



MONTHLY CONTACT FORM

ID NUMBER:

FORM CODE: MCF
VERSION: 1.0 06/17/13

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

0b) Initials

Instructions: This form should be completed during the follow up phone conversations with study participants. Read the form carefully to familiarize yourself with the script as well as questions and skip patterns.

INTERVIEWER: Hello, my name is (*interviewer name*), and I am calling to follow up with (*participant name*) about the Subpopulations and Intermediate Outcome Measures in COPD Study (SPIROMICS), a health study in which s/he is currently enrolled. Is s/he 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 SPIROMICS study. I'm calling to see how you have been since your last (*visit to our center 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 general health and about specific medical conditions that you may have had since your last (*visit to our center or telephone contact*). I will ask you some questions about your health since your last (*visit to our center or telephone contact*) on (*date of contact*).

INTERVIEWER: I want you to focus on what happened from (*date of contact*) until today.

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

- Contacted and alive 1 → **Go to Item 2**
- Contacted and refused interview 2 → **End Call**
- Not contacted, reported alive 3 → **End Call**
- Not contacted, reported deceased 4 → **Go to Item 1a**
- Unknown 5 → **End Call**

1a) What was the date of death? //

1b) What city, state, and country did the death occur? _____

1c) Do you know if (*insert decedent's name*) was hospitalized or visited an emergency room for any reason since (*date of last contact*) and his/her death?

- Yes 1 Record date and name of hospitalization in question 21a.
- No 0 End interview

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HOSPITALIZATIONS

2) Since your last (*clinic visit or telephone contact*) on (*date*), have you had a flare-up of your chest trouble? (Y/N).....
(if 'No' go to item 20)

If Yes:

2a) How many episodes of chest trouble flare ups have you had since (*date*)?

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. Starting with the first episode since (*date*):

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? (Y/N)

3b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

3c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

3d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

3e) Were you evaluated in a physician's office or urgent care? (Y/N).....

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

3f) Were you evaluated in an Emergency Department?

During that visit were you given (check all that apply):

3f1) An additional antibiotic

3f2) Additional steroids

3f3) Don't know

3f4) Don't remember

3g) What was the date of this event? / /

3h) What is the name of the medical facility? _____

3i) What is the address of this medical facility? _____
(Leave blank if unknown)

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3j) For clarification of our records, under what name is this record?

3j1) First Name: _____

3j2) Second Name: _____

3j3) Last Name: _____

3j4) Maternal Last Name: _____

3k) Were you admitted to the hospital?

If participant was admitted to hospital:

4a) What was the date of this event? //

4b) What is the name of the medical facility? _____

4c) What is the address of this medical facility? _____
(Leave blank if unknown)

4d) For clarification of our records, under what name is this record?

4d1) First Name: _____

4d2) Second Name: _____

4d3) Last Name: _____

4d4) Maternal Last Name: _____

5) (do not ask) Did the participant have a second episode? (if 'No', go to 20)

6) For the second episode of breathing problems you had since (date):

6a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)

6b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

6c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

6d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

6e) Were you evaluated in a physician's office or urgent care? (Y/N)

During that visit were you given (check all that apply):

6e1) An additional antibiotic

6e2) Additional steroids

6e3) Don't know

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6e4) Don't remember

6f) Were you evaluated in an Emergency Department?

During that visit were you given (check all that apply):

6f1) An additional antibiotic

6f2) Additional steroids

6f3) Don't know

6f4) Don't remember

6g) What was the date of this event? /

6h) What is the name of the medical facility? _____

6i) What is the address of this medical facility? _____
(Leave blank if unknown)

6j) For clarification of our records, under what name is this record?

6j1) First Name: _____

6j2) Second Name: _____

6j3) Last Name: _____

6j4) Maternal Last Name: _____

6k) Were you admitted to the hospital?

If participant was admitted to hospital:

7a) What was the date of this event? /

7b) What is the name of the medical facility? _____

7c) What is the address of this medical facility? _____
(Leave blank if unknown)

7d) For clarification of our records, under what name is this record?

7d1) First Name: _____

7d2) Second Name: _____

7d3) Last Name: _____

7d4) Maternal Last Name: _____

8) (do not ask) Did the participant have a third episode? (if 'No', go to 20)

9) For the third episode of breathing problems you had since (date):

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9a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)

9b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

9c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

9d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

9e) Were you evaluated in a physician's office or urgent care? (Y/N).....

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

9f) Were you evaluated in an Emergency Department?

