# SOURCE
**SPIROMICS Study of Early COPD Progression**

## FOLLOW-UP PHONE QUESTIONNAIRE

ID NUMBER: ☐☐☐☐☐☐☐☐

FORM CODE: **FUQ**
VERSION: **1.0 02/09/2022**

Event: _____

0a) Date of Collection: ☐☐ / ☐☐ / ☐☐☐☐          0b) Staff Code: ☐☐☐

> ***Instructions:*** *This form should be completed during the follow-up phone conversations with study participants every 6 months. Read the form carefully to familiarize yourself with the script as well as questions and skip patterns.*

**INTERVIEWER**: *"Hello, my name is (interviewer name), and I am calling to follow-up with (participant's name) about the SPIROMICS Study of Early COPD Progression (SOURCE), a health study in which they are currently enrolled. Are they available?"*

No ⟶ *"When would it be convenient to call back?"...............*"Thank you. I will call again."*

Yes ⟶ *"Hello, (participant name), this is (interviewer name) with the SOURCE study. I am calling to see how you have been since your last (visit to our clinic or telephone contact). Do you have a few minutes to speak on the phone?"*

    No ⟶ *"When would it be convenient to call back?"...............*"Thank you. I will call again."*

    Yes ⟶ *"We'd like to gather information about your health. I will ask you some questions about your general health and about specific medical conditions since your last (visit to our clinic or telephone contact) on (date)."*

**INTERVIEWER**: *"I want you to focus on what happened from (date of last contact) until today."*

1) *(Do not ask participant)* Participant status (*choose only one*):
   - ☐ Contacted and alive₁ → **Go to 2**
   - ☐ Contacted and refused interview₂ → **Go to 1d**
   - ☐ Not contacted, reported alive₃ → **End call**
   - ☐ Not contacted, reported deceased₄ → **Go to 1a**
   - ☐ Not contacted, left message₅ → **End call**
   - ☐ Not contacted, unable to leave message₆ → **End call**
   - ☐ Not contacted, phone line disconnected₇ → **End call**
   - ☐ Unknown₈ → **End call**
   - ☐ Participant mailed in form₉ → **Go to 2**

   1a) What was the date of death?          ☐☐ / ☐☐ / ☐☐☐☐

1b) In what city, state, and country did the death occur?

_____

_____

1c) Do you know if (*insert decedent's name*) was hospitalized or visited an emergency room for any reason between (*date of last contact*) and their death?
- [ ] No$_0$ → **End call**
- [ ] Yes$_1$ → **Go to 15a**

1d) Is the participant willing to be contacted regarding future SOURCE visits?
- [ ] No$_0$ → **End call and Complete the RSW form**
- [ ] Yes, willing to be contacted$_1$ → **Go to 1d1, then End call**
- [ ] Yes, willing to be contacted and next visit already scheduled$_2$ → **End call**

    1d1) Which visit? (*check all that apply*)
      1d1a) [ ] Next 6-month follow-up call
      1d1b) [ ] 18-month comprehensive follow-up call
      1d1c) [ ] 3-year in-person clinic visit

## HOSPITALIZATIONS

2) Since your last (*clinic visit* or *telephone contact*) on (*date*), have you had an episode of breathing problems?
- [ ] No$_0$ → **Go to 15**
- [ ] Yes$_1$

2a) How many episodes of breathing problems have you had since (*date*)?    [ ][ ] episodes

**INTERVIEWER: "*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.*"**

3) For the first episode of breathing problems you had since (*date*):

3a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?
- [ ] No$_0$
- [ ] Yes$_1$

3b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
- [ ] No$_0$
- [ ] Yes$_1$

3c) Did you take additional antibiotics but without contacting a healthcare provider?
- [ ] No$_0$
- [ ] Yes$_1$

3d) Did you take additional oral steroids but without contacting a healthcare provider?
- [ ] No$_0$
- [ ] Yes$_1$

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

☐ No$_0$ → **Go to 3f**
☐ Yes$_1$

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$_0$ → **Go to 3g**
☐ Yes$_1$

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$_0$ → **Go to 5**
☐ Yes$_1$

4) If participant was admitted to the hospital:

4a) What was the date of this event?   ☐☐ / ☐☐ / ☐☐☐☐

4b) What is the name of the medical facility?

_____

4c) What is the address of this medical facility?

_____

_____

_____

4d) For clarification, under what name is this hospital record?

