

RESIDENCE INFORMATION, RIF QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Residence Information (RIF) is to be completed over the phone after completing the Waiver of Documentation of Consent for Pollution Monitoring. If the participant consents to pollution monitoring then this form should be completed to determine where and when the devices should be shipped to the participant.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.).* Beside each item input is a small double bracket icon which looks like this: >>. Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

II. DETAILED INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 2 or 3-character, 6-digit number assigned to the specific participant. For the "Event", record if this is happening at the clinic visit (E1) or another event.

- Item 0a.** Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0b.** Record the SPIROMICS III staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS III data, please contact the GIC in order to receive your own individual staff code.
- Item 1.** Select only one option among the two possible choices. If 'Yes' is selected, **Go to 2.** If 'No' is selected, **Go to 3.**
- Item 2.** Select only one option among the two possible choices. If 'Yes' is selected, **Go to End** of the form, and **Save and Close** the form. If 'No' is selected, **Go to 3.**

NOTE: If the participant is currently staying or willing be staying at their secondary residence within the next 6 weeks, monitoring will not be completed at this time due to not currently residing or staying at the primary residence.

- Item 3.** Indicate whether the participant has access to a secure outdoor location at their primary residence to place the Outdoor Purple Air device. A secure outdoor location is a place with designated power, where the Purple Air device can be installed with a nail, screw, or zip tie, and can be installed without being a tripping hazard. The secure outdoor space does not need to be covered.

Select only one option among the two possible choices. If 'Yes' is selected, **Go to 4.** If 'No' is selected, **Go to 5.**

- Item 4.** Select only one option among the two possible choices.
- Item 5.** Select No if either item 3 OR item 4 in this form is No. Select Yes if both item 3 AND item 4 are Yes. If item 3 or 4 is No, the participant does not meet the requirements for receiving the Outdoor Purple Air device.
- Item 6.** Select only one option among the two possible choices.

Select **Save and Close** at the bottom of the page/screen.