

FOLLOW-UP PHONE QUESTIONNAIRE

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: FUQ
 VERSION: 1.0 08/29/2024

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the follow-up phone conversations with study participants. Please 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’s name) about the (study name; SPIROMICS or SOURCE), a study in which they are currently enrolled. Are they 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 (study name) study. I am calling to see how you have been since your last (visit to our clinic 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 health. I will ask you some questions about your general health and about specific medical conditions since your last (visit to our clinic or telephone contact) on (date).”*

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

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

- Contacted and alive₁ → **Go to 2**
- Contacted and refused interview₂ → **Go to 1d**
- Not contacted, reported alive₃ → **End call**
- Not contacted, reported deceased₄ → **Go to 1a**
- Not contacted, left message₅ → **End call**
- Not contacted, unable to leave message₆ → **End call**
- Not contacted, phone line disconnected₇ → **End call**
- Unknown₈ → **End call**
- Participant mailed in form₉ → **Go to 2**

1a) What was the date of death?

/ /

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1b) In 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 between (*date of last contact*) and their death?

- No₀ → **End call**
 Yes₁ → **Go to 15a**

1d) Is the participant willing to be contacted regarding future in-person clinic visits?

- No₀ → **End call and Complete the RSW form**
 Yes, willing to be contacted₁ → **End call**

HOSPITALIZATIONS

2) Since your last (*clinic visit or telephone contact*) on (*date*), have you had an episode of breathing problems?

- No₀ → **Go to 15**
 Yes₁

2a) How many episodes of breathing problems have you had since (*date*)? episodes

INTERVIEWER: "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."

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?

- No₀
 Yes₁

3b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No₀
 Yes₁

3c) Did you take additional antibiotics but without contacting a healthcare provider?

- No₀
 Yes₁

3d) Did you take additional oral steroids but without contacting a healthcare provider?

- No₀
 Yes₁

3e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 3f**
 Yes₁

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

3e1) An additional antibiotic

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- 3e2) Additional steroids
- 3e3) Don't know
- 3e4) Don't remember

3f) Were you evaluated in an Emergency Department?

- No₀ → **Go to 3g**
- Yes₁

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) Were you admitted to the hospital?

- No₀ → **Go to 5**
- Yes₁

4) If participant was admitted to the 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?

4d) For clarification, under what name is this hospital record?

4d1) First Name: _____

4d2) Second Name: _____

4d3) Last Name: _____

4d4) Maternal Last Name: _____

4e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No₀
- Yes₁

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4f) 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

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

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?

- No₀
 Yes₁

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

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

- 5e1) An additional antibiotic
5e2) Additional steroids
5e3) Don't know
5e4) Don't remember

5f) Were you evaluated in an Emergency Department?

- No₀ → **Go to 7**
 Yes₁

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

- 5f1) An additional antibiotic
5f2) Additional steroids
5f3) Don't know
5f4) Don't remember

5g) Were you admitted to the hospital?

- No₀ → **Go to 7**
 Yes₁

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6) If participant was admitted to the hospital:

6a) What was the date of this event?

		/			/					
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6b) What is the name of the medical facility?

6c) What is the address of this medical facility?

6d) For clarification, under what name is this hospital record?

6d1) First Name: _____

6d2) Second Name: _____

6d3) Last Name: _____

6d4) Maternal Last Name: _____

6e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

No₀
 Yes₁

6f) 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

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

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?

No₀
 Yes₁

7c) Did you take additional antibiotics but without contacting a healthcare provider?

No₀
 Yes₁

7d) Did you take additional oral steroids but without contacting a healthcare provider?

No₀
 Yes₁

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7e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 7f**
 Yes₁

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?

- No₀ → **Go to 9**
 Yes₁

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

- 7f1) An additional antibiotic
7f2) Additional steroids
7f3) Don't know
7f4) Don't remember

7g) Were you admitted to the hospital?

- No₀ → **Go to 9**
 Yes₁

8) If participant was admitted to the hospital:

8a) What was the date of this event?

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8b) What is the name of the medical facility?

8c) What is the address of this medical facility?

8d) For clarification, under what name is this hospital record?

8d1) First Name: _____

8d2) Second Name: _____

8d3) Last Name: _____

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8d4) Maternal Last Name: _____

8e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No₀
 Yes₁

8f) 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

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

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

- No₀
 Yes₁

9b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No₀
 Yes₁

9c) Did you take additional antibiotics but without contacting a healthcare provider?

