



# FOLLOW-UP QUESTIONNAIRE

ID NUMBER:

FORM CODE: FUQ  
VERSION: 1.0 11/2/10

Visit Number

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0a) Form Date..... //

0b) Initials .....

**Instructions:** This form should be completed during the follow up phone conversations with study participants. 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 name*) about the Subpopulations and Intermediate Outcome Measures in COPD Study (SPIROMICS), a health study in which s/he is currently enrolled. Is s/he 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 SPIROMICS study. I'm calling to see how you have been since your last (*visit to our center 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 general health and about specific medical conditions that you may have had since your last (*visit to our center or telephone contact*). I will ask you some questions about your health since your last (*visit to our center or telephone contact*) on (*date of contact*).

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

1) (*Do not ask participant*) Participant status (choose one):

- Contacted and alive 1  → **Go to Item 2**
- Contacted and refused interview 2  → **End Call**
- Not contacted, reported alive 3  → **End Call**
- Not contacted, reported deceased 4  → **Go to Item 1a**
- Unknown 5  → **End Call**

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

1b) 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 since (*date of last contact*) and his/her death?

- Yes 1  Record date and name of hospitalization in question 21a.
- No 0  End interview

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**HOSPITALIZATIONS**

(If non-COPD participant, skip to question 20)

(For COPD Participants Only):

2) Since your last (*clinic visit or telephone contact*) on (*date*), have you had a flare-up of your chest trouble? (Y/N).....   
(if 'No' go to item 20)

If Yes:

2a) How many episodes of chest trouble flare ups have you had since (*date*)? .....

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. Starting with the first episode since (*date*):

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? (Y/N) .....

3b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

3c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) .....

3d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

3e) Were you evaluated in a physician's office or urgent care? (Y/N) .....

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? .....

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? .....

If participant was admitted to hospital:

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

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

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

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

4d1) First Name: \_\_\_\_\_

4d2) Second Name: \_\_\_\_\_

4d3) Last Name: \_\_\_\_\_

4d4) Maternal Last Name: \_\_\_\_\_

5) (do not ask) Did the participant have a second episode? (if 'No', go to 20) .....

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

6a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N) .....

6b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

6c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) .....

6d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

6e) Were you evaluated in a physician's office or urgent care? (Y/N) .....

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

6e1) An additional antibiotic .....

6e2) Additional steroids .....

6e3) Don't know .....

6e4) Don't remember .....

6f) Were you evaluated in an Emergency Department? .....

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

6f1) An additional antibiotic .....

6f2) Additional steroids .....

6f3) Don't know .....

6f4) Don't remember .....

If participant was admitted to hospital:

7a) What was the date of this event? ..... //

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7b) What is the name of the medical facility? \_\_\_\_\_

7c) What is the address of this medical facility? \_\_\_\_\_  
(Leave blank if unknown)

7d) For clarification of our records, under what name is this record?

7d1) First Name: \_\_\_\_\_

7d2) Second Name: \_\_\_\_\_

7d3) Last Name: \_\_\_\_\_

7d4) Maternal Last Name: \_\_\_\_\_

8) (do not ask) Did the participant have a third episode? (if 'No', go to 20) .....

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

9a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N) .....

9b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

9c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) .....

9d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

9e) Were you evaluated in a physician's office or urgent care? (Y/N) .....

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? .....

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? .....

If participant was admitted to hospital:

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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? \_\_\_\_\_  
(Leave blank if unknown)

10d) For clarification of our records, under what name is this record?

10d1) First Name: \_\_\_\_\_

10d2) Second Name: \_\_\_\_\_

10d3) Last Name: \_\_\_\_\_

10d4) Maternal Last Name: \_\_\_\_\_

11) (do not ask) Did the participant have a fourth episode? (if 'No', go to 20) .....

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

12a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N) .....

12b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

12c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) .....

12d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

12e) Were you evaluated in a physician's office or urgent care? (Y/N) .....

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

12e1) An additional antibiotic .....

12e2) Additional steroids .....

12e3) Don't know .....

12e4) Don't remember .....

12f) Were you evaluated in an Emergency Department? .....

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

12f1) An additional antibiotic .....