During that visit were you given (check all that apply):

9f1) An additional antibiotic

9f2) Additional steroids

9f3) Don't know

9f4) Don't remember

9g) What was the date of this event? / /

9h) What is the name of the medical facility? _____

9i) What is the address of this medical facility? _____
(Leave blank if unknown)

9j) For clarification of our records, under what name is this record?

9j1) First Name: _____

9j2) Second Name: _____

9j3) Last Name: _____

9j4) Maternal Last Name: _____

9k) Were you admitted to the hospital?

If participant was admitted to hospital:

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

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10b) What is the name of the medical facility? _____

10c) What is the address of this medical facility? _____
(Leave blank if unknown)

10d) For clarification of our records, under what name is this record?

10d1) First Name: _____

10d2) Second Name: _____

10d3) Last Name: _____

10d4) Maternal Last Name: _____

11) (do not ask) Did the participant have a fourth episode? (if 'No', go to 20)

12) For the fourth episode of breathing problems you had since (date):

12a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)

12b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

12c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

12d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

12e) Were you evaluated in a physician's office or urgent care? (Y/N)

During that visit were you given (check all that apply):

12e1) An additional antibiotic

12e2) Additional steroids

12e3) Don't know

12e4) Don't remember

12f) Were you evaluated in an Emergency Department?

During that visit were you given (check all that apply):

12f1) An additional antibiotic

12f2) Additional steroids

12f3) Don't know

12f4) Don't remember

12g) What was the date of this event? //

12h) What is the name of the medical facility? _____

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12i) What is the address of this medical facility? _____
(Leave blank if unknown)

12j) For clarification of our records, under what name is this record?

12j1) First Name: _____

12j2) Second Name: _____

12j3) Last Name: _____

12j4) Maternal Last Name: _____

12k) Were you admitted to the hospital?

If participant was admitted to hospital:

13a) What was the date of this event?..... //

13b) What is the name of the medical facility? _____

13c) What is the address of this medical facility? _____
(Leave blank if unknown)

13d) For clarification of our records, under what name is this record?

13d1) First Name: _____

13d2) Second Name: _____

13d3) Last Name: _____

13d4) Maternal Last Name: _____

14) (do not ask) Did the participant have a fifth episode? (if 'No', go to 20).....

15) For the fifth episode of breathing problems you had since (*date*):

15a) Did you take additional antibiotics after contacting your healthcare provider by telephone
or email? (Y/N)

15b) Did you take additional oral steroids after contacting your healthcare provider by
telephone or email? (Y/N).....

15c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

15d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

15e) Were you evaluated in a physician's office or urgent care? (Y/N).....

During that visit were you given (check all that apply):

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- 15e1) An additional antibiotic
- 15e2) Additional steroids
- 15e3) Don't know
- 15e4) Don't remember

15f) Were you evaluated in an Emergency Department?

During that visit were you given (check all that apply):

- 15f1) An additional antibiotic
- 15f2) Additional steroids
- 15f3) Don't know
- 15f4) Don't remember

15g) What was the date of this event? / /

15h) What is the name of the medical facility? _____

15i) What is the address of this medical facility? _____
(Leave blank if unknown)

15j) For clarification of our records, under what name is this record?

- 15j1) First Name: _____
- 15j2) Second Name: _____
- 15j3) Last Name: _____
- 15j4) Maternal Last Name: _____

15k) Were you admitted to the hospital?

If participant was admitted to hospital:

16a) What was the date of this event? / /

16b) What is the name of the medical facility? _____

16c) What is the address of this medical facility? _____
(Leave blank if unknown)

16d) For clarification of our records, under what name is this record?

- 16d1) First Name: _____
- 16d2) Second Name: _____
- 16d3) Last Name: _____
- 16d4) Maternal Last Name: _____

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17) (do not ask) Did the participant have a sixth episode? (if 'No', go to 20)

18) For the sixth episode of breathing problems you had since (date):

18a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)

18b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

18c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

18d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N).....

18e) Were you evaluated in a physician's office or urgent care? (Y/N).....

During that visit were you given (check all that apply):

18e1) An additional antibiotic

18e2) Additional steroids

18e3) Don't know

18e4) Don't remember

18f) Were you evaluated in an Emergency Department?

During that visit were you given (check all that apply):

18f1) An additional antibiotic

18f2) Additional steroids

18f3) Don't know

18f4) Don't remember

18g) What was the date of this event? / /

18h) What is the name of the medical facility? _____

18i) What is the address of this medical facility? _____
(Leave blank if unknown)

18j) For clarification of our records, under what name is this record?

