



FOLLOW-UP EXACERBATION ASSESSMENT FORM (VISIT 2)

ID NUMBER:

FORM CODE: EFA
VERSION: 1.0 10/01/2019

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: This form should be completed during the participant's Exacerbation Substudy Visit 2. Please note that item 1 is populated based on the EAF data collection form entry.

1) Date of acute exacerbation visit (visit 1)

/ /

2) After the acute exacerbation visit (visit 1), were you hospitalized or seen in an urgent care/emergency facility for the event?

No₀

Yes₁

3) Have you returned to baseline status with respect to your respiratory symptoms?

No₀ → **Go to 4**

Yes₁

If Yes, how long did it take until you returned to baseline?

3a) weeks

3b) days

4) Have there been long-term changes to your medical care since the exacerbation event?

No₀ → **Go to 5**

Yes₁

4a) New or increased oxygen therapy?

No₀

Yes₁

4b) Have there been changes to your medications?

No₀ → **Go to 5**

Yes₁

4b1) If Yes, please specify: _____

ID NUMBER:									
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Event: _____

Physical Assessment / Vital Signs

5) Body weight

. kg

6) Body Mass Index (BMI)

. kg/m²

Note: The BMI value will automatically calculate in the DMS using height from Visit5 ANT2.

7) Temperature

. °C

8) Respiratory Rate

breaths/min

9) Heart Rate

beats/min

10) Systolic Blood Pressure

mm Hg

11) Diastolic Blood Pressure

mm Hg

12) O2 saturation

%

12a) Is supplemental oxygen used?

No₀ → **Go to 13**

Yes₁

12a1) If Yes, specify how much

%

Principal Investigator Assessment

13) Was this event an Acute Exacerbation COPD (AECOPD)?

No₀

Yes₁

END OF FORM