



EXACERBATION RESOLUTION FORM

ID NUMBER:

FORM CODE: ERF
VERSION: 1.0 08/9/13

Visit Number

SEQ #

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

0b) Initials.....

Instructions: Twenty-eight days after the HCU exacerbation visit in Wave 1, contact the participant to determine whether exacerbation symptoms have resolved. If the symptoms have not resolved, contact the participant again in seven days. Repeat contacts every seven days until symptoms resolve OR more than 56 days have elapsed since the HCU exacerbation visit. When the participant reports his/her symptoms have resolved or more than 56 days have elapsed since the visit, the PDA must be updated to allow symptom-driven event triggering.

| A. Date of contact | B. Result Code | C. Prompt: Have you recovered from your exacerbation/flare-up? | D. If no: Date of next scheduled call |
|--------------------|----------------|---|--|
| 1) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| 2) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| 3) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| 4) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| 5) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| 6) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| 7) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| 8) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |

- Result codes:**
- Contacted, call complete.....A → **Go to 9**
 - Contacted, asked to call backB
 - Reported alive, not available.....C
 - Reported alive, too sick to complete call.....D
 - Reported alive, in hospital.....E
 - Reported alive, proxy answered questions ...F
 - No answerG