- No₀
 Yes₁

9d) Did you take additional oral steroids but without contacting a healthcare provider?

- No₀
 Yes₁

9e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 9f**
 Yes₁

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?

- No₀ → **Go to 11**
 Yes₁

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

- 9f1) An additional antibiotic

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- 9f2) Additional steroids
- 9f3) Don't know
- 9f4) Don't remember

9g) Were you admitted to the hospital?

- No₀ → **Go to 11**
- Yes₁

10) If participant was admitted to the 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?

10d) For clarification, under what name is this hospital record?

10d1) First Name: _____

10d2) Second Name: _____

10d3) Last Name: _____

10d4) Maternal Last Name: _____

10e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No₀
- Yes₁

10f) 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

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

11a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

- No₀
- Yes₁

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11b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No₀
 Yes₁

11c) Did you take additional antibiotics but without contacting a healthcare provider?

- No₀
 Yes₁

11d) Did you take additional oral steroids but without contacting a healthcare provider?

- No₀
 Yes₁

11e) Were you evaluated in a physician's office or urgent care?

- No₀ → **Go to 11f**
 Yes₁

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

- 11e1) An additional antibiotic
11e2) Additional steroids
11e3) Don't know
11e4) Don't remember

11f) Were you evaluated in an Emergency Department?

- No₀ → **Go to 13**
 Yes₁

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

- 11f1) An additional antibiotic
11f2) Additional steroids
11f3) Don't know
11f4) Don't remember

11g) Were you admitted to the hospital?

- No₀ → **Go to 13**
 Yes₁

12) If participant was admitted to the hospital:

12a) What was the date of this event?

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12b) What is the name of the medical facility?

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12c) What is the address of this medical facility?

12d) For clarification, under what name is this hospital record?

12d1) First Name: _____

12d2) Second Name: _____

12d3) Last Name: _____

12d4) Maternal Last Name: _____

12e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

No₀

Yes₁

12f) 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

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

13a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?

No₀

Yes₁

13b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

No₀

Yes₁

13c) Did you take additional antibiotics but without contacting a healthcare provider?

No₀

Yes₁

13d) Did you take additional oral steroids but without contacting a healthcare provider?

No₀

Yes₁

13e) Were you evaluated in a physician's office or urgent care?

No₀ → **Go to 13f**

Yes₁

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

- 13e1) An additional antibiotic
- 13e2) Additional steroids
- 13e3) Don't know
- 13e4) Don't remember

13f) Were you evaluated in an Emergency Department?

- No₀ → **Go to 15**
- Yes₁

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

- 13f1) An additional antibiotic
- 13f2) Additional steroids
- 13f3) Don't know
- 13f4) Don't remember

13g) Were you admitted to the hospital?

- No₀ → **Go to 15**
- Yes₁

14) If participant was admitted to the hospital:

14a) What was the date of this event?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14b) What is the name of the medical facility?

14c) What is the address of this medical facility?

14d) For clarification, under what name is this hospital record?

14d1) First Name: _____

14d2) Second Name: _____

14d3) Last Name: _____

14d4) Maternal Last Name: _____

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14e) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?

- No₀
 Yes₁

14f) 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

INTERVIEWER: "The following questions are about any other hospitalizations you may have had since your last (clinic visit or telephone contact) on (date)."

15) Since your last (clinic visit or telephone contact) on (date), have you at any time been admitted to a hospital for any reason other than a breathing problem?

- No₀ → **Go to 22**
 Yes₁
 Unsure₂ → **Go to 22**

15a) How many hospitalizations have/has (you or insert decedent's name) had since (date)?

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

16) For the first hospitalization (you or insert decedent's name) had since (date):

16a) What was the date of this event?

<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16b) What is the name of the medical facility?

16c) What is the address of this medical facility?

16d) For clarification, under what name is this hospital record?

16d1) First Name: _____

16d2) Second Name: _____

16d3) Last Name: _____

16d4) Maternal Last Name: _____

If participant is alive and had only 1 hospitalization since (last visit date), Go to 22
If participant is deceased and had only 1 hospitalization since (last visit date), Go to End

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17) For the second hospitalization (*you or insert decedent's name*) had since (*date*):

17a) What was the date of this event?

		/			/				
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17b) What is the name of the medical facility?

17c) What is the address of this medical facility?

17d) For clarification, under what name is this hospital record?