12f2) Additional steroids .....

12f3) Don't know .....

12f4) Don't remember .....

12g) Were you admitted to the hospital? .....

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If participant was admitted to hospital:

13a) What was the date of this event?.....   /   /

13b) What is the name of the medical facility? \_\_\_\_\_

13c) What is the address of this medical facility? \_\_\_\_\_  
(Leave blank if unknown)

13d) For clarification of our records, under what name is this record?

13d1) First Name: \_\_\_\_\_

13d2) Second Name: \_\_\_\_\_

13d3) Last Name: \_\_\_\_\_

13d4) Maternal Last Name: \_\_\_\_\_

14) (do not ask) Did the participant have a fifth episode? (if 'No', go to 20).....

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

15a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N) .....

15b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

15c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) .....

15d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

15e) Were you evaluated in a physician's office or urgent care? (Y/N) .....

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

15e1) An additional antibiotic .....

15e2) Additional steroids .....

15e3) Don't know .....

15e4) Don't remember .....

15f) Were you evaluated in an Emergency Department? .....

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

15f1) An additional antibiotic .....

15f2) Additional steroids .....

15f3) Don't know .....

15f4) Don't remember .....

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15g) Were you admitted to the hospital? .....

If participant was admitted to hospital:

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? \_\_\_\_\_  
(Leave blank if unknown)

16d) For clarification of our records, under what name is this record?

16d1) First Name: \_\_\_\_\_

16d2) Second Name: \_\_\_\_\_

16d3) Last Name: \_\_\_\_\_

16d4) Maternal Last Name: \_\_\_\_\_

17) (do not ask) Did the participant have a sixth episode? (if 'No', go to 20) .....

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

18a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N) .....

18b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

18c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N) .....

18d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

18e) Were you evaluated in a physician's office or urgent care? (Y/N) .....

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

18e1) An additional antibiotic .....

18e2) Additional steroids .....

18e3) Don't know .....

18e4) Don't remember .....

18f) Were you evaluated in an Emergency Department? .....

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

18f1) An additional antibiotic .....

18f2) Additional steroids .....

18f3) Don't know .....

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18f4) Don't remember .....

18g) Were you admitted to the hospital? .....

If participant was admitted to hospital:

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? \_\_\_\_\_  
(Leave blank if unknown)

19d) For clarification of our records, under what name is this record?

19d1) First Name: \_\_\_\_\_

19d2) Second Name: \_\_\_\_\_

19d3) Last Name: \_\_\_\_\_

19d4) Maternal Last Name: \_\_\_\_\_

**INTERVIEWER:** (For non-COPD participants only) "The following questions are about any hospitalizations you may have had since your last (*center visit or telephone contact*) on (*date*)."

20) Since your last (*center visit or telephone contact*) on (*date*), have you at any time been admitted to a hospital (For COPD Participants: *for any reason other than a chest flare up*)?

No 0  → **Go to Item 27**

Yes 1

Unsure 9  → **Go to Item 27**

20a) How many hospitalizations have you had since (*date*)?.....

**INTERVIEWER:** The next few questions are about one event. If there were more than one we would like to talk about each one separately. Let's start with the first event after your (*visit or teleconference*) on (*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? \_\_\_\_\_  
(Leave blank if unknown)

21d) For clarification of our records, under what name is this record?

21d1) First Name: \_\_\_\_\_

21d2) Second Name: \_\_\_\_\_

21d3) Last Name: \_\_\_\_\_

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21d4) Maternal Last Name: \_\_\_\_\_

21e) Were you admitted to a hospital at any other time since your last (*center visit* or *telephone contact*)?  
No 0  → **Go to Item 27**  
Yes 1

22a) What was the date of this event? ..... //

22b) What is the name of the medical facility? \_\_\_\_\_

22c) What is the address of this medical facility? \_\_\_\_\_  
(Leave blank if unknown)

22d) For clarification of our records, under what name is this record?

