

INSTRUCTIONS FOR REVISED RESPIRATORY MEDICATION USE QUESTIONNAIRE RRM, VERSION 1.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Revised Respiratory Medication Use Questionnaire form is completed during the participant's clinic visit.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.).* Beside each item input is a small double bracket icon which looks like this: >>. Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Header Information: The header information consists of key fields which uniquely identify each subject and recorded instance of a form. For the "ID NUMBER", record the 2 or 3-character, 6-digit number assigned to the specific participant. For the Event field, record that this is happening at the clinic visit (E1).

Item 0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the MM/DD/YYYY format.

Item 0b. Staff Code: Record the SPIROMICS III staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS III data, please contact the GIC in order to receive your own individual staff code.

Item 1. Select only one option among the two possible choices.

Item 1a-z2. If Yes to Item 1, check all inhaled medications that apply.

Item 1z2a. If other in Item 1z2, please specify the inhaled medications that the subject reported using.

Item 2. Select only one option among the two possible choices.

Item 2a. Select only one option among the two possible choices.

Items 2b1-2b10. Indicate which inhaled medication(s) the subject reported regularly using (check all that apply).

Item 2b10a. If other in Item 2b10, please specify the inhaled medications that the subject reported using.

Item 3. **Select only one option among the two possible choices.**

Items 3a-3d. Indicate which oral medication(s) the subject reported regularly using (check all that apply).

Item 4. Select only one option among the two possible choices.

Items 4a. Record how long the subject reports using oral corticosteroids in years and days.

Item 5. Select only one option among the two possible choices.

Items 5a-5c. Indicate which nasal spray(s) the subject reported regularly using (check all that apply).

Item 6. Select only one option among the two possible choices.

Item 6a. Record how long the subject reports using supplemental oxygen in a 24-hour period in hours.

Item 6b. Select only one option among the two possible choices.

Item 7. Select only one option among the two possible choices.

Items 7a. If the response to Item 7 is Yes. Indicate which statin medication the subject reported currently using from the list provided.

Item 7a1. If the response to Item 7a is Other, record the name of the statin medication the subject reported currently using.

Item 8. Select only one option among the two possible choices.

Items 8a. If the response to Item 8 is Yes. Indicate which beta-blocker medication the subject reported currently using from the list provided.

Item 8a1. If the response to Item 8a is Other, record the name of the beta-blocker medication the subject reported currently using.

Item 9. This item has been removed.

Item 10. Select only one option among the two possible choices.

Items 10a-d. If the response to Item 10 is Yes, indicate which aspirin or other anticoagulants the subject reported currently using from the list provided.

Item 11. Select only one option among the three possible choices.

Item 12. Select only one option among the four possible choices.

Item 12a. Select only one among the three possible choices.

Items 12a1-12b. Select all medications that apply, and specify other medication if necessary.

Save and Close the form.