

FOLLOW-UP EXACERBATION QUESTIONNAIRE

ID NUMBER: FORM CODE: FEQ VERSION: 1.0 10/21/2022 Event:
0a) Date of Collection:
 Instructions: This form should be completed during the participant's 18-month follow-up phone call and 3-year follow-up clinic visit. Please read the questions exactly as written. Notes: For the 18-month follow-up phone call, all questions should be answered thinking back to the baseline visit as the last SOURCE contact. For the 3-year follow-up clinic visit, all questions should be answered thinking back to the 18-month follow-up phone call as the last SOURCE contact.
 1) Have you had an episode of breathing problems since your last SOURCE (clinic visit or telephone contact)? □ No₀ → Go to End □ Yes₁
2) How many episodes of breathing problems have you had since your last SOURCE (clinic visit or telephone contact)?
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.
For the first episode of breathing problems you had since your last SOURCE (clinic visit or telephone contact):
 3) What was the approximate month and year of the first episode? 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? \[\sum \text{No}_0 \] \[\sum \text{Yes}_1 \]
3c) Did you take additional antibiotics but without contacting a healthcare provider?No₀Yes₁

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	3d) Did you	ı tak	e ado	ditiona	l ora	al st	eroid	ds but	W	vithout contac	cting a he	althcare provider?
	☐ Yes₁	1										
	3e) Were y	ou e	valua	ated in	ар	hys	iciar	n's offi	C	e or urgent ca	are?	
	☐ No ₀	\rightarrow C	o to	3f								
	☐ Yes₁	1										
		Duri	ing th	at visi	t, we	ere	you	given	(0	check all that	apply):	
		;	3e1)	An ad	ditio	nal	antil	oiotic				
			•	Additio			roids	3				
			,	Don't l								
		;	3e4)	Don't	reme	emb	er					
	3f) Were you Noo Yes	\rightarrow C	valua io to		an E	Ēm∈	ergei	ncy De	ep	partment?		
		;	3f1)	at visi An ado Additio Don't k Don't r	litior nal :	nal a ster	antib oids	iotic	(0	check all that	apply):	
	3g) Were you Noo	\rightarrow C	idmitt 60 to		the h	nosį	oital	?				
If p	participant wa	as a	dmitt	ed to I	hosp	oital	:					
4)	What was th	e da	ate of	this e	vent	?]/
	4a) What is	the	nam	e of th	e m	edio	cal fa	acility′	?			
	4b) What is	the	addr	ess of	this	s me	edica	al facil	lity	/? (Leave bla	ank if unkr	nown)

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	4c) For clarification of our records, under what name is this record?
	4c1) First Name:
	4c2) Second Name:
	4c3) Last Name:
	4c4) Maternal Last Name:
	4d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)? ☐ No₀ ☐ Yes₁
	 4e) During the hospitalization, did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose? No₀ Yes₁
	for the second episode of breathing problems you had since your last SOURCE (clinic risit or telephone contact):
5) What was the approximate month and year of the second episode?
	 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? \[\sum No_0 \] \[\sum Yes_1 \]
	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 or urgent care? ☐ No₀ → Go to 5f ☐ Yes₁

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	During that	visit, were you giver	n (check all that apply):
		n additional antibiotic	
	•	dditional steroids	
	•	on't know	
	•	on't remember	
	5f) Were you evaluated	_	Department?
	\square No ₀ \rightarrow Go to 59	9	
	☐ Yes₁		
	During that	visit, were you giver	n (check all that apply):
	5f1) An	additional antibiotic	
	5f2) Ad	ditional steroids	
	5f3) Do	n't know	
	5f4) Do	n't remember	
	5g) Were you admitted No₀→ Go to 7 Yes₁	d to the hospital?	
lf	f participant was admitted	l to hospital:	
) What was the date of th	•	
	6a) What is the name	of the medical facility	/?
	6b) What is the addres	ss of this medical fac	ility? (Leave blank if unknown)
	·		hat name is this record?
	,		
	6c2) Second Name	e:	
	6c3) Last Name: _		
	6c4) Maternal Last	Name:	

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	6d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)? No ₀ Yes ₁
	 6e) During the hospitalization, did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose? No₀ Yes₁
	or the third episode of breathing problems you had since your last SOURCE <i>(clinic visit relephone contact)</i> :
7)	What was the approximate month and year of the third episode?
	 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? \[\sum \text{No}_0 \] \[\sum \text{Yes}_1 \]
	7c) Did you take additional antibiotics but without contacting a healthcare provider? No ₀ Yes ₁
	7d) Did you take additional oral steroids but without contacting a healthcare provider? No ₀ Yes ₁
	7e) Were you evaluated in a physician's office or urgent care? ☐ No ₀ → Go to 7f ☐ Yes ₁
	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
	7f) Were you evaluated in an Emergency Department? ☐ No ₀ → Go to 7g ☐ Yes ₁

