

## **BASELINE EXACERBATION QUESTIONNAIRE**

ID NUMBER: FORM CODE: BEQ VERSION: 1.0 02/24/2021 Event:
0a) Date of Collection: / / / / / / / / / / Ob) Staff Code: / / / / / / / / / / / / / / / / / / /
1) Have you had an episode of breathing problems in the last 12 months?  ☐ No <sub>0</sub> → Go to End ☐ Yes <sub>1</sub>
2) How many episodes of breathing problems have you had in the last 12 months? episode 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.
For the first episode of breathing problems you had in the last 12 months:
3) What was the approximate month and year of the first episode?  3a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?  No <sub>0</sub> Yes <sub>1</sub>
<ul> <li>3b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?</li> <li>No<sub>0</sub></li> <li>Yes<sub>1</sub></li> </ul>
<ul><li>3c) Did you take additional antibiotics but without contacting a healthcare provider?</li><li>☐ No₀</li><li>☐ Yes₁</li></ul>
3d) Did you take additional oral steroids but without contacting a healthcare provider?  ☐ No₀ ☐ Yes₁
<ul> <li>3e) Were you evaluated in a physician's office or urgent care?</li> <li>☐ No<sub>0</sub> → Go to 3f</li> <li>☐ Yes<sub>1</sub></li> </ul>

	ID NUMBER:									FORM CODE VERSION: 1.0 (		Event:	
		Duri	ing tha	ıt visi	t, w	ere	you (	given	) <i>(</i> (	check all that	apply):		
			3e1) A					-	•				
			, 3e2) A										
			3e3) С										
		;	3e4) D	on't	rem	eml	oer						
	3f) Were you No <sub>0</sub> .	$\rightarrow$ C	valuate So to 3		an	Eme	erger	icy D	ep	partment?			
			ing tha 3f1) Ai						(	check all that	apply):		
			3f2) A					Olic					
			3f3) D										
		;	3f4) D	on't r	eme	emb	er						
	☐ Noo- ☐ Yesa participant was	as a		d to	_		1:						
,	4a) What is						cal fa	cility	?				
	4b) What is	the	addre	ess of	fthis	s me	edica	I faci	lity	y? (Leave bla	nk if unki	nown)	
	·									at name is this			
	4c2) Se	con	d Nam	ne:									
	4c3) La	st N	ame: _										
	4c4) Ma	aterr	nal Las	st Na	me:								

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	4d) When ho	ospitalize	d, dic	l you	ı sp	end an	y tim	ne during the hospitalization	on in the intensive care unit (ICU)?
								care providers 'intubate' your mouth or nose?	ou or place you on a breathing
F	For the second	episode	of b	reat	hin	g prob	lem	s you had in the last 12	months:
5	5) What was the	approxir	nate	mon	th a	and yea	r of	the second episode?	
	5a) Did you t ☐ No₀ ☐ Yes₁	take addi	tiona	l anti	ibio <sup>.</sup>	tics afte	er co	ontacting your healthcare	provider by telephone or email?
	5b) Did you t \[ \bigcup \text{No}_0 \] Yes_1	take addi	tiona	l ora	l ste	eroids a	after	contacting your healthcar	re provider by telephone or email?
	5c) Did you t  No <sub>0</sub> Yes <sub>1</sub>	take addi	tiona	l anti	ibio	tics but	with	nout contacting a healthca	are provider?
	5d) Did you t  No <sub>0</sub> Yes <sub>1</sub>	take addi	tiona	l ora	l ste	eroids t	out v	vithout contacting a health	ncare provider?
	•	u evaluat → <mark>Go to 5</mark>	_	a ph	nysi	cian's (	offic	e or urgent care?	
	D	Ouring tha	t visi	t, we	ere y	ou giv	en <i>(</i>	check all that apply):	
		,				antibiot	ic		
		5e2) A				oids			
		5e3) D 5e4) D				er			
	5f) Were you ☐ No <sub>0</sub> → ☐ Yes <sub>1</sub>	u evaluate → <b>Go to</b> 5		an E	me	rgency	Dep	partment?	

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	5g) Were y	:	5f1) Ar 5f2) Ac 5f3) Dc 5f4) Dc	n add dditio on't k on't r	dition nal know eme	nal a ster / emb	antibiot oids er	•	check all that apply):	
	☐ No <sub>0</sub> ·		o to 7							
	f participant wa				-		:			
6	) What was th	e da	ate of the	his e	ven	t?				
	6a) What is	the	name	of th	ie m	edio	cal faci	lity?		
	6b) What is	the	addre	ss of	this	s me	edical fa	acilit	ry? (Leave blank if unknown)	
	6c) For clar	rifica	ation of	our	reco	ords	, under	· wha	at name is this record?	
	6c1) Fir	st N	lame: _							
	6c2) Se	con	d Nam	e:						
	6c3) La	st N	ame: _							
	6c4) Ma	aterr	nal Las	t Na	me:					
	6d) When h		italized	d, dic	d yo	u sp	end an	ıy tin	ne during the hospitalization	in the intensive care unit (ICU)?
		e or							care providers 'intubate' you o	or place you on a breathing

