GCRC VISIT REMINDER CALL ADMINISTRATION INSTRUCTIONS

The HomeBASE GCRC visit reminder call is not only to verify that the participant is still available for the visit but to confirm health status. The questionnaire is a compilation of tested and validated questions. It is important that interviewers adhere to the exact wording when addressing the participant and follow the instructions as written. Deviation from both wording and instructions may impair the reliability and validity of the questionnaire.

Once the participant is confirmed for the GCRC appointment, proceed to the asthma symptoms questions. These questions are to confirm eligibility. If the participant’s asthma symptoms have improve to the extent that they are not eligible, inform the participant of the status change and that you will cancel the GCRC appointment. Schedule a following call for a re-assessment in two weeks. Document the new follow-up call in your personal calendar as well as the team calendar. Enter the results of the call into the database and return the completed screening form to the ASII for filing per protocol.

Once the reminder call is complete, enter results into the database and give to the hardcopy to the ASII to separate the participant identification information from the medical assessment information. Two file folders exist for each participant, one with participant identifiers and one with participant information. This supports HIPAA privacy and security guidelines. **Interviewers will ask ALL ELIGIBILITY QUESTIONS REGARDLESS OF THE PARTICIPANT’S ELIGIBILITY. The study wants to collect all information. After asking all questions, eligibility will be determined.**

The questionnaire is divided into sections with like questions together. Within each section, there are three columns:

**Question #**: the number of the question based on the section and the sequence.
- The question number is a combination of the section title initials and the order of the question. Sub questions will include a small case letter.

**Questions and Actions**: the statement to be read, the question for the participant and the answer possibilities.
- Interviewer statements are in *Blue italic*, actions are in *Blue bold* and the questions are in *black bold*.

**Response**: is the location to record the number of the selected answer for an answer set or a specified response such as the number of events in a day.
- The response area is a *blank line* with the corresponding question number at the end of the blank line.

**EXAMPLE**

AC.8  
**During the past 14 days, do you believe your asthma was well controlled?**  
(source: ATAQ #5..combine with ATAQ #3 and rescue med use for ATAQ control domain)  
☐ 1 Yes  ☐ 2 No  ☐ 98 Not Asked  ☐ 99 don’t Know/Unsure  

When recording your answer, check the answer box and then record the answer number on the response line.

**ANSWER EXAMPLE**

AC.8  
**During the past 14 days, do you believe your asthma was well controlled?**  
(source: ATAQ #5..combine with ATAQ #3 and rescue med use for ATAQ control domain)  
☒ 1 Yes  ☐ 2 No  ☐ 98 Not Asked  ☐ 99 don’t Know/Unsure  

When the question asks for a written response, record the answer within the identified answer area.
Now, are there any other medicines prescribed by the doctor that you haven’t shown me?

Use the show card to help respondent identify any additional medications.

- Yes [●]: Where? ___ at work ___ When? ______ yesterday____
- No: CONTINUE TO NEXT QUESTIONS
- Don’t know

If the question identifies a “⇒ Skip to” place an S on the response line. **Example** 5 M2.e
<table>
<thead>
<tr>
<th>Q#</th>
<th>SECTION A (A) – CONTACT INFORMATION (PLEASE FILL THE INFORMATION IN THIS SECTION AND QUESTION I3 BEFORE CALLING)</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>ID number: ___________</td>
<td></td>
</tr>
<tr>
<td>A2</td>
<td>INTERVIEWER’S INITIALS: ___________</td>
<td></td>
</tr>
<tr>
<td>A4</td>
<td>NAME: First: ____________________________  Last: _________________________</td>
<td></td>
</tr>
</tbody>
</table>
| A7 | LANGUAGE OF INTERVIEW:  
  ☐ 1 English  ☐ 2 Spanish                                                                                   |         |
| A8 | PHONES:  
  Home: ________________  Cell: ________________  Work: ________________                              |         |
### Question 11

- **Yes:** Skip to 12.
- **No:** 11a. If no, would it be possible to schedule a callback?

**If able to schedule a call back:**

“When would be a good time to call back to ___________ [person’s name]?”

Time/Date ________________

Great! Will you let her/him know, I’ll try calling her/him again at ___________.

**If Unable to schedule call back:**

“If s/he wants to call me, do you have a pencil and paper? S/he can call me at 206-263-XXXX. Did you get that number ok?”

Please let her/him know this is about the asthma study for adults and their schedule appointment at the University of Washington on: ________________. Thanks so much for talking with me.

**Record call back information on the cover sheet**

### Question 12

(Name), this is (ASII/CHW), is now a good time to talk?

- **Yes:** Skip to 13.
- **No:** Go to 11a above.

### Question 13

I am the Administrative Assistant from the Public Health– Seattle & King County working on HomeBASE asthma project that you are currently enrolled. I’m following up with you because you have an appointment scheduled at the University of Washington at the General Clinical Research Clinic also known as the GCRC.

Your appointment is scheduled for: ________________________________

Date/time

Are you still able to make the appointment?

- **Yes:**
- **No:** continue

If No: Can I reschedule the appointment for you?

- **Yes:** What is a good day and time for you?

