

## FOLLOW-UP EXACERBATION QUESTIONNAIRE

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FORM CODE: **FEQ**  
 VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed during the participant's clinic visit. Please answer all questions thinking back to the last time the questions were asked (most recent date provided).

0c) Most recent date (last time) these questions were asked   /   /

1) Have you had an episode of breathing problems since the last time these questions were assessed?

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

2) How many episodes of breathing problems have you had since the last time these questions were asked?

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 since the last time these questions were asked?**

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>

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

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>

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?

---

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

---

---

---

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

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

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

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

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

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

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 since the last time these questions were asked?**

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>

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

FORM CODE: **FEQ**  
VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

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

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

6a) What is the name of the medical facility?

---

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

---

---

---

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>

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

Event: \_\_\_\_\_

**For the third episode of breathing problems you had since the last time these questions were asked?**

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

7a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?  
 No<sub>0</sub>  
 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?   /   /

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

FORM CODE: FEQ  
VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

8a) What is the name of the medical facility?

---

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

---

---

---

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 since the last time these questions were asked?**

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>

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

Event: \_\_\_\_\_

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

- No<sub>0</sub>
- 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:										
------------	--	--	--	--	--	--	--	--	--	--

Event: \_\_\_\_\_

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 since the last time these questions were asked?**

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

ID NUMBER:																				
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM CODE: FEQ  
VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

11f) Were you evaluated in an Emergency Department?

- No<sub>0</sub> → **Go to 11g**
- 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>

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

**For the sixth episode of breathing problems you had since the last time these questions were asked?**

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

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	<input type="checkbox"/>
13e2) Additional steroids	<input type="checkbox"/>
13e3) Don't know	<input type="checkbox"/>
13e4) Don't remember	<input type="checkbox"/>

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	<input type="checkbox"/>
13f2) Additional steroids	<input type="checkbox"/>
13f3) Don't know	<input type="checkbox"/>
13f4) Don't remember	<input type="checkbox"/>

13g) Were you admitted to the hospital?  
 No<sub>0</sub> → **Go to End**  
 Yes<sub>1</sub>

ID NUMBER:																			
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM CODE: FEQ  
VERSION: 1.0 09/04/2024

Event: \_\_\_\_\_

*If participant was admitted to hospital:*

14) What was the date of this 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>

**END OF FORM**