

# ANNUAL FOLLOW-UP FORM

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| ID NUMBER: |  |  |  |  |  |  |  |
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FORM CODE: **FUP**  
VERSION: **A 1/06/10**

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| Visit<br>Number |  |  |
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**Instructions:** This form is to be completed annually corresponding to each Registry participant's enrollment anniversary. Information is obtained through patient interview, or from patient chart or electronic medical record. Responses should cover the past year since the last data collection.

## I. FOLLOW-UP

1. Is clinical follow-up data available for this participant?..... Y      N → **Go to 28**

**Note:** Please also update the Consent Documentation Form (CDF) to indicate any changes in the participants consent status, and the Participant Tracking Form (PTF) to update the participant's contact status and contact information.

## II. ANTHROPOMETRY

2. Has the patient had a weight measurements in the past year ..... Y      N → **Go to 4**      U → **Go to 4**

3. Date of the patient's last physical measurements (mm/dd/yyyy)? ..... 

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a. Weight ..... 

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b. Weight units (circle one):

Kilograms ..... K

Pounds ..... P

## III. PULMONARY FUNCTION

4. Spirometry in the past year? ..... Y      N → **Go to 5**      U → **Go to 5**

a. Most recent spirometry date: (mm/dd/yyyy)..... 

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Pre-Bronchodilator:

b. FVC (liters / % predicted):..... \_ \_ \_ (L) / \_ \_ \_ %

c. FEV1 (liters / % predicted):..... \_ \_ \_ (L) / \_ \_ \_ %

Post-Bronchodilator:

d. FVC (liters / % predicted):..... \_ \_ \_ (L) / \_ \_ \_ %

e. FEV1 (liters / % predicted):..... \_ \_ \_ (L) / \_ \_ \_ %

## IV. MEDICAL HISTORY

5. Have there been any **new** related diagnoses in the past year?..... Y      N → **Go to 16**      U → **Go to 16**

If yes, please indicate any new conditions since the previous year:

6. Tuberculosis?..... 

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7. Pulmonary nontuberculous mycobacterial infection? ..... 

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8. Alpha-1 antitrypsin deficiency? ..... 

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9. Immunodeficiency? ..... ☐

If yes, which immunodeficiency? .....

10. Kartagener's syndrome or Primary Ciliary Dyskinesia (PCD)? ..... ☐

11. Cystic Fibrosis? ..... ☐

12. Rheumatologic disease (e.g., Rheumatoid Arthritis (RA), Sjogren's Syndrome)? ..... ☐

If yes, which rheumatologic disease? .....

13. Chronic Ulcerative Colitis (CUC) or Crohn's Disease? ..... ☐

14. Allergic bronchopulmonary mycosis ..... ☐

15. Other conditions(s) associated with bronchiectasis? ..... ☐

If yes, please specify other conditions:

a. ....

b. ....

c. ....

## V. SURGICAL HISTORY

16. Have there been any **new** pulmonary surgical procedures in the past year? ... Y N→**Go to 21** U→**Go to 21**

If yes, please indicate (check box);

17. Pneumonectomy? ..... ☐ → **If no, go to 18**

If yes: a. Right (R) or left (L) lung? (circle ): ..... R L U

b. When? (mm/dd/yyyy): .....   /   /

18. Lobectomy? ..... ☐ → **If no, go to 19**

If yes, please indicate location and date below:

a. Left upper lobe (upper division)? ..... ☐

b. If yes, when? (mm/dd/yyyy): .....   /   /

c. Left lingula? ..... ☐

d. If yes, when? (mm/dd/yyyy): .....   /   /

e. Left lower lobe? ..... ☐

f. If yes, when? (mm/dd/yyyy): .....   /   /

g. Right upper lobe? ..... ☐

h. If yes, when? (mm/dd/yyyy): .....   /   /

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i. Right middle lobe? ..... ☐

j. If yes, when? (mm/dd/yyyy): ..... ☐☐/☐☐/☐☐☐☐

k. Right lower lobe? ..... ☐

l. If yes, when? (mm/dd/yyyy): ..... ☐☐/☐☐/☐☐☐☐

19. Lung transplant? ..... ☐ → **If no, go to 20**

a. If yes, single (S) or bilateral (B)? ..... S B

b. When? (mm/dd/yyyy): ..... ☐☐/☐☐/☐☐☐☐

20. Major hemoptysis requiring bronchial embolization or surgery? ..... ☐ → **If no, go to 21**

a. If yes, when? (mm/dd/yyyy): ..... ☐☐/☐☐/☐☐☐☐

## VI. EXACERBATIONS

An acute exacerbation of bronchiectasis is defined (O'Donnell, et al) as any four of the nine abnormalities listed below occurring at any one time.

- Change in sputum production (consistency, color, volume, or hemoptysis)
- Increased dyspnea (chest congestion or shortness of breath)
- Increased cough
- Fever (38°C)
- Increased wheezing
- Decreased exercise toleragnce, malaise, fatigue, or lethargy
- FEV1 or FVC decreased  $\geq 10\%$  from a previously recorded value
- Radiographic changes indicative of a new pulmonary process
- Change in chest sounds

21. How many exacerbations (as defined above) has the patient experienced in the past year? ..... ☐☐

22. How many hospital admissions associated with bronchiectasis exacerbations has the patient had in the past year ..... ☐☐

## VII. RADIOLOGY

23. Was a chest CT obtained since the previously recorded scan? ..... Y N U

a. Date of recent scan..... ☐☐/☐☐/☐☐☐☐

b. Compared to prior recorded scan, was it (circle one):

Same/Unchanged..... S

Improved..... I

Worse ..... W

Unknown..... U

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### VIII. MICROBIOLOGY

24. Are there new lower respiratory culture reports available from the past year? If yes, complete a new Microbiology (MRB) form..... Y N U

### IX. THERAPIES

25. How many courses of systemic (PO or IV) antibiotics in the past year? .....

26. Have medication therapies changed in the past year? If yes, complete a new Therapies (THE) Form..... Y N U

### X. ADMINSTRATIVE INFORMATION

27. Exam / interview / medical records date (mm/dd/yyyy):..... 







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28. Source of Data:

- a. Participant interview ..... Y N
- b. Participant exam..... Y N
- c. Medical records review/abstraction ..... Y N

29. Form date (mm/dd/yyyy):..... 







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30. Interviewer's / recorder's initials:.....