

FOLLOW-UP CT IMAGE ACQUISITION FORM, CTF QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Follow-up CT Image Acquisition Form (CTF) is to be completed by the study coordinator to capture the date of the CT scan to be double checked against the date entered into the Imaging Reading Center's database along with any changes to the participant's lungs since their SPIROMICS/SOURCE baseline clinic visit.

Please answer every question on this form. *NOTE: 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.*

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 2 or 3-character, 6-digit number assigned to the specific participant. For the "Event", record that this is happening at the clinic visit (E1).

- 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 SPIROMICS III 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 SPIROMICS III data, please contact the GIC in order to receive your own individual staff code.
- Item 1.** Record the date the CT scan was performed in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 2.** Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, and **Save and Close** the form.
- Item 2a.**
- Items 2a1-2a12.** Use the check boxes to indicate all known changes to the participant's lungs since their SPIROMICS/SOURCE baseline clinic visit.
- Item 2a12a.** If 'Other' is checked in Item 2a12, specify other known change(s) to the participant's lungs since their SPIROMICS/SOURCE baseline clinic visit in the space provided.

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