

FOLLOW-UP EXACERBATION QUESTIONNAIRE, FEQ QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Follow-up Exacerbation Questionnaire (FEQ) is to be completed by the study coordinator during the participant's clinic visit. The FEQ collects important information about how episodes of breathing problems have been treated since the last time the participant was asked these questions. Answer for each episode by checking all relevant treatments that were given.

NOTE:

- All questions should be answered thinking back to the last time the questions were asked (most recent date provided).

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.).* Beside each item input is a small double bracket icon which looks like this: >>. Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 2 or 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at the clinic visit (E1), a follow-up phone call, or "other."

- Item 0a.** Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0b.** Record the SPIROMICS III staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS III data, please contact the GIC in order to receive your own individual staff code.
- Item 0c.** Record the most recent date the participant was asked these questions in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 1.** Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, and **Save and Close** the form.
- Item 2.** Record the participant's number of episodes of breathing problems since the last time these questions were asked in the space provided. *NOTE: CDART will only open the*

corresponding number of episode items. For example, if you enter '04', the items for the first four episodes will only be activated (items for the fifth and sixth episodes will remain greyed out).

NOTE: Read the script preceding Item 3 to the participant.

Item 3. Record the date of the participant's first episode since the last time these questions were asked in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Items 3a-3d. Select only one option among the two possible choices.

Item 3e. Select only one option among the two possible choices. If 'No' is selected, go to Item 3f.

Items 3e1-3e4. Use the check boxes to answer all that apply to the first episode.

Item 3f. Select only one option among the two possible choices. If 'No' is selected, go to Item 3g.

Items 3f1-3f4. Use the check boxes to answer all that apply to the first episode.

Item 3g. Select only one option among the two possible choices. If 'No' is selected, go to Item 5.

Item 4. Record the date the participant was admitted to the hospital for the first episode in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 4a. Record the name of the medical facility where the participant was admitted for the first episode in the space provided.

Item 4b. Record the address of the medical facility where the participant was admitted for the first episode in the space provided.

Item 4c.

Items 4c1-4c4. Record the First (4c1), Second (4c2), Last (4c3), and Maternal Last (4c4) names the participant was admitted to the hospital under for the first episode in the spaces provided.

Items 4d-4e. Select only one option among the two possible choices.

Items 5-6e. For the participant's second episode since the last time these questions were asked, follow the instructions as in Items 3-4e as the question pattern is identical (if applicable).

Items 7-8e. For the participant's third episode since the last time these questions were asked, follow the instructions as in Items 3-4e as the question pattern is identical (if applicable).

Items 9-10e. For the participant's fourth episode since the last time these questions were asked, follow the instructions as in Items 3-4e as the question pattern is identical (if applicable).

Items 11-12e. For the participant's fifth episode since the last time these questions were asked, follow the instructions as in Items 3-4e as the question pattern is identical (if applicable).

Items 13-14e. For the participant's sixth episode since the last time these questions were asked, follow the instructions as in Items 3-4e as the question pattern is identical (if applicable).

NOTE: It is important that the EARLIEST episode be recorded first (Item 3) working backward towards the episode closest to the current date since the last time these questions were asked .

Select **Save and Close** at the bottom of the page/screen.