



# TELEPHONE EXACERBATION ASSESSMENT FORM

ID NUMBER:

FORM CODE: TEA  
VERSION: 2.0 03/02/2021

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

0a) Date of Call   /   /

0b) Staff Code

**Instructions:** This form should be completed over the telephone when an Exacerbation Substudy participant calls the clinic with a suspected exacerbation event that they would like to report.

1) Date that symptoms first started:   /   /

2) Are the symptoms ongoing?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 3**

2a) If No, when did the symptoms stop?

/   /

2b) Has it been more than 48 hours since the symptoms stopped?

No<sub>0</sub>

Yes<sub>1</sub> → **End of Form**

**Instructions:** If Yes, the participant does not meet inclusion criteria. Thank them and ask them to call if/when they have another exacerbation. End the call.

## Review of Symptoms

Since the start of your symptoms, have you experienced an increase or change in the following **major** symptoms for at least two or more consecutive days?

3) Shortness of breath

No<sub>0</sub>

Yes<sub>1</sub>

4) Change in sputum color (yellow/green)

No<sub>0</sub>

Yes<sub>1</sub>

5) Sputum volume

No<sub>0</sub>

Yes<sub>1</sub>

Since the start of your symptoms, have you experienced an increase in the following **minor** symptoms for at least two or more consecutive days?

6) Nasal discharge

No<sub>0</sub>

Yes<sub>1</sub>

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7) Wheeze

- No<sub>0</sub>  
 Yes<sub>1</sub>

8) Sore throat

- No<sub>0</sub>  
 Yes<sub>1</sub>

9) Cough

- No<sub>0</sub>  
 Yes<sub>1</sub>

10) Fever

- No<sub>0</sub>  
 Yes<sub>1</sub>

**Event Determination**

*Note: A probable exacerbation event is defined as an increase in two or more major symptoms or an increase in one major symptom and two minor symptoms.*

11) Is this a probable exacerbation based on the reported symptoms above?

- No<sub>0</sub>  
 Yes<sub>1</sub>

12) Is the participant willing and able to participate in the study and self-collect specimens within seven days of event onset?

- No<sub>0</sub> → **End of Form**  
 Yes<sub>1</sub>

12a) If Yes, date the Exacerbation Substudy kit was sent to the participant:

/   /

**END OF FORM**