Date/time

I will need to confirm this with the GCRC receptionist and I will get back to you. If that appointment time is not available, can you give me two more alternate days and times? thanks
**SECTION 1 – ASTHMA SYMPTOMS (AS)**

_I have some questions to ask you about your asthma symptoms and medication._

<table>
<thead>
<tr>
<th>Q#</th>
<th>SECTION</th>
<th>ELIGIBLE</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS1.</td>
<td>Has a doctor ever diagnosed you with asthma?</td>
<td>[ ] Yes, eligible</td>
<td>□ E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] No: □ 99 Not Asked</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Don’t Know</td>
<td>□ 99</td>
</tr>
<tr>
<td></td>
<td>Asthma symptoms include wheezing, coughing, tightness in the chest, shortness of breath, waking up at night because of asthma symptoms, and slowing down of usual activities. Now I am going to ask you about each of the specific types of asthma symptoms.</td>
<td>READ</td>
<td></td>
</tr>
<tr>
<td>AS2.</td>
<td>During the DAYTIME in the past 14 days, how many DAYS did you have asthma symptoms, such as wheezing, cough, tightness in the chest, or shortness of breath?</td>
<td>Enter number of days: __________ [Enter 0 for None, 99 for Don’t know]</td>
<td>□ E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 4 DAYS eligible</td>
<td></td>
</tr>
<tr>
<td>AS3.</td>
<td>During the past 14 days, how many DAYS did you have to slow down or stop your usual activities because of asthma, wheezing, cough, tightness in the chest, or shortness of breath?</td>
<td>□ 1 Not limited</td>
<td>□ 2 some limits eligible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>AS4.</td>
<td>During the NIGHTTIME in the past 14 nights, how many NIGHTS did you WAKE UP because of asthma, wheezing, cough, tightness in the chest, or shortness of breath?</td>
<td>Enter number of nights: __________ [Enter 0 for None, 99 for Don’t know]</td>
<td>□ E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 1 Night eligible</td>
<td></td>
</tr>
<tr>
<td>AS5.</td>
<td>During the past 14 days, about how many days did you use ASTHMA RESCUE MEDICINE (sometimes call a quick relief medicine) such as albuterol, proventil, or ventolin?</td>
<td>Enter number of days: __________ [Enter 0 for None, 99 for Don’t know]</td>
<td>□ E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 4 DAYS eligible</td>
<td></td>
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<tr>
<td>AS6.</td>
<td>During the past 12 months, have you been hospitalized or gone to the emergency room because of asthma? (calculate 12 months from the interview date)?</td>
<td>□ 1 Yes eligible</td>
<td>□ 2 No</td>
</tr>
</tbody>
</table>

Add up the number of “√” for questions AS2 to AS6 in the Eligible column, if the sum is 0 (none checked), and then the client is NOT ELIGIBLE at this time.

**IF NOT ELIGIBLE** SKIP TO CLOSING STATEMENT SECTION – NOT ELIGIBLE SCRIPT

**IF ELIGIBLE AND IS A MALE,** SKIP TO THE ANTIHISTOMINE, ANTIDEPRESANTS AND BETA-BLOCKER SECTION

**IF ELIGIBLE AND FEMALE** YOUNGER THAN 52 YEARS OF AGE CONTINUE. IF 52 YEARS AND OLDER, SKIP TO ANTIHISTOMINE, ANTIDEPRESANTS AND BETA-BLOCKER SECTION
I want to let you know, that the nurse at the GCRC will ask you questions about your contraceptive use and if you might be pregnant. You may be asked to take a urine pregnancy test. Screening for pregnancy is important. Women who are pregnant should not have the allergy test. Be sure to tell the nurse if you are currently pregnant.

**SECTION 2 – PREGNANCY SCREEN (PS) – FEMALE ONLY**

<table>
<thead>
<tr>
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<th>RESPONSE</th>
</tr>
</thead>
<tbody>
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<td>I want to let you know, that the nurse at the</td>
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<td>GCRC will ask you questions about your contraceptive use and if you might</td>
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<td></td>
<td>nurse if you are currently pregnant.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**USING ANTHISTOMINES, ANITDEPRESANTS AND SCREENING FOR BETA-BLOCKERS**

**READ**

If you are using tricylic antidepressants you will NOT be tested for allergies.

**READ**

If you are using antihistamines you will need to stop using them for at least 3 days before your GCRC visit but no longer than 7 days. If you are unable to do this, let the nurse know before the allergy test.

**READ**

If you are using beta-blockers you will NOT be tested for allergies.

**CLOSING STATEMENT**

Based on the information you just gave me, you continue to be eligible for the GCRC appointment. Your appointment at the GCRC is confirmed for:

______________________________

Date/Time

**C1**

At our last visit you said you did/did not need transportation assistance.

If participant needs assistance, check Yes and the type of transportation support

1. YES: check the method needed: ☐ taxi ☐ bus ☐ parking
2. NO: continue

IF TAXI: I will arrange for the taxi service to pick you up. What is a good time for the taxi to arrive?
IF PARKING: You parking will be validated at the medical center
IF BUS: Did the CHW give you a bus token? IF NO: I will mail you one today.
<table>
<thead>
<tr>
<th>C2</th>
<th>Do you have any questions?</th>
<th>1 YES: answer questions as needed, continue</th>
<th>2 NO: continue</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3</td>
<td>I have some instructions for you before you go to the GCRC. You need to stop using antihistamines for at least 3 days before your GCRC visit but no longer than 7 days. If you are unable to do this, let the nurse know before the allergy test.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT ELIGIBLE</td>
<td>Based on the information you just gave me, you <strong>ARE NOT</strong> eligible for the GCRC VISIT at this time. You current symptoms are in the NOT ELIGIBLE category. I would like to call you back in three weeks to re-assess you symptoms. Is that OKAY?</td>
<td>1 YES: confirm contact information and cancel current GCRC visit and schedule a follow-up GCRC visit and visit reminder call.</td>
<td>2 NO: explore the reason. If the participant needs more information, transfer the participant to the study manager.</td>
</tr>
<tr>
<td>END</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>