

## FOLLOW-UP PHONE QUESTIONNAIRE

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FORM CODE: FUQ  
 VERSION: 2.0 03/23/2026

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. Note that the contact update questions (items 31-35) have been moved to the beginning of the form, which is different than the previous version of the form. Original item numbers have been retained for data continuity purposes.

**INTERVIEWER:** *“Hello, my name is (interviewer name), and I am calling to follow-up with (participant’s name) about the SPIROMICS study, 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 SPIROMICS 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).”*

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

- Contacted and alive<sub>1</sub> → **Go to 31**
- 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**
- Unknown<sub>8</sub> → **End call**
- Participant mailed in form<sub>9</sub> → **Go to 31**

1a) What was the date of death?

/   /

1b) In what city, state, and country did the death occur?

\_\_\_\_\_

\_\_\_\_\_

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**Item 1c has been removed.**

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

- No<sub>0</sub> → **End call and Complete the RSW form**  
 Yes, willing to be contacted<sub>1</sub> → **End call**

**INTERVIEWER: "Thank you very much for your participation in the SPIROMICS 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*)?

- No<sub>0</sub> → **Go to 35**  
 Yes<sub>1</sub>  
 Refused to provide<sub>2</sub> → **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?

- No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to CIF form to enter change**  
 Refused to provide<sub>2</sub>

33) 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>

34) 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.**

35) 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>

**INTERVIEWER: "For the following questions, I want you to focus on what happened from (date of last contact) until today."**

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**EXACERBATIONS, EVENTS, AND HOSPITALIZATIONS**

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

- No<sub>0</sub> → **Go to 21e**
- Yes<sub>1</sub>

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?

- No<sub>0</sub>
- Yes<sub>1</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>

3e) Were you evaluated in a physician’s office, urgent care, or an Emergency Department?

- No<sub>0</sub> → **Go to 3g**
- Yes<sub>1</sub>

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

- 3e1) An additional antibiotic
- 3e2) Additional steroids
- 3e3) Don’t know
- 3e4) Don’t remember

**Item 3f has been removed**

3g) Were you admitted to the hospital?

- No<sub>0</sub> → **Go to 5**
- Yes<sub>1</sub>

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4) If participant was admitted to the hospital:

4a) What was the date of this event?

		/			/				
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**Items 4b-4d4 have been removed**

4e) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

5c) Did you take additional antibiotics but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

5d) Did you take additional oral steroids but without contacting a healthcare provider?

- No<sub>0</sub>  
 Yes<sub>1</sub>

5e) Were you evaluated in a physician's office, urgent care, or an Emergency Department?

- No<sub>0</sub> → **Go to 5g**  
 Yes<sub>1</sub>

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

**Item 5f has been removed**

5g) Were you admitted to the hospital?

- No<sub>0</sub> → **Go to 7**  
 Yes<sub>1</sub>

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6) If participant was admitted to the hospital:

6a) 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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**Items 6b-6d4 have been removed**

6e) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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?

- No<sub>0</sub>  
 Yes<sub>1</sub>

7b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub> → **Go to 7g**  
 Yes<sub>1</sub>

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

**Item 7f has been removed**

7g) Were you admitted to the hospital?

- No<sub>0</sub> → **Go to 9**  
 Yes<sub>1</sub>

8) If participant was admitted to the hospital:

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8a) What was the date of this event?

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**Items 8b-8d4 have been removed**

8e) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub> → **Go to 9g**  
 Yes<sub>1</sub>

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

**Item 9f has been removed**

9g) Were you admitted to the hospital?

- No<sub>0</sub> → **Go to 11**  
 Yes<sub>1</sub>

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10) If participant was admitted to the hospital:

10a) 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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**Items 10b-10d4 have been removed**

10e) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub> → **Go to 11g**  
 Yes<sub>1</sub>

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

**Item 11f has been removed**

11g) Were you admitted to the hospital?

- No<sub>0</sub> → **Go to 13**  
 Yes<sub>1</sub>

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

12) If participant was admitted to the hospital:

12a) 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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**Items 12b-12d4 have been removed**

12e) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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?

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub>  
 Yes<sub>1</sub>

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

- No<sub>0</sub> → **Go to 13g**  
 Yes<sub>1</sub>

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

**Item 13f has been removed**

13g) Were you admitted to the hospital?

- No<sub>0</sub> → **Go to 21e**  
 Yes<sub>1</sub>

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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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**Items 14b-14d4 have been removed**

14e) During the hospitalization, did you spend any time in the intensive care unit (ICU) or did the healthcare providers 'intubate' you (i.e., place you on a breathing machine or ventilator through a tube in your mouth or nose)?

No<sub>0</sub>

Yes<sub>1</sub>

**Items 15-21d4 have been removed**

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

21e) Since your last (clinic visit or telephone contact) on (date), have you had any colds (episodes of just a runny or blocked nose that did not lead to breathing problems)?

No<sub>0</sub> → **Go to 21f**

Yes<sub>1</sub>

21e1) How many colds have you had since (date)?

<input type="text"/>	<input type="text"/>	colds
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21f) Since your last (clinic visit or telephone contact) on (date), have you had any chest infections with symptoms lasting 2 days or more?

No<sub>0</sub> → **Go to 36**

Yes<sub>1</sub>

21g) How many chest infections have you had since (date)?

<input type="text"/>	<input type="text"/>	chest infections
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21h) For the first chest infection that you have had since (date):

21h1) Did your chest infection involve breathlessness?

No<sub>0</sub>

Yes<sub>1</sub>

21h2) Did your chest infection involve sputum production?

No<sub>0</sub>

Yes<sub>1</sub>

21h3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

No<sub>0</sub>

Yes<sub>1</sub>

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21h4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21i) For the second chest infection that you have had since (date):

21i1) Did your chest infection involve breathlessness?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21i2) Did your chest infection involve sputum production?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21i3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21i4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21j) For the third chest infection that you have had since (date):

21j1) Did your chest infection involve breathlessness?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21j2) Did your chest infection involve sputum production?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21j3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21j4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21k) For the fourth chest infection that you have had since (date):

21k1) Did your chest infection involve breathlessness?

- No<sub>0</sub>  
 Yes<sub>1</sub>

21k2) Did your chest infection involve sputum production?

- No<sub>0</sub>

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Yes<sub>1</sub>

21k3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

No<sub>0</sub>

Yes<sub>1</sub>

21k4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

No<sub>0</sub>

Yes<sub>1</sub>

21l) For the fifth chest infection that you have had since (date):

21l1) Did your chest infection involve breathlessness?

No<sub>0</sub>

Yes<sub>1</sub>

21l2) Did your chest infection involve sputum production?

No<sub>0</sub>

Yes<sub>1</sub>

21l3) Did your chest infection involve sputum purulence (i.e., did you cough up mucus that was thick and discolored)?

No<sub>0</sub>

Yes<sub>1</sub>

21l4) Did your chest infection involve a cold, wheezing, a sore throat or cough?

No<sub>0</sub>

Yes<sub>1</sub>

**Items 22-30 have been removed**

**Items 31-35 have been moved**

36) 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**

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."***

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(End call)

**END OF FORM**