

**FOLLOW-UP MEDICAL HISTORY FORM, MHF  
QUESTION BY QUESTION (QxQ), VERSION 1.0**

**I. GENERAL INSTRUCTIONS**

The Follow-up Medical History Form (MHF) is to be completed by the study coordinator during the participant's clinic visit.

**NOTE:**

- All questions should be answered thinking back to the last in-person clinic visit as the last contact; for most that will be Visit 5 in SPIROMICS and Visit 2 in SOURCE.

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.**

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

**II. INSTRUCTIONS FOR INDIVIDUAL ITEMS**

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

- Item 0a.** Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0b.** 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.

**NOTE: Read the script preceding Item 1 to the participant.**

- Item 1.** Select only one option among the two possible choices.
- Item 1a.** Select only one option among the three possible choices. If 'No' or 'Don't know' is selected, go to Item 1b.
- Item 1a1.** Select only one option among the three possible choices.
- Item 1b.** Select only one option among the three possible choices.
- Item 2.** Select only one option among the two possible choices. If 'No' is selected, go to Item 3.
- Item 2a.**

**Items 2a1-2a6.** Select all options that apply in Items 2a1-2a6. If Item 2a6 is selected, go to Item 2a6a.

**Item 2a6a.** Specify other pneumonia vaccination the participant received.

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

**Item 4. Eyes, ears, nose, throat**

**Items 4a-4f.** Select only one option among the two possible choices. If 'Yes' is selected in any of these items, go to the corresponding item (i.e., Items 4a1-4f1).

**Items 4a1-4f1.** Please explain the problem(s) in the space(s) provided.

**Items 5-15.** Follow the instructions in Items 4a-4f and Items 4a1-4f1, respectively, for the following areas as the question patterns are identical:

- **Cardiovascular** – Items 5a-5o and 5a1-5o1
- **Gastrointestinal** – Items 6a-6i and Items 6a1-6i1
- **Pulmonary/vascular** – Items 7a-7i and Items 7a1-7i1
- **Oncology/hematology** – Items 8a-8c and Items 8a1-8c1
- **Genitourinary and reproductive** – Items 9a-9d and Item 9a1-9d1
- **Endocrine** – Items 10a-10c and Items 10a1-10c1
- **Neurology** – Items 11a-11d and Items 11a1-11d1
- **Muscular/skeletal** – Items 12a-12g and Items 12a1-12g1
- **Dermatology** – Items 13a-13d and Items 13a1-13d1
- **Infectious disease** – Items 14a-14c and Items 14a1-14c1
- **Psychiatric** – Items 15a-15c and Items 15a1-15c1

**Item 16.** Select only one option among the two possible choices. If 'Yes' is selected, go to the corresponding items (i.e., Items 16a-16e).

**Items 16a-16e.** Please list other significant problem(s) not reported in Items 4-15 in the space(s) provided.

**Item 16f.** Select only one option among the two possible choices. If 'No' is selected, go to Item 16g.

**Item 16f1.** Specify the date of the participant's lung volume reduction surgery.

**Item 16f2.** Select only one option among the three possible choices.

**Item 16g.** Select only one option among the two possible choices. If 'No' is selected, go to Item 16h.

**Item 16g1.** Specify the date of the participant's bronchoscopic lung volume reduction procedure.

**Item 16g2.** Select only one option among the three possible choices.

**Item 16h.** Select only one option among the two possible choices. If 'No' is selected, go to Item 17.

**Item 16h1.** Specify the date of the participant's lung transplant.

**Item 16h2.** Select only one option among the three possible choices.

**NOTE: Read the script preceding Item 17 to the participant.**

**Item 17.** Select only one option among the five possible choices. If 'Never' is selected, go to Item 25.

**Items 18-19.** Select only one option among the five possible choices.

**NOTE: If '1 or 2' is selected in Item 18 AND 'Never' is selected in Item 19, go to Item 25.**

**Items 20-24.** Select only one option among the five possible choices.

**Items 25-26.** Select only one option among the three possible choices.

**Item 27.**

**Items 27a-27c.** Select only one option among the two possible choices.

**NOTE: Items 28-33 are for FEMALE participants ONLY. If the participant is MALE, Go to Item 34.**

**Item 28.** Select only one option among the two possible choices. If 'No' is selected, go to Item 29.

**Item 28a.** Record the participant's age that menopause occurred since their last clinic visit in the space provided.

**Item 29.** Select only one option among the two possible choices. If 'No' is selected, go to Item 30.

**Item 29a.** Record the number of years the participant used oral contraceptive since their last clinic visit in the space provided.

**Item 30.** Select only one option among the two possible choices. If 'No' is selected, go to Item 31.

**Item 30a.** Record the number of years the participant used hormone replacement therapy since their last clinic visit in the space provided.

**Item 31.** Select only one option among the two possible choices.

**Item 32.** Select only one option among the two possible choices. If 'No' is selected, go to Item 33.

**Item 32a.** Record the total number of months the participant breastfed since their last clinic visit in the space provided if 'Yes' is selected in Item 32. *NOTE: Sum all months from all pregnancies since their last clinic visit.*

**Item 33.** Select only one option among the two possible choices. If 'No' is selected, **Go to End** of the form, and **Save and Close** the form.

**Item 33a.** Select only one option among the two possible choices.

**Item 33b.** Record the participant's age when their ovary or ovaries were removed since their last clinic visit in the space provided.

## **Health Insurance Coverage**

**Item 34.** Select only one option among the four possible choices. If 'No coverage of any type' is selected, **Go to End**, and **Save and Close** the form. If 'Don't know' or 'Refused' is selected, go to Item 35.

**Item 34a.**

**Items 34a1-34a9.** Select all Items that apply.

**Item 35.** Select only one option among the four possible choices. If 'No', 'Don't know', or 'Refused' is selected, go to Item 36.

**Item 35a.** Select only one option among the five possible choices.

**Item 35b.** Select only one option among the four possible choices.

**Item 36.** Select only one option among the four possible choices.

Select **Save and Close** at the bottom of the page/screen.