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F	or the third e	piso	de of	brea	athii	ng p	orobler	ns y	ou had in th	ne last 12 mo	onths:		
7	) What was th	e app	oroxim	ate	mor	nth a	and yea	ır of	the third epi	sode?			
	7a) Did you ☐ No <sub>0</sub> ☐ Yes <sub>1</sub>		additi	ona	l an	tibio	otics afte	er co	ontacting you	ur healthcare	provider by tele	ohone or em	ail?
	7b) Did you ☐ No <sub>0</sub> ☐ Yes <sub>1</sub>		additi	ona	l ora	al st	eroids a	after	contacting y	our healthcar	re provider by te	lephone or e	email?
	7c) Did you ☐ No <sub>0</sub> ☐ Yes <sub>1</sub>		additi	ona	l an	tibio	tics but	wit	hout contacti	ng a healthca	are provider?		
	7d) Did you ☐ No <sub>0</sub> ☐ Yes <sub>1</sub>		additi	ona	l ora	al st	eroids t	out v	without conta	cting a health	ncare provider?		
	•	→ Go	aluate to 7f	-	ар	hys	ician's (	offic	e or urgent o	are?			
		Durin	ng that	visi	t, we	ere :	you giv	en <i>(</i>	check all tha	t apply):			
		7 7	e1) Ar e2) Ac e3) Do e4) Do	dditio on't l	onal knov	ste v		ic					
	7f) Were yo	→ Go	aluated o to 7ç	_	an I	≣me	ergency	Del	partment?				
		7 <sup>.</sup> 7 <sup>.</sup> 7	-	add ditio n't k	litior nal now	nal a ster	antibioti oids		check all tha	t apply):			
	7g) Were yo ☐ No₀- ☐ Yes₁	→ Go	dmitted o to 9	d to	the I	hosp	oital?						
lt	f participant wa	as ao	lmittea	l to l	hosp	oital.	<u>.</u>						
8	) What was th	e dat	e of th	is e	ven	t?							

ID NUMBER: FORM CODE: BEQ VERSION: 1.0 02/24/2021 Event:	_
8a) What is the name of the medical facility?	
8b) What is the address of this medical facility? (Leave blank if unknown)	_
	_
8c) For clarification of our records, under what name is this record?	
8c1) First Name:	
8c2) Second Name:	
8c3) Last Name:	
8c4) Maternal Last Name:	
8d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU No <sub>0</sub> Yes <sub>1</sub>	)?
<ul> <li>8e) 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?</li> <li>No<sub>0</sub></li> <li>Yes<sub>1</sub></li> </ul>	
For the fourth episode of breathing problems you had in the last 12 months:	
9) What was the approximate month and year of the fourth episode? /	
<ul> <li>9a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?</li> <li>No<sub>0</sub></li> <li>Yes<sub>1</sub></li> </ul>	
9b) Did you take additional oral steroids after contacting your healthcare provider by telephone or emai No <sub>0</sub> Yes <sub>1</sub>	l?
9c) Did you take additional antibiotics but without contacting a healthcare provider?  No <sub>0</sub> Yes <sub>1</sub>	

	ID NUMBER:								FORM CODE VERSION: 1.0 0		Event:
	9d) Did you  Noo Yes		e ad	ditiona	l ora	al st	eroid	s but v	without contac	cting a he	ealthcare provider?
	9e) Were y	→G			ар	hys	ician	's offic	e or urgent ca	are?	
		Duri	ng th	nat visi	t, w	ere	you g	given (	check all that	apply):	
		9	9e2) 9e3)	An ad Addition Don't Don't	onal kno	ste w	roids				
	9f) Were you Noo	→G			an l	Eme	ergen	cy De	partment?		
		; ;	9f1) / 9f2) / 9f3)	nat visi An add Additio Don't k Don't r	litio nal nov	nal a ster v	antibi oids		check all that	apply):	
	9g) Were you Noo	→G			the	hos	pital?				
If p	participant wa	as a	dmit	ted to I	hosį	oital	:				
10)	) What was t	he c	late	of this	eve	nt?					/
	10a) What	is th	e na	me of	the	med	lical f	acility	?		
	10b) What	is th	e ad	dress (	of th	is m	nedic	al faci	lity? (Leave b	lank if un	nknown)