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	D	7f1 7f2 7f3		addi ditior n't kı	ition nal s now	al a	intibiot oids		check all that apply):
	7g) Were you ☐ No ₀ → ☐ Yes ₁			to t	he h	osp	oital?		
It	If participant was	s adn	nitted	to h	osp	ital:			
8	3) What was the	date	of th	is ev	vent'	?			
	8a) What is t	he na	ame c	of the	e me	edic	al faci	lity?	
	8b) What is t	he ad	ddres	s of	this	me	edical f	acilit	y? (Leave blank if unknown)
	8c) For clarif	icatio	on of o	our r	eco	rds,	unde	· wha	at name is this record?
	8c1) Firs	t Nan	ne:						
	8c2) Sec	ond N	Name	:					
	8c3) Las	t Nam	ne:						
	8c4) Mat	ernal	Last	Nan	ne: _				
	8d) When ho	spita	llized,	did	you	ı sp	end ar	ny tin	ne during the hospitalization in the intensive care unit (ICU)?
									care providers 'intubate' you or place you on a breathing our mouth or nose?

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					ath	ing	probl	ems	you had since your last	SOURCE (clinic
	risit or teleph			•						
9) What was th	ie ap	proxim	ate r	mon	th a	and ye	ar of	the fourth episode?	
	9a) Did you ☐ No₀ ☐ Yes		e additi	onal	ant	ibio	tics af	ter co	ontacting your healthcare	provider by telephone or email?
	9b) Did you No ₀ Yes		e additi	onal	ora	l ste	eroids	after	contacting your healthcan	re provider by telephone or email?
	9c) Did you No ₀ Yes		e additi	onal	ant	ibio	tics bu	t wit	hout contacting a healthca	are provider?
	9d) Did you No ₀ Yes		e additi	onal	ora	l ste	eroids	but v	without contacting a health	ncare provider?
	•	→G	valuate o to 9f		a pl	hysi	ician's	offic	e or urgent care?	
		Duri	ng that	visit	, we	ere y	you giv	/en (check all that apply):	
		9	9e1) An 9e2) Ac 9e3) Do 9e4) Do	lditio on't k	nal knov	stei v	roids	tic		
	9f) Were yo ☐ No₀ ☐ Yes	→G	aluated o to 9g	_	an E	Eme	ergency	y De _l	partment?	
		9	ng that 9f1) An 9f2) Ado 9f3) Do 9f4) Do	addi ditior n't ki	ition nal s now	al a	antibiot oids		check all that apply):	
	9g) Were y ☐ No₀ ☐ Yes	→G	dmitted o to 11	_	he h	nosp	oital?			

ID	NUMBER:								FORM CODE: FEQ VERSION: 1.0 10/21/2022	Event:
If pa	rticipant wa	as a	dmitt	ed to l	nospi	ital:				
10) V	What was t	he c	date d	of this	even	t?				
1	0a) What	is th	e nar	me of t	he m	nedi	cal fac	ility?	?	
1	0b) What	is th							ity? (Leave blank if unknow	
_										
1	0c) For cla	arific	ation	of ou	reco	ords	s, unde	er wh	nat name is this record?	
	10c1)	Firs	t Na	me:						
	10c2)	Sec	cond	Name	·					
	10c3)	Las	t Nar	me:						
	10c4)	Mat	terna	l Last	Nam	e: _				
1	0d) When (ICU)		pitali	zed, d	id yo	u sp	end a	ny ti	me during the hospitalization	on in the intensive care unit
	☐ No ☐ Ye									
1		ine o							ncare providers 'intubate' yo your mouth or nose?	ou or place you on a breathing
	the fifth epelephone o			f brea	thing	g pr	oblem	ıs yo	ou had since your last SC	OURCE (clinic visit
11) V	What was t	he a	appro	ximate	e moi	nth	and ye	ar o	f the fifth episode?	
1	1a) Did yo ☐ No ☐ Ye	00	ke a	ddition	al an	tibio	otics a	fter (contacting your healthcare	provider by telephone or email?

