Asthma Clinical Research Network

ELIGIBILITY CHECKLIST 1

E1

Patient ID:
Patient Initials:
Visit Number: 0 1
Visit Date: / / /
month day year
Interviewer ID:

ELIG1

NIH/NHLBI

(Patient Interview completed)

01				
	1.	Did the patient sign the Informed Consent form?	∟ ₁Yes	\square_0 No
01A		If Yes , record the date the form was signed.	/ / d	/ ay year
)2	2.	Are you between the ages of 12 and 55 years inclusive?	\square_1 Yes	□ ₀ No
3	3.	Do you plan to move more than 75 miles away fom this clinic in the next year?	■ ₁ Yes	\square_0 No
)4	4.	Have you experienced a life-threatening asthma attack requiring treatment with intubation and mechanical ventilation in the past 5 years?	■ ₁ Yes	□ ₀ No
5	5.	Have you had a respiratory tract infection in the past 6 weeks?	■ ₁ Yes	\square_0 No
)6	6.	Have you experienced a significant exacerbation of asthma in the past 6 weeks?	■ ₁ Yes	\square_0 No
7	7.	(Females only) Are you potentially able to bear children?	□₁Yes	□ ₀ No
07A		If Yes , are you using a birth control method indicated on this reference card? (Show patient the Birth Control Methods reference card.)	☐ ₁ Yes	O No
08	8.	Is the patient eligible? <i>If any of the shaded boxes are filled in,</i> the patient is NOT eligible. If Yes, please continue with the screening process. If No please complete the Termination of Study Participation for the study Participation of Study Participation for the study Par	☐ ₁ Yes	□ ₀ No