



HOSPITALIZATIONS AND EXACERBATIONS

ID NUMBER:

FORM CODE: HEF
VERSION: 1.0 9/21/11

Visit Number

SEQ #

0a) Form Date / /

0b) Code

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.

HOSPITALIZATIONS

(If non-COPD participant, skip to question 19)

(For COPD Participants Only):

1) 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 19)

If Yes:

1a) 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*):

2) For the first episode of breathing problems you had since (*date*):

2a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)

2b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)

2c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

2d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)....

2e) Were you evaluated in a physician's office or urgent care? (Y/N)

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

2e1) An additional antibiotic

2e2) Additional steroids

2e3) Don't know

2e4) Don't remember

2f) Were you evaluated in an Emergency Department?

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

- 2f1) An additional antibiotic
- 2f2) Additional steroids
- 2f3) Don't know
- 2f4) Don't remember

2g) Were you admitted to the hospital?

If participant was admitted to hospital:

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

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

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

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

3d1) First Name: _____

3d2) Second Name: _____

3d3) Last Name: _____

3d4) Maternal Last Name: _____

4) (do not ask) Did the participant have a second episode? (if 'No', go to 19)

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? (Y/N)

5b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)

5c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

5d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)....

5e) Were you evaluated in a physician's office or urgent care? (Y/N)

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

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5f) Were you evaluated in an Emergency Department?

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?

If participant was admitted to hospital:

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

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

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

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

6d1) First Name: _____

6d2) Second Name: _____

6d3) Last Name: _____

6d4) Maternal Last Name: _____

7) (do not ask) Did the participant have a third episode? (if 'No', go to 19)

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

8a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)

8b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)

8c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

8d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)....

8e) Were you evaluated in a physician's office or urgent care? (Y/N)

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

8e1) An additional antibiotic

8e2) Additional steroids

8e3) Don't know

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8e4) Don't remember

8f) Were you evaluated in an Emergency Department?

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

8f1) An additional antibiotic

8f2) Additional steroids

8f2) Don't know

8f4) Don't remember

8g) Were you admitted to the hospital?

If participant was admitted to hospital:

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

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

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

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

9d1) First Name: _____

9d2) Second Name: _____

9d3) Last Name: _____

9d4) Maternal Last Name: _____

10) (do not ask) Did the participant have a fourth episode? (if 'No', go to 19)

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

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

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

11c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

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

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

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

11e1) An additional antibiotic

11e2) Additional steroids

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11e3) Don't know

11e4) Don't remember

11f) Were you evaluated in an Emergency Department?

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?

If participant was admitted to hospital:

12a) What was the date of this event?.....

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

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

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

12d1) First Name: _____

12d2) Second Name: _____

12d3) Last Name: _____

12d4) Maternal Last Name: _____

13) (do not ask) Did the participant have a fifth episode? (if 'No', go to 19)

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

14a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)

14b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N)

14c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

14d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)....

14e) Were you evaluated in a physician's office or urgent care? (Y/N)

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

14e1) An additional antibiotic

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14e2) Additional steroids

14e3) Don't know

14e4) Don't remember

14f) Were you evaluated in an Emergency Department?

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

14f1) An additional antibiotic

14f2) Additional steroids

14f3) Don't know

14f4) Don't remember

14g) Were you admitted to the hospital?

If participant was admitted to hospital:

15a) What was the date of this event?..... / /

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

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

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

15d1) First Name: _____

15d2) Second Name: _____

15d3) Last Name: _____

15d4) Maternal Last Name: _____

16) (do not ask) Did the participant have a sixth episode? (if 'No', go to 19).....

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

17a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email? (Y/N)

17b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email? (Y/N).....

17c) Did you take additional antibiotics but without contacting a healthcare provider? (Y/N)

17d) Did you take additional oral steroids but without contacting a healthcare provider? (Y/N)....

17e) 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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- 17e1) An additional antibiotic
- 17e2) Additional steroids
- 17e3) Don't know
- 17e4) Don't remember

17f) Were you evaluated in an Emergency Department?

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

- 17f1) An additional antibiotic
- 17f2) Additional steroids
- 17f3) Don't know
- 17f4) Don't remember

17g) Were you admitted to the hospital?

If participant was admitted to hospital:

18a) What was the date of this event?..... / /

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

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

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

18d1) First Name: _____

18d2) Second Name: _____

18d3) Last Name: _____

18d4) Maternal Last Name: _____

INTERVIEWER: (Read prompt for non-COPD participants only) "The following questions are about any hospitalizations you may have had since your last (*center visit or telephone contact*) on (*date*)."

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

No 0 → **Go to End**

Yes 1

Unsure 9 → **Go to End**

20) 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*)."

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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 End**
Yes 1

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 End**
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)

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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 End**

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?

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 End**

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: _____

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

No 0 → **Go to End**
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: _____