

ENROLLMENT TRACKING FORM

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| ID NUMBER: | | | | | | | | | | |
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FORM CODE: RTF
 VERSION: 1.0 10/11/2024

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed following the phone call with a participant to discuss the SPIROMICS III study and schedule the in-person visit. Please answer all of the questions.

Note: Items 1 and 2 have been removed.

3) Contact status:

- Contacted and scheduled₁ → **Go to 4**
- Contacted but not interested₃ → **Go to 3c**
- Contacted, no response, left a voicemail(s)₄ → **Go to 4**
- Contacted, no response, unable to leave a voicemail₅ → **Go to 4**
- Contacted, no response, sent an email(s)₆ → **Go to 4**
- Phone number invalid₇ → **Go to 4**
- Email address invalid₈ → **Go to 4**
- Other₉

3a) If Other, please specify: _____ → **Go to 4**

Note: Item 3b has been removed.

3c) Why was the individual not interested in SPIROMICS III?

- Study time commitment₁ → **Go to 4**
- Incentive deemed too low₂ → **Go to 4**
- Clinic visit duration₃ → **Go to 4**
- Distance to clinical center₄ → **Go to 4**
- Refuse bronchodilator administration₅ → **Go to 4**
- Other₆

3c1) If Other, please specify: _____

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- 4) How many attempts were made to contact the individual?
- None₀
 - 1₁
 - 2₂
 - 3₃
 - More than 3₄

END OF FORM