17d1) First Name: _____

17d2) Second Name: _____

17d3) Last Name: _____

17d4) Maternal Last Name: _____

If participant is alive and had only 2 hospitalizations since (*last visit date*), Go to 22

If participant is deceased and had only 2 hospitalizations since (*last visit date*), Go to End

18) For the third hospitalization (*you or insert decedent's name*) had since (*date*):

18a) What was the date of this event?

		/			/				
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18b) What is the name of the medical facility?

18c) What is the address of this medical facility?

18d) For clarification, under what name is this hospital record?

18d1) First Name: _____

18d2) Second Name: _____

18d3) Last Name: _____

18d4) Maternal Last Name: _____

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If participant is alive and had only 3 hospitalizations since (last visit date), Go to 22
If participant is deceased and had only 3 hospitalizations since (last visit date), Go to End

19) For the fourth hospitalization (*you or insert decedent's name*) had since (*date*):

19a) What was the date of this event?

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

19c) What is the address of this medical facility?

19d) For clarification, under what name is this hospital record?

19d1) First Name: _____

19d2) Second Name: _____

19d3) Last Name: _____

19d4) Maternal Last Name: _____

If participant is alive and had only 4 hospitalizations since (last visit date), Go to 22
If participant is deceased and had only 4 hospitalizations since (last visit date), Go to End

20) For the fifth hospitalization (*you or insert decedent's name*) had since (*date*):

20a) What was the date of this event?

		/			/				
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20b) What is the name of the medical facility?

20c) What is the address of this medical facility?

20d) For clarification, under what name is this hospital record?

20d1) First Name: _____

20d2) Second Name: _____

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20d3) Last Name: _____

20d4) Maternal Last Name: _____

If participant is alive and had only 5 hospitalizations since (last visit date), Go to 22
If participant is deceased and had only 5 hospitalizations since (last visit date), Go to End

21) For the sixth hospitalization (you or insert decedent's name) had since (date):

21a) What was the date of this event?

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

21c) What is the address of this medical facility?

21d) For clarification, under what name is this hospital record?

21d1) First Name: _____

21d2) Second Name: _____

21d3) Last Name: _____

21d4) Maternal Last Name: _____

If participant is alive, Go to 22
If participant is deceased, Go to End

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

22) Were you smoking cigarettes regularly at your last (clinic visit or telephone contact) on (date)?

- No₀ → **Go to 23**
 Yes₁

22a) Are you currently smoking cigarettes regularly?

- No₀
 Yes₁ → **Go to 24**

22b) When did you stop smoking cigarettes regularly?

		/			/					→ Go to 24
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23) Did you start smoking cigarettes regularly since your last (clinic visit or telephone contact) on (date)?

- No₀ → **Go to 26**
 Yes₁

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23a) When did you start smoking cigarettes regularly? / /

24) Were you smoking menthol cigarettes regularly at your last (*clinic visit or telephone contact*) on (*date*)?

- No₀ → **Go to 25**
 Yes₁

24a) Are you currently smoking menthol cigarettes regularly?

- No₀
 Yes₁ → **Go to 26**

24b) When did you stop smoking menthol cigarettes regularly?

/ / → **Go to 26**

25) Did you start smoking menthol cigarettes regularly since your last (*clinic visit or telephone contact*) on (*date*)?

- No₀ → **Go to 26**
 Yes₁

25a) When did you start smoking menthol cigarettes regularly?

/ /

26) Were you using an electronic cigarette or vape product regularly at your last (*clinic visit or telephone contact*) on (*date*)?

- No₀ → **Go to 27**
 Yes₁

26a) Are you currently using an electronic cigarette or vape product regularly?

- No₀
 Yes₁ → **Go to 28**

26b) When did you stop using an electronic cigarette or vape product regularly?

/ / → **Go to 28**

27) Did you start using an electronic cigarette or vape product regularly since your last (*clinic visit or telephone contact*) on (*date*)?

- No₀ → **Go to 28**
 Yes₁

27a) If Yes, does the electronic cigarette or vape product include the following? (*check all that apply*)

- 27a1) Nicotine
27a2) Marijuana
27a3) THC
27a4) CBD

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27a5) Other

27a5a) If Other, please specify: _____

27b) When did you start using an electronic cigarette or vape product regularly?

/ /

28) Were you smoking or using any other substance(s) regularly at your last (*clinic visit or telephone contact*) on (*date*)?

No₀ → **Go to 29**

Yes₁

28a) Are you currently smoking or using any other substance(s) regularly?

No₀

Yes₁ → **Go to 29**

28b) When did you stop smoking or using this(these) other substance(s) regularly?