4d1) First Name: _____

4d2) Second Name: _____

4d3) Last Name: _____

4d4) Maternal Last Name: _____

4e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?
☐ No$_0$
☐ Yes$_1$

4f) 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$_0$
☐ Yes$_1$

5) For the second episode of breathing problems you had since *(date)*:

5a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?
☐ No$_0$
☐ Yes$_1$

5b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
☐ No$_0$
☐ Yes$_1$

5c) Did you take additional antibiotics but without contacting a healthcare provider?
☐ No$_0$
☐ Yes$_1$

5d) Did you take additional oral steroids but without contacting a healthcare provider?
☐ No$_0$
☐ Yes$_1$

5e) Were you evaluated in a physician's office or urgent care?
☐ No$_0$ → **Go to 5f**
☐ Yes$_1$

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$_0$ → **Go to 7**
☐ Yes$_1$

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$_0$ → **Go to 7**
☐ Yes$_1$

6) If participant was admitted to the hospital:

6a) What was the date of this event?  ☐☐ / ☐☐ / ☐☐☐☐

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

_____

6c) What is the address of this medical facility?

_____

_____

_____

6d) For clarification, under what name is this hospital record?

6d1) First Name: _____

6d2) Second Name: _____

6d3) Last Name: _____

6d4) Maternal Last Name: _____

6e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?
☐ No$_0$
☐ Yes$_1$

6f) 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$_0$
☐ Yes$_1$

7) For the third episode of breathing problems you had since *(date)*:

7a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?
☐ No$_0$
☐ Yes$_1$

7b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
☐ No$_0$
☐ Yes$_1$

7c) Did you take additional antibiotics but without contacting a healthcare provider?
☐ No$_0$
☐ Yes$_1$

7d) Did you take additional oral steroids but without contacting a healthcare provider?
☐ No$_0$
☐ Yes$_1$

7e) Were you evaluated in a physician's office or urgent care?
☐ No$_0$ → **Go to 7f**
☐ Yes$_1$

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$_0$ → **Go to 9**
☐ Yes$_1$

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$_0$ → **Go to 9**
☐ Yes$_1$

8) If participant was admitted to the hospital:

8a) What was the date of this event? [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

8b) What is the name of the medical facility?
_____

8c) What is the address of this medical facility?
_____
_____
_____

8d) For clarification, under what name is this hospital record?

    8d1) First Name: _____

    8d2) Second Name: _____

    8d3) Last Name: _____

    8d4) Maternal Last Name: _____

8e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?
☐ $No_0$
☐ $Yes_1$

8f) 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?
☐ $No_0$
☐ $Yes_1$

9) For the fourth episode of breathing problems you had since *(date)*:

9a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?
☐ $No_0$
☐ $Yes_1$

9b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
☐ $No_0$
☐ $Yes_1$

9c) Did you take additional antibiotics but without contacting a healthcare provider?
☐ $No_0$
☐ $Yes_1$

9d) Did you take additional oral steroids but without contacting a healthcare provider?
☐ $No_0$
☐ $Yes_1$

9e) Were you evaluated in a physician's office or urgent care?
☐ $No_0$ → **Go to 9f**
☐ $Yes_1$

    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$_0$ → **Go to 11**

☐ Yes$_1$

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$_0$ → **Go to 11**

☐ Yes$_1$

10) If participant was admitted to the hospital:

10a) What was the date of this event?   [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

10b) What is the name of the medical facility?

_____

10c) What is the address of this medical facility?

_____

_____

_____

10d) For clarification, under what name is this hospital record?

10d1) First Name: _____

10d2) Second Name: _____

10d3) Last Name: _____

10d4) Maternal Last Name: _____

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

☐ No$_0$

☐ Yes$_1$

10f) 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$_0$

☐ Yes$_1$

11) For the fifth episode of breathing problems you had since *(date)*:

11a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?
☐ No$_0$
☐ Yes$_1$

11b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
☐ No$_0$
☐ Yes$_1$

11c) Did you take additional antibiotics but without contacting a healthcare provider?
☐ No$_0$
☐ Yes$_1$

11d) Did you take additional oral steroids but without contacting a healthcare provider?
☐ No$_0$
☐ Yes$_1$

11e) Were you evaluated in a physician's office or urgent care?
☐ No$_0$ → **Go to 11f**
☐ Yes$_1$

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?
☐ No$_0$ → **Go to 13**
☐ Yes$_1$

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$_0$ → **Go to 13**
☐ Yes$_1$

12) If participant was admitted to the hospital:

12a) What was the date of this event?  [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

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

_____

12c) What is the address of this medical facility?

