

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"/>
------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FORM CODE: FEQ
VERSION: 2.0 03/20/2026

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 15**
 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

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

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

- No₀
- Yes₁

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

- No₀ → **Go to 3g**
- 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

Item 3f has been removed.

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?

		/			/				
--	--	---	--	--	---	--	--	--	--

Items 4a-4c4 have been removed.

4d) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

- No₀
- Yes₁

Item 4e has been removed.

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

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

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, urgent care, or an Emergency Department?

- No₀ → **Go to 5g**
- Yes₁

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

Item 5f has been removed.

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?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Items 6a-6c4 have been removed.

6d) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

- No₀
- Yes₁

Item 6e has been removed.

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?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

7a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

- No₀
- Yes₁

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

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, urgent care, or an Emergency Department?

- No₀ → **Go to 7g**
- 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

Item 7f has been removed.

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?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Items 8a-8c4 have been removed.

8d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No₀
- Yes₁

Item 8e has been removed.

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?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

- 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, urgent care, or an Emergency Department?
 No₀ → **Go to 9g**
 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

Item 9f has been removed.

- 9g) Were you admitted to the hospital?
 No₀ → **Go to 11**
 Yes₁

If participant was admitted to hospital:

10) What was the date of this event? / /

Items 10a-10c4 have been removed.

- 10d) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?
 No₀
 Yes₁

Item 10e has been removed.

ID NUMBER:																				
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Event: _____

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? /

11a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?
 No₀
 Yes₁

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, urgent care, or an Emergency Department?
 No₀ → **Go to 11g**
 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

Item 11f has been removed.

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? / /

Items 12a-12c4 have been removed.

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

12d) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

- No₀
- Yes₁

Item 12e has been removed.

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? /

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

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

- No₀ → **Go to 13g**
- 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

Item 13f has been removed.

13g) Were you admitted to the hospital?

- No₀ → **Go to 15**
- Yes₁

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

FORM CODE: FEQ
VERSION: 2.0 03/20/2026

Event: _____

If participant was admitted to hospital:

14) What was the date of this event?

		/			/				
--	--	---	--	--	---	--	--	--	--

Items 14a-14c4 have been removed.

14d) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

No₀
 Yes₁

Item 14e has been removed.

I'd now like to ask you some other questions about your respiratory health since your last SOURCE (clinic visit or telephone contact).

15) Since your last (clinic visit or telephone contact) on (date), have you had any colds (episodes of just a runny or blocked nose that did not lead to breathing problems)?

No₀ → **Go to 16**
 Yes₁

15a) How many colds have you had since (date)? colds

16) Since your last (clinic visit or telephone contact) on (date), have you had any chest infections with symptoms lasting 2 days or more?

No₀ → **Go to End**
 Yes₁

16a) How many chest infections have you had since (date)? chest infections

16a1) For the first chest infection that you have had since (date):

16a1a) Did your chest infection involve breathlessness?
 No₀
 Yes₁

16a1b) Did your chest infection involve sputum production?
 No₀
 Yes₁

16a1c) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?
 No₀
 Yes₁

16a1d) Did your chest infection involve a cold, wheezing, a sore throat or cough?
 No₀
 Yes₁

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

16a2) For the second chest infection that you have had since (*date*):

16a2a) Did your chest infection involve breathlessness?

- No₀
 Yes₁

16a2b) Did your chest infection involve sputum production?

- No₀
 Yes₁

16a2c) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No₀
 Yes₁

16a2d) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No₀
 Yes₁

16a3) For the third chest infection that you have had since (*date*):

16a3a) Did your chest infection involve breathlessness?

- No₀
 Yes₁

16a3b) Did your chest infection involve sputum production?

- No₀
 Yes₁

16a3c) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No₀
 Yes₁

16a3d) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No₀
 Yes₁

16a4) For the fourth chest infection that you have had since (*date*):

16a4a) Did your chest infection involve breathlessness?

- No₀
 Yes₁

16a4b) Did your chest infection involve sputum production?

- No₀
 Yes₁

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: FEQ
VERSION: 2.0 03/20/2026

Event: _____

16a4c) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?
 No₀
 Yes₁

16a4d) Did your chest infection involve a cold, wheezing, a sore throat or cough?
 No₀
 Yes₁

16a5) For the fifth chest infection that you have had since (*date*):

16a5a) Did your chest infection involve breathlessness?
 No₀
 Yes₁

16a5b) Did your chest infection involve sputum production?
 No₀
 Yes₁

16a5c) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?
 No₀
 Yes₁

16a5d) Did your chest infection involve a cold, wheezing, a sore throat or cough?
 No₀
 Yes₁

END OF FORM