18j1) First Name: _____

18j2) Second Name: _____

18j3) Last Name: _____

18j4) Maternal Last Name: _____

18k) Were you admitted to the hospital?

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If participant was admitted to hospital:

19a) What was the date of this event?...../

19b) What is the name of the medical facility? _____

19c) What is the address of this medical facility? _____
(Leave blank if unknown)

19d) For clarification of our records, under what name is this record?

19d1) First Name: _____

19d2) Second Name: _____

19d3) Last Name: _____

19d4) Maternal Last Name: _____

20) Since your last (*center visit* or *telephone contact*) on (*date*), have you at any time been admitted to a hospital for any reason other than a chest flare up?

No 0 → **Go to Item 27**

Yes 1

Unsure 9 → **Go to Item 27**

20a) How many hospitalizations have you had since (*date*)?.....

INTERVIEWER: The next few questions are about one event. If there were more than one we would like to talk about each one separately. Let's start with the first event after your (*visit* or *teleconference*) on (*date*)."

21a) What was the date of this event?/

21b) What is the name of the medical facility? _____

21c) What is the address of this medical facility? _____
(Leave blank if unknown)

21d) For clarification of our records, under what name is this record?

21d1) First Name: _____

21d2) Second Name: _____

21d3) Last Name: _____

21d4) Maternal Last Name: _____

21e) Were you admitted to a hospital at any other time since your last (*center visit* or *telephone contact*)?

No 0 → **Go to Item 27**

Yes 1

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22a) What was the date of this event? /

22b) What is the name of the medical facility? _____

22c) What is the address of this medical facility? _____
(Leave blank if unknown)

22d) For clarification of our records, under what name is this record?

22d1) First Name: _____

22d2) Second Name: _____

22d3) Last Name: _____

22d4) Maternal Last Name: _____

22e) Were you admitted to a hospital at any other time since your last (*center visit* or *telephone contact*)?

No 0 → **Go to Item 27**
Yes 1

23a) What was the date of this event? /

23b) What is the name of the medical facility? _____

23c) What is the address of this medical facility? _____
(Leave blank if unknown)

23d) For clarification of our records, under what name is this record?

23d1) First Name: _____

23d2) Second Name: _____

23d3) Last Name: _____

23d4) Maternal Last Name: _____

23e) Were you admitted to a hospital at any other time since your last (*center visit* or *telephone contact*)?

No 0 → **Go to Item 27**
Yes 1

24a) What was the date of this event? /

24b) What is the name of the medical facility? _____

24c) What is the address of this medical facility? _____
(Leave blank if unknown)

24d) For clarification of our records, under what name is this record?

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24d1) First Name: _____

24d2) Second Name: _____

24d3) Last Name: _____

24d4) Maternal Last Name: _____

24e) Were you admitted to a hospital at any other time since your last (*center visit or telephone contact*)?

No 0 → **Go to Item 27**

Yes 1

25a) What was the date of this event? //

25b) What is the name of the medical facility? _____

25c) What is the address of this medical facility? _____
(Leave blank if unknown)

25d) For clarification of our records, under what name is this record?

25d1) First Name: _____

25d2) Second Name: _____

25d3) Last Name: _____

25d4) Maternal Last Name: _____

25e) Were you admitted to a hospital at any other time since your last (*center visit or telephone contact*)?

No 0 → **Go to Item 27**

Yes 1

26a) What was the date of this event? //

26b) What is the name of the medical facility? _____

26c) What is the address of this medical facility? _____
(Leave blank if unknown)

26d) For clarification of our records, under what name is this record?

26d1) First Name: _____

26d2) Second Name: _____

26d3) Last Name: _____

26d4) Maternal Last Name: _____

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

Since your last (*clinic visit or telephone contact*) on (*date*)

27) Did your doctor put you on oxygen? (Y/N)

28) Have you been listed for or received a lung transplant? (Y/N)

29) Are you currently smoking cigarettes? (Y/N)

30) Since your last (*clinic visit or telephone contact*) on (*date*), have you been diagnosed with other medical problems or been injured? (Y/ N)

If answered 'Yes' to question 30

31) Were you diagnosed with:

31a) Lung cancer (Y/N)

31b) Other type of cancer (Y/N)

If so, what type? _____

31c) Diabetes (Y/N)

31d) Blood Clots (Y/N)

31e) Osteoporosis (Y/N)

31f) Broken Hip (Y/N)

31g) Heart attack or myocardial infarction (Y/N)

31h) Stroke (Y/N)

31i) Coronary artery disease (atherosclerosis) (Y/N)