No₀
- Yes₁

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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*)?

- No₀ → **Go to 44**
- Yes₁
- Refused to provide₉ → **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?

- No₀
- Yes₁ → **Go to CIF form to enter change**
- Refused to provide₉

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

- No₀
- Yes₁ → **Go to CIF form to enter change**
- Refused to provide₉

Questions 38 – 41 have been removed.

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

- No₀
- Yes₁ → **Go to CIF form to enter change**
- Refused to provide₉

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*)?

- No₀
- Yes₁ → **Go to CIF form to enter change**
- Prefer not to give contacts₉

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

- No₀ → **Go to END**
- Yes₁

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Don't know₂ → **Go to END**

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.

(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