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	10c) For clarification of our records, under what name is this record?	
	10c1) First Name:	_
	10c2) Second Name:	
	10c3) Last Name:	_
	10c4) Maternal Last Name:	_
	10d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)?  Noo Yes1	
	<ul> <li>10e) 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?</li> <li>No<sub>0</sub></li> <li>Yes<sub>1</sub></li> </ul>	
F	For the fifth episode of breathing problems you had in the last 12 months:	
1	11) What was the approximate month and year of the fifth episode?	
	<ul> <li>11a) Did you take additional antibiotics after contacting your healthcare provider by telephone or email?</li> <li>No<sub>0</sub></li> <li>Yes<sub>1</sub></li> </ul>	
	<ul> <li>11b) Did you take additional oral steroids after contacting your healthcare provider by telephone or email?</li> <li>No<sub>0</sub></li> <li>Yes<sub>1</sub></li> </ul>	
	<ul><li>11c) Did you take additional antibiotics but without contacting a healthcare provider?</li><li>No<sub>0</sub></li><li>Yes<sub>1</sub></li></ul>	
	<ul><li>11d) Did you take additional oral steroids but without contacting a healthcare provider?</li><li>No<sub>0</sub></li><li>Yes<sub>1</sub></li></ul>	
	11e) Were you evaluated in a physician's office or urgent care?  ☐ No₀→ Go to 11f ☐ Yes₁	

ID NUMBER:								FORM CODE: VERSION: 1.0 0		Event:		 
	Duri	11e 11e 11e	at visi 1) An 2) Ado 3) Do 4) Do	add ditio n't k	litior nal now	nal ar stero	ntibioti ids	check all that c	apply):			
	$0_0 \rightarrow$		ated ir o 11g		Em	erge	ncy D	epartment?				
	Duri	11f <sup>2</sup> 11f <sup>2</sup> 11f <sup>3</sup>	at visi 1) An a 2) Add 3) Dor 4) Dor	addi litior ı't kr	tion nal s	al an steroi	tibiotio ds	check all that	apply):			
☐ Ye	0 <sub>0</sub> →	Go t	o 13				?					
f <i>participant wa</i> 2) What was t				•						/	/ 🔲 🗆	
12a) What						lical f	acility	?				
12b) What	is th	e ado						lity? (Leave bl				
•			of ou	r rec	ord	s, un	der wl	hat name is thi	is record?			
12c4)	Ma	ternal	Last	Nan	ne: _							

	ID NUMBER:								FORM CODE: <b>BEQ</b> VERSION: 1.0 02/24/2021	Event:
	12d) When (ICU) \[ \] No \[ \] Ye	? D <sub>0</sub>	spitali	zed, d	id y	ou s	spend	any ti	me during the hospitaliza	tion in the intensive care unit
		ine ( D <sub>o</sub>							ncare providers 'intubate' your mouth or nose?	you or place you on a breathing
F	or the sixth e	epis	ode (	of bre	athi	ing <sub> </sub>	proble	ems y	ou had in the last 12 mo	onths:
1	3) What was t	the a	appro	ximate	e m	onth	and y	ear o	of the sixth episode?	
	13a) Did yo ☐ No ☐ Ye	00	ike ad	ddition	al a	ıntib	iotics	after (	contacting your healthcare	e provider by telephone or email?
	13b) Did yo email ☐ No ☐ Ye	? D <sub>0</sub>	ike a	ddition	al o	oral s	steroid	s afte	er contacting your healthca	are provider by telephone or
	13c) Did yo \[ \] No \[ \] Ye	O <sub>0</sub>	ke ad	ddition	al a	ntibi	iotics I	out wi	ithout contacting a healtho	care provider?
	13d) Did yo \[ \] No \[ \] Ye	00	ike ad	ddition	al o	ral s	steroid	ls but	without contacting a heal	thcare provider?
	•	$0_0 \rightarrow$		uated to 13f	in a	phy	sician	's offi	ce or urgent care?	
		Dur	13e 13e	nat visi e1) An e2) Ad e3) Do e4) Do	ado ditic n't k	dition nal knov	nal an steroid	tibioti	check all that apply): c	
	13f) Were y ☐ No ☐ Ye	$D_0 \rightarrow$		ated in		n Em	nergen	icy De	epartment?	

ID NUMBER: FORM CODE: BEQ VERSION: 1.0 02/24/2021 Event:
During that visit, were you given <i>(check all that apply)</i> :  13f1) An additional antibiotic  13f2) Additional steroids  13f3) Don't know  13f4) Don't remember
13g) Were you admitted to the hospital?  ☐ No <sub>0</sub> → Go to End ☐ Yes <sub>1</sub>
f participant was admitted to hospital:  14) What was the date of this event?
14a) What is the name of the medical facility?
14b) What is the address of this medical facility? (Leave blank if unknown)
14c) For clarification of our records, under what name is this record?  14c1) First Name:
14c2) Second Name:
14c3) Last Name:
14c4) Maternal Last Name:
14d) When hospitalized, did you spend any time during the hospitalization in the intensive care unit (ICU)? ☐ No₀ ☐ Yes₁
<ul> <li>14e) 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?</li> <li>No<sub>0</sub></li> <li>Yes<sub>1</sub></li> </ul>

**END OF FORM**