

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"/>
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FORM CODE: FEQ
VERSION: 1.0 10/21/2022

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's 18-month follow-up phone call and 3-year follow-up clinic visit. Please read the questions exactly as written.

Notes:

- For the 18-month follow-up phone call, all questions should be answered thinking back to the baseline visit as the last SOURCE contact.
- For the 3-year follow-up clinic visit, all questions should be answered thinking back to the 18-month follow-up phone call as the last SOURCE contact.

1) Have you had an episode of breathing problems since your last SOURCE (*clinic visit or telephone contact*)?

No₀ → **Go to End**

Yes₁

2) How many episodes of breathing problems have you had since your last SOURCE (*clinic visit or telephone contact*)? 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 your last SOURCE (*clinic visit or telephone contact*):

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?

No₀

Yes₁

3b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

No₀

Yes₁

3c) Did you take additional antibiotics but without contacting a healthcare provider?

No₀

Yes₁

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3d) Did you take additional oral steroids but without contacting a healthcare provider?

- No₀
- Yes₁

3e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 3f**
- Yes₁

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?

- No₀ → **Go to 3g**
- Yes₁

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?

- No₀ → **Go to 5**
- Yes₁

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*)

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

4c1) First Name: _____

4c2) Second Name: _____

4c3) Last Name: _____

4c4) Maternal Last Name: _____

4d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No₀
- Yes₁

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?

- No₀
- Yes₁

For the second episode of breathing problems you had since your last SOURCE (*clinic visit or telephone contact*):

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?

- No₀
- Yes₁

5b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No₀
- Yes₁

5c) Did you take additional antibiotics but without contacting a healthcare provider?

- No₀
- Yes₁

5d) Did you take additional oral steroids but without contacting a healthcare provider?

- No₀
- Yes₁

5e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 5f**
- Yes₁

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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?

- No₀ → **Go to 5g**
- Yes₁

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?

- No₀ → **Go to 7**
- Yes₁

If participant was admitted to hospital:

6) What was the date of this event?

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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: _____

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6d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?
 No₀
 Yes₁

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?
 No₀
 Yes₁

For the third episode of breathing problems you had since your last SOURCE (*clinic visit or telephone contact*):

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?
 No₀
 Yes₁

7b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
 No₀
 Yes₁

7c) Did you take additional antibiotics but without contacting a healthcare provider?
 No₀
 Yes₁

7d) Did you take additional oral steroids but without contacting a healthcare provider?
 No₀
 Yes₁

7e) Were you evaluated in a physician's office or urgent care?
 No₀ → **Go to 7f**
 Yes₁

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?
 No₀ → **Go to 7g**
 Yes₁

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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?

- No₀ → **Go to 9**
- Yes₁

If participant was admitted to hospital:

8) What was the date of this 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)?

- No₀
- Yes₁

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?

- No₀
- Yes₁

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For the fourth episode of breathing problems you had since your last SOURCE (*clinic visit or telephone contact*):

9) What was the approximate month and year of the fourth episode?

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9a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

- No₀
- Yes₁

9b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No₀
- Yes₁

9c) Did you take additional antibiotics but without contacting a healthcare provider?

- No₀
- Yes₁

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

- No₀
- Yes₁

9e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 9f**
- Yes₁

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?

- No₀ → **Go to 9g**
- Yes₁

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?

- No₀ → **Go to 11**
- Yes₁

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If participant was admitted to hospital:

10) What was the date of this event?

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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: _____

10c3) Last Name: _____

10c4) Maternal Last Name: _____

10d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

No₀
 Yes₁

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?

No₀
 Yes₁

For the fifth episode of breathing problems you had since your last SOURCE (*clinic visit or telephone contact*):

11) What was the approximate month and year of the fifth episode?

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11a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

No₀
 Yes₁

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11b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No₀
- Yes₁

11c) Did you take additional antibiotics but without contacting a healthcare provider?

- No₀
- Yes₁

11d) Did you take additional oral steroids but without contacting a healthcare provider?

- No₀
- Yes₁

11e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 11f**
- Yes₁

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

11f) Were you evaluated in an Emergency Department?

- No₀ → **Go to 11g**
- Yes₁

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?

- No₀ → **Go to 13**
- Yes₁

If participant was admitted to hospital:

12) What was the date of this event?

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12a) What is the name of the medical facility?

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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)?

No₀

Yes₁

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?

No₀

Yes₁

For the sixth episode of breathing problems you had since your last SOURCE (*clinic visit or telephone contact*):

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

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13a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

No₀

Yes₁

13b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

No₀

Yes₁

13c) Did you take additional antibiotics but without contacting a healthcare provider?

No₀

Yes₁

13d) Did you take additional oral steroids but without contacting a healthcare provider?

No₀

Yes₁

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13e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 13f**
- Yes₁

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

- 13e1) An additional antibiotic
- 13e2) Additional steroids
- 13e3) Don't know
- 13e4) Don't remember

13f) Were you evaluated in an Emergency Department?

- No₀ → **Go to 13g**
- Yes₁

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

- 13f1) An additional antibiotic
- 13f2) Additional steroids
- 13f3) Don't know
- 13f4) Don't remember

13g) Were you admitted to the hospital?

- No₀ → **Go to End**
- Yes₁

If participant was admitted to hospital:

14) What was the date of this event?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14a) What is the name of the medical facility?

14b) What is the address of this medical facility? (*Leave blank if unknown*)

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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)?

No₀

Yes₁

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?

No₀

Yes₁

END OF FORM