_____

_____

_____

12d) For clarification, under what name is this hospital record?

12d1) First Name: _____

12d2) Second Name: _____

12d3) Last Name: _____

12d4) Maternal Last Name: _____

12e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?
[ ] No$_0$
[ ] Yes$_1$

12f) 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$_0$
[ ] Yes$_1$

13) For the sixth episode of breathing problems you had since *(date)*:

13a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?
[ ] No$_0$
[ ] Yes$_1$

13b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?
[ ] No$_0$
[ ] Yes$_1$

13c) Did you take additional antibiotics but without contacting a healthcare provider?
[ ] No$_0$
[ ] Yes$_1$

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

☐ No$_0$
☐ Yes$_1$

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

☐ No$_0$ → **Go to 13f**
☐ Yes$_1$

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?

☐ No$_0$ → **Go to 15**
☐ Yes$_1$

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?

☐ No$_0$ → **Go to 15**
☐ Yes$_1$

14) If participant was admitted to the hospital:

14a) What was the date of this event? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

14b) What is the name of the medical facility?

_____

14c) What is the address of this medical facility?

_____
_____
_____

14d) For clarification, under what name is this hospital record?

14d1) First Name: _____

14d2) Second Name: _____

14d3) Last Name: _____

14d4) Maternal Last Name: _____

14e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?
[ ] No$_0$
[ ] Yes$_1$

14f) 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$_0$
[ ] Yes$_1$

**INTERVIEWER:** *"The following questions are about any other hospitalizations you may have had since your last (clinic visit or telephone contact) on (date)."*

15) Since your last (*clinic visit* or *telephone contact*) on *(date),* have you at any time been admitted to a hospital for any reason other than a breathing problem?
[ ] No$_0$ → **Go to 22**
[ ] Yes$_1$
[ ] Unsure$_2$ → **Go to 22**

15a) How many hospitalizations have/has (*you* or *insert decedent's name*) had since *(date)*?   [_][_]

**INTERVIEWER:** *"The next few questions are about one event. If there was more than one, we would like to talk about each one separately. Let's start with the first event after (your or decedent's) (visit or telephone contact) on (date)."*

16) For the first hospitalization (*you* or *insert decedent's name*) had since *(date)*:

16a) What was the date of this event?   [_][_] / [_][_] / [_][_][_][_]

16b) What is the name of the medical facility?

_____

16c) What is the address of this medical facility?

_____

_____

_____

16d) For clarification, under what name is this hospital record?

    16d1) First Name: _____

    16d2) Second Name: _____

    16d3) Last Name: _____

    16d4) Maternal Last Name: _____

**If participant is alive and had only 1 hospitalization since *(last visit date)*, Go to 22**
**If participant is deceased and had only 1 hospitalization since *(last visit date)*, Go to End**

17) For the second hospitalization (*you* or *insert decedent's name*) had since *(date)*:

    17a) What was the date of this event?    ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

    17b) What is the name of the medical facility?

    _____

    17c) What is the address of this medical facility?

    _____

    _____

    _____

    17d) For clarification, under what name is this hospital record?

    17d1) First Name: _____

    17d2) Second Name: _____

    17d3) Last Name: _____

    17d4) Maternal Last Name: _____

**If participant is alive and had only 2 hospitalizations since *(last visit date)*, Go to 22**
**If participant is deceased and had only 2 hospitalizations since *(last visit date)*, Go to End**

18) For the third hospitalization (*you* or *insert decedent's name*) had since *(date)*:

    18a) What was the date of this event?    ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

    18b) What is the name of the medical facility?

    _____

18c) What is the address of this medical facility?

_____

_____

_____

18d) For clarification, under what name is this hospital record?

18d1) First Name: _____

18d2) Second Name: _____

18d3) Last Name: _____

18d4) Maternal Last Name: _____

**If participant is alive and had only 3 hospitalizations since** *(last visit date)*, **Go to 22**
**If participant is deceased and had only 3 hospitalizations since** *(last visit date)*, **Go to End**

19) For the fourth hospitalization (*you* or *insert decedent's name*) had since *(date)*:

19a) What was the date of this event?  ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

19b) What is the name of the medical facility?

_____

19c) What is the address of this medical facility?

_____

_____

_____

19d) For clarification, under what name is this hospital record?

