COORDINATOR EXACERBATION ASSESSMENT FORM (Wave 1)

ID NUMBER:									FORM CODE: **CEA** VERSION: **1.0** 05/27/14	Visit Number			SEQ #	

0a) Form Completion Date.... ☐☐/☐☐/☐☐☐☐ 0b) Staff Code ..... ☐☐☐

Instructions: *This form should be completed any time the participant calls the clinical center with a possible exacerbation event.*

Administrative

Date of contact: ☐☐/☐☐/☐☐☐☐

1. Why did you contact the SPIROMICS center today? (Do not read responses. Check all that apply)

1a. Participant felt they were having an exacerbation (Y/N) ..... ☐

1b. Participant felt he or she met the criteria on the information card (Y/N) ☐

1c. Participant reported the EXACT-Pro Message said to call (Y/N) ..... ☐

1.c.1. Date of first EXACT-Pro Message: ☐☐/☐☐/☐☐☐☐

Review of Symptoms

2. Since the start or worsening of your symptoms, have you experienced any of the following for at least 2 or more consecutive days?

		Yes	No
a.	Increase or Worsening in Shortness of Breath (Dyspnea)	☐	☐
b.	Change in sputum color (purulence).....	☐	☐
c.	Increase in sputum volume.....	☐	☐

3) Since the start or worsening of your symptoms, have you experienced any of the following for at least 2 or more consecutive days?

	Yes	No
a. Runny Nose/Nasal discharge	☐	☐
b. Increase or worsening of wheeze	☐	☐
c. Sore throat	☐	☐
d. Increase or worsening of cough	☐	☐
e. Fever	☐	☐

HCU Event Determination

4. Have you contacted your primary physician or gone to the emergency room, urgent care, or hospital regarding this change in your symptoms? ☐

Yes 1

No ..... 0 → Skip to 4d

4a. Date of contact with physician or emergency room/urgent care visit: ☐☐/☐☐/☐☐☐☐

4b. Why did you contact your primary physician or go to the emergency room, urgent care, or hospital for this change in symptoms?

	Yes	No
1. Sputum color change: the doctor told me to call if my sputum changes color	☐	☐
2. Thought I might need extra treatment	☐	☐
3. Knew I needed treatment	☐	☐
4. Scared or nervous	☐	☐
5. Wanted to catch it early	☐	☐
6. Someone (spouse/child) told me to call	☐	☐
7. Other	☐	☐

7a. Specify:_____

4c. Did the participant report going to the emergency room or hospital? .... ☐

Yes 1

No 0

4d. Why didn't you contact your primary physician or go to the emergency room, urgent care, or hospital regarding this change in symptoms?

	Yes	No
1. Inconvenient	☐	☐
a. Too far	☐	☐
b. Office not open	☐	☐
c. Could not make an appointment	☐	☐
d. Other	☐	☐
e) Specify_____		
2. Cost (co-pay, medications, deductible)	☐	☐
3. I have treatment at home to take when I feel worse	☐	☐
4. I didn't feel sick enough to call.	☐	☐
5. I thought it would go away soon.	☐	☐
6. I knew it wasn't a problem (past experience)	☐	☐
7. I don't like to bother my doctor	☐	☐
8. I don't like or prefer not to take extra medications	☐	☐
9. Other	☐	☐

9a. Specify:_____

5. (If yes to Q4) As a result of contacting your physician or going to the emergency room, urgent care, or hospital was there a change in your medical treatment (e.g., changed your medications)? ☐

Yes 1
No ..... 0 → Skip to 7

5a. Date of change in medical treatment: ☐☐/☐☐/☐☐☐☐

6. (If no to Q4) Have you changed your medical treatment as directed by your physician because of the change in your symptoms (e.g., filled a prescription of antibiotics)? ..... ☐

Yes 1
No 0

6a. Date of change in medical treatment: ☐☐/☐☐/☐☐☐☐

Previous Event/Visit Determination (Do not read to participant)

7. Has the participant had a previous HCU-triggered exacerbation AND completed a study visit for that exacerbation? ..... ☐

Yes 1
No ..... 0 → Skip to 9

8. Has the participant had at least three previous events AND completed study visits for these events? ☐

Yes ..... 1 →END (Participant ineligible for another visit)

No 0

Visit Eligibility Determination (Do not read to participant)

9. Is this participant eligible for an exacerbation clinic visit? ..... ☐

Yes 1

No ..... 0 → End

Eligibility Criteria:

1) No history of previous HCU exacerbation visit (Q7 = N) and Q4 or Q6 = Y (HCU Exacerbation Visit)

10. Was the participant scheduled for a study visit? ..... ☐

Yes ..... 1 → End

No 0

11. Reason participant was not scheduled for an exacerbation visit:

	Yes	No
a. Too far	☐	☐
b. Participant didn't have time to come in	☐	☐
c. Too sick to come in	☐	☐
d. Lack of transportation	☐	☐
e. Unable to schedule visit within 72 hours (participant)	☐	☐
f. Unable to accommodate visit within 72 hours (clinic)	☐	☐
g. Other	☐	☐

g1. Specify

Call Conclusion Prompt:

If the participant has not contacted their physician or gone to the emergency room/urgent care and WILL NOT be coming in for a visit:

"Thank you for contacting us. We recommend that you contact your primary care physician to discuss the worsening symptoms that you are having now and see if he or she recommends treatment."

If the participant has not contacted their physician or gone to the emergency room/urgent care and WILL be coming in for a visit:

"Thank you for contacting us. We recommend that you contact your primary care physician to discuss the worsening symptoms that you are having now and see if he or she recommends treatment. The SPIROMICS visit we're scheduling now does not take the place of a visit with your physician and is for research evaluation only."

If the participant has already contacted their physician or gone to the emergency room/urgent care and WILL be coming in for a visit:

"Thank you for contacting us. As a reminder, the SPIROMICS visit we're scheduling now does not take the place of a visit with your physician and is for research evaluation only."