22d1) First Name: \_\_\_\_\_

22d2) Second Name: \_\_\_\_\_

22d3) Last Name: \_\_\_\_\_

22d4) Maternal Last Name: \_\_\_\_\_

22e) Were you admitted to a hospital at any other time since your last (*center visit* or *telephone contact*)?  
No 0  → **Go to Item 27**  
Yes 1

23a) What was the date of this event? ..... //

23b) What is the name of the medical facility? \_\_\_\_\_

23c) What is the address of this medical facility? \_\_\_\_\_  
(Leave blank if unknown)

23d) For clarification of our records, under what name is this record?

23d1) First Name: \_\_\_\_\_

23d2) Second Name: \_\_\_\_\_

23d3) Last Name: \_\_\_\_\_

23d4) Maternal Last Name: \_\_\_\_\_

23e) Were you admitted to a hospital at any other time since your last (*center visit* or *telephone contact*)?  
No 0  → **Go to Item 27**  
Yes 1

24a) What was the date of this event? ..... //

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24b) What is the name of the medical facility? \_\_\_\_\_

24c) What is the address of this medical facility? \_\_\_\_\_  
(Leave blank if unknown)

24d) For clarification of our records, under what name is this record?

24d1) First Name: \_\_\_\_\_

24d2) Second Name: \_\_\_\_\_

24d3) Last Name: \_\_\_\_\_

24d4) Maternal Last Name: \_\_\_\_\_

24e) Were you admitted to a hospital at any other time since your last (*center visit* or *telephone contact*)?

No 0  → **Go to Item 27**  
Yes 1

25a) What was the date of this event? .....   /   /

25b) What is the name of the medical facility? \_\_\_\_\_

25c) What is the address of this medical facility? \_\_\_\_\_  
(Leave blank if unknown)

25d) For clarification of our records, under what name is this record?

25d1) First Name: \_\_\_\_\_

25d2) Second Name: \_\_\_\_\_

25d3) Last Name: \_\_\_\_\_

25d4) Maternal Last Name: \_\_\_\_\_

25e) Were you admitted to a hospital at any other time since your last (*center visit* or *telephone contact*)?

No 0  → **Go to Item 27**  
Yes 1

26a) What was the date of this event? .....   /   /

26b) What is the name of the medical facility? \_\_\_\_\_

26c) What is the address of this medical facility? \_\_\_\_\_  
(Leave blank if unknown)

26d) For clarification of our records, under what name is this record?

26d1) First Name: \_\_\_\_\_

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26d2) Second Name: \_\_\_\_\_

26d3) Last Name: \_\_\_\_\_

26d4) Maternal Last Name: \_\_\_\_\_

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

(Questions 27-28 are for COPD participants only.)

Since your last (*clinic visit or telephone contact*) on (*date*)

27) Did your doctor put you on oxygen? (Y/N) .....

28) Have you been listed for or received a lung transplant? (Y/N) .....

29) Are you currently smoking cigarettes? (Y/N) .....

30) Since your last (*clinic visit or telephone contact*) on (*date*), have you been diagnosed with other medical problems or been injured? (Y/ N) .....

If answered 'Yes' to question 30

31) Were you diagnosed with:

31a) Lung cancer (Y/N) .....

31b) Other type of cancer (Y/N) .....

If so, what type? \_\_\_\_\_

31c) Diabetes (Y/N) .....

31d) Blood Clots (Y/N) .....

31e) Osteoporosis (Y/N) .....

31f) Broken Hip (Y/N) .....

31g) Heart attack or myocardial infarction (Y/N) .....

31h) Stroke (Y/N) .....

31i) Coronary artery disease (atherosclerosis) (Y/N) .....

**INTERVIEWER:** "Thank you very much for your participation in the SPIROMICS study. I'd like to ask you just a few more questions to make sure our contact information for you is up-to-date. All information you provide us is strictly confidential and will not be shared with anyone else."

32) Current home address:

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Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State:

Zip Code: -

a) When did you begin living here? ..... //

33) Primary Phone Number: ..... (  ) -

34) What is the best time of day to reach you at this number?

- Morning .....
- Afternoon.....
- Evening .....

35) Secondary Phone Number: ..... (  ) -

36) What is the best time of day to reach you at this number?

- Morning .....
- Afternoon.....
- Evening .....

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

(If the next contact is by telephone): We'll be contacting you again around (*date*) for another telephone contact.

(If next contact is a clinic visit): We'll 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)