19d1) First Name: _____

19d2) Second Name: _____

19d3) Last Name: _____

19d4) Maternal Last Name: _____

**If participant is alive and had only 4 hospitalizations since** *(last visit date)*, **Go to 22**
**If participant is deceased and had only 4 hospitalizations since** *(last visit date)*, **Go to End**

20) For the fifth hospitalization (*you* or *insert decedent's name*) had since *(date)*:

20a) What was the date of this event?  ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

20b) What is the name of the medical facility?

_____

20c) What is the address of this medical facility?

_____

_____

_____

20d) For clarification, under what name is this hospital record?

20d1) First Name: _____

20d2) Second Name: _____

20d3) Last Name: _____

20d4) Maternal Last Name: _____

**If participant is alive and had only 5 hospitalizations since *(last visit date)*, Go to 22**
**If participant is deceased and had only 5 hospitalizations since *(last visit date)*, Go to End**

21) For the sixth hospitalization (*you* or *insert decedent's name*) had since *(date)*:

21a) What was the date of this event?     [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

21b) What is the name of the medical facility?

_____

21c) What is the address of this medical facility?

_____

_____

_____

21d) For clarification, under what name is this hospital record?

21d1) First Name: _____

21d2) Second Name: _____

21d3) Last Name: _____

21d4) Maternal Last Name: _____

**If participant is alive, Go to 22**
**If participant is deceased, Go to End**

**INTERVIEWER: "*I'd now like to ask you some other questions about your health since your last (clinic visit or telephone contact) on (date)."***

22) Were you smoking cigarettes regularly at your last *(clinic visit or telephone contact)* on *(date)*?
☐ No$_0$ → **Go to 23**
☐ Yes$_1$

    22a) Are you currently smoking cigarettes regularly?
    ☐ No$_0$
    ☐ Yes$_1$ → **Go to 24**

    22b) When did you stop smoking cigarettes regularly?

    ☐☐ / ☐☐ / ☐☐☐☐ → **Go to 24**

23) Did you start smoking cigarettes regularly since your last (*clinic visit* or *telephone contact*) on (*date*)?
☐ No$_0$ → **Go to 26**
☐ Yes$_1$

    23a) When did you start smoking cigarettes regularly?   ☐☐ / ☐☐ / ☐☐☐☐

24) Were you smoking menthol cigarettes regularly at your last *(clinic visit or telephone contact)* on *(date)*?
☐ No$_0$ → **Go to 25**
☐ Yes$_1$

    24a) Are you currently smoking menthol cigarettes regularly?
    ☐ No$_0$
    ☐ Yes$_1$ → **Go to 26**

    24b) When did you stop smoking menthol cigarettes regularly?

    ☐☐ / ☐☐ / ☐☐☐☐ → **Go to 26**

25) Did you start smoking menthol cigarettes regularly since your last *(clinic visit or telephone contact)* on *(date)*?
☐ No$_0$ → **Go to 26**
☐ Yes$_1$

    25a) When did you start smoking menthol cigarettes regularly?

    ☐☐ / ☐☐ / ☐☐☐☐

26) Were you using an electronic cigarette or vape product regularly at your last *(clinic visit or telephone contact)* on *(date)*?
☐ No$_0$ → **Go to 27**
☐ Yes$_1$

26a) Are you currently using an electronic cigarette or vape product regularly?
☐ No$_0$
☐ Yes$_1$ → **Go to 28**

26b) When did you stop using an electronic cigarette or vape product regularly?

☐☐ / ☐☐ / ☐☐☐☐ → **Go to 28**

27) Did you start using an electronic cigarette or vape product regularly since your last (*clinic visit* or *telephone contact*) on (*date*)?
☐ No$_0$ → **Go to 28**
☐ Yes$_1$

27a) If Yes, does the electronic cigarette or vape product include the following? *(check all that apply)*

27a1) Nicotine          ☐

27a2) Marijuana       ☐

27a3) THC             ☐

27a4) CBD             ☐

27a5) Other           ☐

        27a5a) If Other, please specify: _____

27b) When did you start using an electronic cigarette or vape product regularly?

☐☐ / ☐☐ / ☐☐☐☐

28) Were you smoking or using any other substance(s) regularly at your last (*clinic visit or telephone contact*) on (*date*)?
☐ No$_0$ → **Go to 29**
☐ Yes$_1$

28a) Are you currently smoking or using any other substance(s) regularly?
☐ No$_0$
☐ Yes$_1$ → **Go to 29**

28b) When did you stop smoking or using this(these) other substance(s) regularly?

