

## FOLLOW-UP STATUS FORM

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FORM CODE: FUS  
VERSION: 1.0 01/18/2024

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be completed by the coordinator while interviewing the participant during the 18-month follow-up phone call and 3-year follow-up clinic visit.

**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.

**NOTE:** The following script is only applicable when completing the 18-month follow-up phone call, not during the 3-year follow-up clinic visit.

**INTERVIEWER:** *“Hello, my name is (interviewer name), and I am calling to follow-up with (participant’s name) about the SPIROMICS Study of Early COPD Progression (SOURCE), a health 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 SOURCE 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 alive<sub>1</sub> → **Go to 2**
- Contacted and refused interview<sub>2</sub> → **Go to 1d**
- Not contacted, reported alive<sub>3</sub> → **End call**
- Not contacted, reported deceased<sub>4</sub> → **Go to 1a**
- Not contacted, left message<sub>5</sub> → **End call**
- Not contacted, unable to leave message<sub>6</sub> → **End call**
- Not contacted, phone line disconnected<sub>7</sub> → **End call**

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Unknown<sub>8</sub> → **End call**

Participant mailed in form<sub>9</sub> → **Go to 2**

1a) What was the date of death?

/   /

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?

No<sub>0</sub> → **End call**

Yes<sub>1</sub> → **Go to 2a**

1d) Is the participant willing to be contacted regarding future SOURCE visits?

No<sub>0</sub> → **End call and Complete the RSW form**

Yes, willing to be contacted<sub>1</sub> → **Go to 1d1, then End call**

Yes, willing to be contacted and next visit already scheduled<sub>2</sub> → **End call**

1d1) Which visit? (*check all that apply*)

1d1a)  Next 6-month follow-up call

1d1b)  3-year in-person clinic visit

## **HOSPITALIZATIONS**

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

2) 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?

No<sub>0</sub> → **Go to 9**

Yes<sub>1</sub>

Unsure<sub>2</sub> → **Go to 9**

2a) 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*)."**

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

3a) What was the date of this event?

/   /

3b) What is the name of the medical facility?

\_\_\_\_\_

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3c) What is the address of this medical facility?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3d) For clarification, under what name is this hospital record?

3d1) First Name: \_\_\_\_\_

3d2) Second Name: \_\_\_\_\_

3d3) Last Name: \_\_\_\_\_

3d4) Maternal Last Name: \_\_\_\_\_

**If participant is alive and had only 1 hospitalization since (last visit date), Go to 9**  
**If participant is deceased and had only 1 hospitalization since (last visit date), Go to End**

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

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: \_\_\_\_\_

**If participant is alive and had only 2 hospitalizations since (last visit date), Go to 9**  
**If participant is deceased and had only 2 hospitalizations since (last visit date), Go to End**

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

5a) What was the date of this event?

/   /

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5b) What is the name of the medical facility?

\_\_\_\_\_

5c) What is the address of this medical facility?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5d) For clarification, under what name is this hospital record?

5d1) First Name: \_\_\_\_\_

5d2) Second Name: \_\_\_\_\_

5d3) Last Name: \_\_\_\_\_

5d4) Maternal Last Name: \_\_\_\_\_

**If participant is alive and had only 3 hospitalizations since (last visit date), Go to 9**  
**If participant is deceased and had only 3 hospitalizations since (last visit date), Go to End**

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

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: \_\_\_\_\_

**If participant is alive and had only 4 hospitalizations since (last visit date), Go to 9**  
**If participant is deceased and had only 4 hospitalizations since (last visit date), Go to End**

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

7a) What was the date of this event?

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

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7c) What is the address of this medical facility?

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7d) For clarification, under what name is this hospital record?

7d1) First Name: \_\_\_\_\_

7d2) Second Name: \_\_\_\_\_

7d3) Last Name: \_\_\_\_\_

7d4) Maternal Last Name: \_\_\_\_\_

**If participant is alive and had only 5 hospitalizations since (*last visit date*), Go to 9**

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

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

8a) What was the date of this event?

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

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

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

8d1) First Name: \_\_\_\_\_

8d2) Second Name: \_\_\_\_\_

8d3) Last Name: \_\_\_\_\_

8d4) Maternal Last Name: \_\_\_\_\_

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**If participant is alive, Go to 9**

**If participant is deceased, Go to End**

**INTERVIEWER: "Thank you very much for your participation in the SOURCE 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."**

9) 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*)?

No<sub>0</sub> → **Go to 13**

Yes<sub>1</sub>

Refused to provide<sub>2</sub> → **Go to 13**

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

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

No<sub>0</sub>

Yes<sub>1</sub> → **Go to CIF form to enter change**

Refused to provide<sub>2</sub>

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

No<sub>0</sub>

Yes<sub>1</sub> → **Go to CIF form to enter change**

Refused to provide<sub>2</sub>

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

No<sub>0</sub>

Yes<sub>1</sub> → **Go to CIF form to enter change**

Refused to provide<sub>2</sub>

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

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

No<sub>0</sub>

Yes<sub>1</sub> → **Go to CIF form to enter change**

Prefer not to give contacts<sub>2</sub>

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

No<sub>0</sub> → **Go to End**

Yes<sub>1</sub>

Don't know<sub>2</sub> → **Go to End**

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14a) If Yes, what is the study or trial name(s)?

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**NOTE: The following script is only applicable when completing the 18-month follow-up phone call, not during the 3-year follow-up clinic visit.**

**INTERVIEWER: “Thank you for answering these questions.”**

**(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**