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	11b) Did you email? ☐ No ☐ Yes	0	ke add	dition	al or	al s	teroid	s afte	er contacting y	our healthca	are provider by telephor	ie or
	11c) Did you ☐ No ☐ Yes	0	ke add	dition	al ar	ntibi	otics t	out wi	thout contacti	ing a healtho	care provider?	
	11d) Did you ☐ Noo ☐ Yes	0	ke add	dition	al or	al s	teroid	s but	without conta	acting a heal	thcare provider?	
	, ,	0→	evalua Go to		n a _l	phy	sician	's offi	ce or urgent c	care?		
	[Duri	11e1 11e2 11e3) An 2) Add 3) Do	add ditio n't k	itior nal : now	nal ant steroid	tibiotic	check all that c	apply):		
	11f) Were yo Noo Yes	0→	evalua Go to		n an	Em	ergen	cy De	epartment?			
	[Duri	11f1) 11f2) 11f3)) An a) Add) Don	addi itior 't kr	tion al s now	you gi al anti teroid mber	biotic	check all that	apply):		
	11g) Were y ☐ No ☐ Yes	0→	admitt Go to		the	hos	spital?	•				
It	f participant wa	as a	dmitte	d to I	nosp	ital:	•					
1	2) What was th	ne c	late of	this	ever	nt?					/ /	
	12a) What is	s th	e nam	e of t	he r	ned	ical fa	cility?	?			

	ID NUMBER:								FORM CODE: FEQ VERSION: 1.0 10/21/2022	Event:
	12b) What is	s the	e addr	ess c	of thi	s m	edical	facili	ity? (Leave blank if unknow	vn)
										
	12c) For cla	rific	ation c	of our	rec	ord	s, und	er wh	nat name is this record?	
	12c1)	Firs	t Nam	e:						
	12c2)	Sec	ond N	ame:	:					
	12c3)	Las	t Name	e:						
	12c4)	Mat	ernal L	₋ast l	Nam	ne: _				
	12d) When (ICU)?	0	pitalize	ed, di	d yc	ou s	pend a	any ti	me during the hospitalization	on in the intensive care unit
		ne c							ncare providers 'intubate' yo your mouth or nose?	ou or place you on a breathing
	or the sixth e	•			athir	ոց բ	oroble	ms y	ou had since your last S	OURCE (clinic visit
1	3) What was th	he a	pproxi	mate	mo	nth	and y	ear o	f the sixth episode?	
	13a) Did yo ☐ No ☐ Yes	0	ke add	lition	al ar	ntibi	otics a	ifter (contacting your healthcare	provider by telephone or email?
	13b) Did yo email? No Yes	0	ke add	lition	al or	al s	teroids	s afte	er contacting your healthcar	re provider by telephone or
	13c) Did you No. Yes	0	ke add	lition	al ar	ntibi	otics b	ut wi	thout contacting a healthca	are provider?
	13d) Did yo ☐ No ☐ Yes	0	ke add	lition	al or	al s	teroids	s but	without contacting a health	ncare provider?

	ID NUMBER:									FORM CODE VERSION: 1.0 1		Event:	
	☐ No	0 ₀ →	Go t	o 13f						ce or urgent o			
			13e 13e 13e	e1) An e2) Ade e3) Do e4) Do	ado ditio n't k	dition nal knov	nal a stero	ntibio oids			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	13f) Were y	$0_0 \rightarrow$		ated in o 13g		Em	nerge	ency	D€	epartment?			
		Duri	13f 13f 13f	at visi 1) An 2) Ado 3) Dor 4) Dor	add litioi ı't k	ition nal s now	al ar stero	ntibio ids		check all that	apply):		
	13g) Were	\rightarrow		tted to	_	e ho	spita	l?					
If µ	participant w	as a	dmitt	ed to I	hosį	oital	:						
14) What was t	he c	date o	of this	eve	nt?							
	14a) What	is th	e nar	me of t	he	med	lical	facilit	ty?	•			
	14b) What	is th	e add	dress (of th	iis m	nedic	al fa	cili	ity? (Leave b	lank if unkı	nown)	

ID NUMBER: FORM CODE: FEQ VERSION: 1.0 10/21/2022 Event:
14c) For clarification of our records, under what name is this record?
14c1) First Name:
14c2) Second Name:
14c3) Last Name:
14c4) Maternal Last Name:
14d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)? ☐ No₀ ☐ Yes₁
 14e) During the hospitalization, did the healthcare providers 'intubate' you or place you on a breathing machine or ventilator through a tube in your mouth or nose? No₀ Yes₁

END OF FORM