Online Supplement

Daily Survey SPACE study

Please complete the survey below for today's symptoms. If you are filling this survey out retrospectively, please adjust the date!

Thank you for your participation!

Date (today or other) * must provide value	[📅] [Today] M-D-Y

Is your oxygen reading on:
* must provide value

- ○ Room Air
- ○ O2
- ○ Did not record oxygen level for date listed above

reset

Please record any WORSENING of symptoms ABOVE YOUR USUAL daily level in the previous 24 hours.

Any symptom that is at your 'normal' level should be left blank.
* must provide value

- ☐ No Change
- ☐ Increased BREATHLESSNESS
- ☐ Increased SPUTUM COLOR
- ☐ Increased SPUTUM AMOUNT
- ☐ A COLD (such as a runny or blocked nose)
- ☐ Increased WHEEZE or CHEST TIGHTNESS
- ☐ SORE THROAT
- ☐ Increased COUGH
- ☐ FEVER

Is your oxygen reading on:
* must provide value

- ⦿ Room Air
- ○ O2
- ○ Did not record oxygen level for date listed above

reset

Record your oxygen level measured by the oximeter.
* must provide value

[   ]

Is your oxygen reading on:
* must provide value

- ○ Room Air
- ⦿ O2
- ○ Did not record oxygen level for date listed above

reset

Record your oxygen level measured by the oximeter.
* must provide value

[   ]

How many Liters of oxygen are you using?

[   ]
Liters per minute

Has there been any change to your usual COPD treatment in the previous 24 hours? (For as many days as it applies) * must provide value	◉ Yes ○ No reset
I am taking more than my usual INHALER.	○ Yes ○ No reset
I am taking more than usual NEBULIZER.	○ Yes ○ No reset
I am taking STEROID (Prednisone) TABLETS.	○ Yes ○ No reset
I am taking an antibiotic.	○ Yes ○ No reset
Please record any WORSENING of symptoms ABOVE YOUR USUAL daily level in the previous 24 hours. ****Any symptom that is at your 'normal' level should be left blank.**** * must provide value	☐ No Change ☐ Increased BREATHLESSNESS ☐ Increased SPUTUM COLOR ☐ Increased SPUTUM AMOUNT ☐ A COLD (such as a runny or blocked nose) ☐ Increased WHEEZE or CHEST TIGHTNESS ☐ SORE THROAT ☐ Increased COUGH ☐ FEVER
Has there been any change to your usual COPD treatment in the previous 24 hours? (For as many days as it applies) * must provide value	○ Yes ○ No reset