



INSTRUCTIONS FOR PHYSICIAN QUESTIONNAIRE FORM PQE, VERSION 2.0 QUESTION BY QUESTION INSTRUCTIONS (QxQ)

I. GENERAL INSTRUCTIONS

The Physician Questionnaire Form (PQE) is to be completed by the participant's physician for an eligible death as determined by the SPIROMICS event investigation protocol ONLY if an informant cannot be reached to complete the Informant Interview Form (IFI) and no relevant medical records are available, or if the information reported by the informant is not sufficient to adjudicate the death properly. The SPIROMICS Endpoints Review Committee reserves the right to request additional records as necessary.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form.

0a. Date of Data Entry: Record the date the data are entered. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected 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 SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

DETAILS OF DEATH

Item 1. **Familiarity with events surrounding death:** Select only one option among the two possible choices.

- Select No if the physician reported not being familiar with the events surrounding the decedent's death.
- Select Yes if the physician reported being familiar with the events surrounding the decedent's death.

Item 2. **Witnessed the death:** Select only one option among the two possible choices.

- Select No if the physician reported they did not witness the death.
- Select Yes if the physician reported they did witness the death. [Go to Q4]

Instructions: If either or both of Items 1 and/or 2 was answered "Yes" go to Item Q4.

Item 3. **Other physician:** Select only one option among the two possible choices.

- Select No if the physician is not aware of another physician who could provide information regarding the decedent's death. [Go to Q8]
- Select Yes if the physician is not aware of another physician who could provide information regarding the decedent's death.

Item 3a. **Name of other physician:** Record the name of the other physician.

Item 3b. **Address 1 of other physician:** Record address 1 of other physician.

- Item 3c. **Address 2 of other physician:** Record address 2 of other physician.
- Item 3d. **City of other physician:** Record the city of other physician.
- Item 3e. **State of other physician:** Record the state of other physician.
- Item 3f. **Zip code of other physician:** Record the zip code of other physician.
- Item 3g. **Phone number of other physician:** Record the phone number of other physician. [Go to Q8]

CIRCUMSTANCES SURROUNDING DEATH

- Item 4. **Underlying cause of death:** Select only one option among the five possible choices.
- Select Respiratory if the physician reported the underlying cause of death to be respiratory. [Go to Q4a]
 - Select Cardiovascular if the physician reported the underlying cause of death to be cardiovascular. [Go to Q4b]
 - Select Cancer if the physician reported the underlying cause of death to be cancer. [Go to Q4c]
 - Select 'Other, known' if the physician reported the underlying cause of death to be known but other than a cause previously listed. [Go to Q4d]
 - Select Unknown if the physician reported the underlying cause of death to be unknown. [Go to Q4e]
- Item 4a. **Respiratory cause of death:** Select only one option among the four possible choices.
- Select 'COPD Exacerbation with pneumonia' if the physician reported the respiratory cause of death to be COPD exacerbation with pneumonia.
 - Select 'COPD Exacerbation without pneumonia' if the physician reported the respiratory cause of death to be COPD exacerbation without pneumonia.
 - Select 'COPD without exacerbation' if the physician reported the respiratory cause of death to be COPD without exacerbation.
 - Select 'Other respiratory cause of death' if the physician reported the respiratory cause of death to be other than a cause previously listed.
- Item 4a1. **Other respiratory cause of death:** Record the other respiratory cause of death reported by the physician.
- Item 4b. **Cardiovascular cause of death:** Select only one option among the four possible choices.
- Select 'Myocardial infarction' if the physician reported the cardiovascular cause of death to be myocardial infarction.
 - Select 'Heart failure' if the physician reported the cardiovascular cause of death to be heart failure.
 - Select 'Stroke/aneurysm' if the physician reported the cardiovascular cause of death to be stroke/aneurysm.
 - Select 'DVT/PE' if the physician reported the cardiovascular cause of death to be DVT/PE.
 - Select 'Other heart problem' if the physician reported the cardiovascular cause of death to be other than a cause previously listed.
- Item 4b1. **Other heart problem:** Record the other heart problem cause of death reported by the physician.

- Item 4b2. **Type of cardiovascular death:** Select only one option among the three possible choices.
- Select 'Sudden Death' if the physician reported sudden death as the type of cardiovascular cause of death. (Sudden death is defined as death that occurs within 24 hours of being observed alive and without evidence of a deteriorating medical condition).
 - Select 'Sudden Cardiac Death' if the physician reported sudden cardiac death as the type of cardiovascular cause of death. (Sudden cardiac death is defined as death that occurs within 1 hour of being observed alive and without evidence of a deteriorating medical condition).
 - Select 'Neither of the above' if the physician reported the type of cardiovascular cause of death as neither sudden death nor sudden cardiac death.
- Item 4c. **Cancer cause of death:** Select only one option among the two possible choices.
- Select Lung if the physician reported the cause of death to be lung cancer.
 - Select 'Other cancer' if the physician reported the cause of death to be a cancer other than lung cancer.
- Item 4c1. **Other cancer causing death:** Record the other type of cancer causing death.
- Item 4d. **Other, known cause of death:** Record the other, known cause of death.
- Item 4e. **Reason for Unknown cause of death:** Select only one option among the two possible choices.
- Select 'Information is inadequate' if the physician reported that inadequate information is the reason for the cause of death being unknown.
 - Select 'Indeterminate' if the physician reported that information is available, but the cause of death is unclear.
- Item 5. **Belief that diagnosis of COPD contributed to death:** Select only one option among the two possible choices.
- Select No if the physician does not believe that a diagnosis of COPD contributed to the death of this individual.
 - Select Yes if the physician does believe that a diagnosis of COPD contributed to the death of this individual.
- Item 5a. **Comment:** Record physician comments.
- Item 6. **Decedent seen within one month of death:** Select only one option among the two possible choices.
- Select No if the physician reported that they did not see the decedent within one month of death. [Go to Q7]
 - Select Yes if the physician reported that they did see the decedent within one month of death.
- Item 6a. **Date of visit:** Record the date of the most recent visit, within one month of death, the physician had with the decedent.
- Item 6b. **Chief complaint:** Record the chief complaint during the most recent visit, within one month of death, the physician had with the decedent.
- Item 6c. **Primary diagnosis:** Record the primary diagnosis during the most recent visit, within one month of death, the physician had with the decedent.

- Item 6d. **Changes in medical management:** Record any changes in medical management during the most recent visit, within one month of death, the physician had with the decedent.
- Item 7. **Other pertinent information:** Record any other pertinent information the physician included.
- Item 8. **Name of physician:** Record the name of the physician completing the form.
- Item 8a. **Physician signature:** Select only one option among the two possible choices.
- Select No if the physician signature is not present on the paper form.
 - Select Yes if the physician signature is present on the paper form.
- Item 9. **Date of signature or interview:** Record the date of the physician signature or physician interview.

Save and close the form.