/ / → **Go to 30**

29) Did you start smoking or using any other substance(s) regularly since your last (*clinic visit or telephone contact*) on (*date*)?

No₀ → **Go to 30**

Yes₁

29a) If Yes, which substance(s) are you smoking or using? (*check all that apply*)

29a1) Cigars

29a2) Pipe tobacco

29a3) Marijuana (e.g., joints, blunts, pipes, bong)

29a4) Hookah (waterpipe)

29a5) Heat-Not-Burn (HNB) or heated tobacco product

29a6) Smokeless tobacco (e.g., chewing tobacco, snuff/snus, dip)

29a7) Other

29a7a) If Other, please specify: _____

29b) When did you start smoking or using this(these) other substance(s) regularly?

/ /

29c) Are you currently using oxygen?

No₀ → **Go to 29d**

Yes₁

29c1) Did your use of oxygen begin since your last (*center visit or telephone contact*) on (*date*)?

No₀

Yes₁

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29d) Have you been listed for or received a lung transplant or resection?

- No₀
 Yes₁

29e) Have you had a procedure involving insertion of a camera into the lung (bronchoscopy)?

- No₀
 Yes₁

29f) If you have had a bronchoscopy, what procedure(s) was performed?

29f1) Check for infection?

- No₀
 Yes₁
 Don't know₂

29f2) Biopsy of nodule/mass?

- No₀
 Yes₁
 Don't know₂

29f3) Place a coil and/or valve?

- No₀
 Yes₁
 Don't know₂

29f4) Other procedure not listed?

- No₀
 Yes₁
 Don't know₂

30) Since your last (*clinic visit* or *telephone contact*) on (*date*), has a doctor or healthcare provider diagnosed you for the first time with a new medical problem(s)?

- No₀ → **Go to 31**
 Yes₁

If Yes, were you diagnosed with:

30a) Lung cancer?

- No₀
 Yes₁

30b) Other type of cancer?

- No₀ → **Go to 30c**
 Yes₁

30b1) If Yes, what type? _____

30c) Diabetes?

- No₀
 Yes₁

30d) Blood clots?

- No₀
 Yes₁

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30e) Heart attack or myocardial infarction?

- No₀
 Yes₁

30f) Stroke?

- No₀
 Yes₁

30g) Coronary artery disease (atherosclerosis)?

- No₀
 Yes₁

30h) Congestive heart failure or heart failure?

- No₀
 Yes₁

30i) Bypass or coronary bypass surgery or stents to coronary arteries?

- No₀
 Yes₁

INTERVIEWER: “Thank you very much for your participation in the (study name) study. I am going to ask you for your current address, phone number, and email address. This is both to make sure we have the most current contact information for you as well as to help us examine the relationship between place of residence and early lung disease. Please remember that all information that you give us is confidential, and only certified personnel will have access to this information.”

31) Has there been any change to your home address, primary phone number, or email address since your last (clinic visit or telephone contact) on (date)?

- No₀ → **Go to 35**
 Yes₁
 Refused to provide₂ → **Go to 35**

INTERVIEWER: Please read the current contact information to participants to confirm that it is still the latest information.

32) Has there been any change in your home address?

- No₀
 Yes₁ → **Go to CIF form to enter change**
 Refused to provide₂

33) Has there been any change in your primary phone number?

- No₀
 Yes₁ → **Go to CIF form to enter change**
 Refused to provide₂

34) Has there been any change in your email address?

- No₀

ID NUMBER:									
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Event: _____

- Yes₁ → **Go to CIF form to enter change**
 Refused to provide₂

INTERVIEWER: Please read the current contacts information to participants to confirm that it is still the latest information.

35) Has there been any change to your contacts since your last (*clinic visit* or *telephone contact*) on (*date*)?

- No₀
 Yes₁ → **Go to CIF form to enter change**
 Prefer not to give contacts₂

36) Are you currently enrolled in another research study or clinical trial?

- No₀ → **Go to End**
 Yes₁
 Don't know₂ → **Go to End**

36a) If Yes, what is the study or trial name(s)?

(If the next contact is by telephone): “We will be contacting you again around (date) for another telephone contact.”

(If next contact is a clinic visit that has been scheduled): “We look forward to seeing you during your in-person clinic visit at (insert institution) on (date) at (time).”

(If next contact is a clinic visit that has not been scheduled): “We will be contacting you around (date) to schedule an in-person visit at (insert institution) to take place around (date).”

“Thank you again for your time and participation.”

(End call)

END OF FORM