☐☐ / ☐☐ / ☐☐☐☐ → **Go to 30**

29) Did you start smoking or using any other substance(s) regularly since your last (*clinic visit* or *telephone contact*) on (*date*)?
☐ No$_0$ → **Go to 30**
☐ Yes$_1$

29a) If Yes, which substance(s) are you smoking or using? *(check all that apply)*

29a1) Cigars ☐

29a2) Pipe tobacco ☐

29a3) Marijuana (e.g., joints, blunts, pipes, bongs) ☐

29a4) Hookah (waterpipe) ☐

29a5) Heat-Not-Burn (HNB) or heated tobacco product ☐

29a6) Smokeless tobacco (e.g., chewing tobacco, snuff/snus, dip) ☐

29a7) Other ☐

29a7a) If Other, please specify: _____

29b) When did you start smoking or using this(these) other substance(s) regularly?

☐☐ / ☐☐ / ☐☐☐☐

30) Since your last (*clinic visit* or *telephone contact*) on *(date)*, has a doctor or healthcare provider diagnosed you for the first time with a new medical problem(s)?
☐ No$_0$ → **Go to 31**
☐ Yes$_1$

If Yes, were you diagnosed with:

30a) Lung cancer?
☐ No$_0$
☐ Yes$_1$

30b) Other type of cancer?
☐ No$_0$ → **Go to 30c**
☐ Yes$_1$

30b1) If Yes, what type? _____

30c) Diabetes?
☐ No$_0$
☐ Yes$_1$

30d) Blood clots?
☐ No$_0$
☐ Yes$_1$

30e) Heart attack or myocardial infarction?
☐ No$_0$
☐ Yes$_1$

30f)  Stroke?

☐ No$_0$

☐ Yes$_1$

30g)  Coronary artery disease (atherosclerosis)?

☐ No$_0$

☐ Yes$_1$

30h)  Congestive heart failure or heart failure?

☐ No$_0$

☐ Yes$_1$

30i)  Bypass or coronary bypass surgery or stents to coronary arteries?

☐ No$_0$

☐ Yes$_1$

**INTERVIEWER:** *"Thank you very much for your participation in the SOURCE study. I am going to ask you for your current address, phone number, and email address. This is both to make sure we have the most current contact information for you as well as to help us examine the relationship between place of residence and early lung disease. Please remember that all information that you give us is confidential, and only certified personnel will have access to this information."*

31)  Has there been any change to your home address, primary phone number, or email address since your last (*clinic visit* or *telephone contact*) on *(date)*?

☐ No$_0$ → **Go to 35**

☐ Yes$_1$

☐ Refused to provide$_2$ → **Go to 35**

**INTERVIEWER: Please read the current contact information to participants every six months to confirm that it is still the latest information.**

32)  Has there been any change in your home address?

☐ No$_0$

☐ Yes$_1$ → **Go to CIF form to enter change**

☐ Refused to provide$_2$

33)  Has there been any change in your primary phone number?

☐ No$_0$

☐ Yes$_1$ → **Go to CIF form to enter change**

☐ Refused to provide$_2$

34)  Has there been any change in your email address?

☐ No$_0$

☐ Yes$_1$ → **Go to CIF form to enter change**

☐ Refused to provide$_2$

**INTERVIEWER: Please read the current contacts information to participants every six months to confirm that it is still the latest information.**

35) Has there been any change to your contacts since your last (*clinic visit* or *telephone contact*) on (*date*)?

[ ] No$_0$
[ ] Yes$_1$ → **Go to CIF form to enter change**
[ ] Prefer not to give contacts$_2$

36) Are you currently enrolled in another research study or clinical trial?

[ ] No$_0$ → **Go to End**
[ ] Yes$_1$
[ ] Don't know$_2$ → **Go to End**

36a) If Yes, what is the study or trial name(s)?

_____

**INTERVIEWER: "*Thank you for answering these questions.*"**

**(If the next contact is by telephone):** *"We will be contacting you again around (date) for another telephone contact."*
**(If next contact is a clinic visit that has been scheduled):** *"We look forward to seeing you during your in-person clinic visit at (insert institution) on (date) at (time)."*
**(If next contact is a clinic visit that has not been scheduled):** *"We will be contacting you around (date) to schedule an in-person visit at (insert institution) to take place around (date)."*

*"Thank you again for your time and participation."*

(End call)

**END OF FORM**