

FOLLOW-UP PHONE 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"/>	<input type="text"/>
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FORM CODE: FUQ
VERSION: 2.0 03/20/2026

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. Note that the contact update questions (items 31-35) have been moved to the beginning of the form, which is different than the previous version of the form. Original item numbers have been retained for data continuity purposes.

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).”*

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

- Contacted and alive₁ → **Go to 31**
- 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 31**

1a) What was the date of death?

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

Item 1c has been removed.

1d) Is the participant willing to be contacted regarding future SOURCE visits?

- No₀ → **End call and Complete the RSW form**
- Yes, willing to be contacted₁ → **Go to 1d1, then End call**
- Yes, willing to be contacted and next visit already scheduled₂ → **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

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)?

- No₀ → **Go to 35**
- Yes₁
- Refused to provide₂ → **Go to 35**

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

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

- No₀
- Yes₁ → **Go to CIF form to enter change**
- Refused to provide₂

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

- No₀
- Yes₁ → **Go to CIF form to enter change**
- Refused to provide₂

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

- No₀
- Yes₁ → **Go to CIF form to enter change**
- Refused to provide₂

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INTERVIEWER: Please read the current contacts information to participants 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*)?

- No₀
 Yes₁ → **Go to CIF form to enter change**
 Prefer not to give contacts₂

INTERVIEWER: “For the following questions, I want you to focus on what happened from (date of last contact) until today.”

EXACERBATIONS, EVENTS, AND HOSPITALIZATIONS

2) Since your last (*clinic visit* or *telephone contact*) on (*date*), have you had an episode of breathing problems?

- No₀ → **Go to 21e**
 Yes₁

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?

- 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

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

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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

4) If participant was admitted to the hospital:

4a) 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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Items 4b-4d4 have been removed.

4e) 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 4f has been removed.

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?

- 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, urgent care, or an Emergency Department?

- No₀ → **Go to 5g**
- 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

Item 5f has been removed.

5g) Were you admitted to the hospital?

- No₀ → **Go to 7**
- Yes₁

6) If participant was admitted to the hospital:

6a) What was the date of this event?

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Items 6b-6d4 have been removed.

6e) 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 6f has been removed.

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?

- 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, urgent care, or an Emergency Department?

- No₀ → **Go to 7g**
- Yes₁

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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

8) If participant was admitted to the hospital:

8a) What was the date of this event?

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Items 8b-8d4 have been removed.

8e) 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 8f has been removed.

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?

- 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

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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

10) If participant was admitted to the hospital:

10a) What was the date of this event?

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Items 10b-10d4 have been removed.

10e) 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 10f has been removed.

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?

- 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

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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

12) If participant was admitted to the hospital:

12a) 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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Items 12b-12d4 have been removed.

12e) 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 12f has been removed.

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?

- 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

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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 21e**
- Yes₁

14) If participant was admitted to the hospital:

14a) 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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Items 14b-14d4 have been removed.

14e) 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

Items 14f-21d4 have been removed.

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

21e) 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 21f**
- Yes₁

21e1) How many colds have you had since (*date*)?

<input type="text"/>	<input type="text"/>	colds
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21f) 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 36**
- Yes₁

21g) How many chest infections have you had since (*date*)?

<input type="text"/>	<input type="text"/>	chest infections
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21h) For the first chest infection that you have had since (*date*):

21h1) Did your chest infection involve breathlessness?

- No₀
- Yes₁

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21h2) Did your chest infection involve sputum production?

- No₀
 Yes₁

21h3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No₀
 Yes₁

21h4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No₀
 Yes₁

21i) For the second chest infection that you have had since (*date*):

21i1) Did your chest infection involve breathlessness?

- No₀
 Yes₁

21i2) Did your chest infection involve sputum production?

- No₀
 Yes₁

21i3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No₀
 Yes₁

21i4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No₀
 Yes₁

21j) For the third chest infection that you have had since (*date*):

21j1) Did your chest infection involve breathlessness?

- No₀
 Yes₁

21j2) Did your chest infection involve sputum production?

- No₀
 Yes₁

21j3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No₀
 Yes₁

21j4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No₀
 Yes₁

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21k) For the fourth chest infection that you have had since (*date*):

21k1) Did your chest infection involve breathlessness?

- No₀
 Yes₁

21k2) Did your chest infection involve sputum production?

- No₀
 Yes₁

21k3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No₀
 Yes₁

21k4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No₀
 Yes₁

21l) For the fifth chest infection that you have had since (*date*):

21l1) Did your chest infection involve breathlessness?

- No₀
 Yes₁

21l2) Did your chest infection involve sputum production?

- No₀
 Yes₁

21l3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No₀
 Yes₁

21l4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No₀
 Yes₁

22) Were you smoking cigarettes regularly at your last (*clinic visit or telephone contact*) on (*date*)?

- No₀ → **Go to 23**
 Yes₁

22a) Are you currently smoking cigarettes regularly?

- No₀
 Yes₁ → **Go to 26**

22b) When did you stop smoking cigarettes regularly?

/ / → **Go to 26**

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23) Did you start smoking cigarettes regularly since your last (*clinic visit or telephone contact*) on (*date*)?

- No₀ → **Go to 26**
 Yes₁

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

Items 24-25 have been removed.

26) Were you using an electronic cigarette or vape product regularly at your last (*clinic visit or telephone contact*) on (*date*)?

- No₀ → **Go to 27**
 Yes₁

26a) Are you currently using an electronic cigarette or vape product regularly?

- No₀
 Yes₁ → **Go to 36**

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

/ / → **Go to 36**

27) Did you start using an electronic cigarette or vape product regularly since your last (*clinic visit or telephone contact*) on (*date*)?

- No₀ → **Go to 36**
 Yes₁

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?

/ /

Items 28-30 have been removed.

Items 31-35 have been moved to the beginning of the questionnaire.

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

- No₀ → **Go to End**
 Yes₁
 Don't know₂ → **Go to End**

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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