

**ELIGIBILITY CHECKLIST 3**

**E3**

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

*(Clinic Coordinator completed)*

- |           |   |   |   |
|-----------|---|---|---|
| <b>01</b> | 1. Does the patient have mild airflow obstruction (FEV <sub>1</sub> ≥ 70% predicted)? | <input type="checkbox"/> <sub>1</sub> Yes | <input checked="" type="checkbox"/> <sub>0</sub> No |
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| <b>02</b> | 2. Did the patient's FEV <sub>1</sub> decrease by 20% or more from today's baseline in response to ≤ 16 mg/ml of methacholine? | <input type="checkbox"/> <sub>1</sub> Yes | <input checked="" type="checkbox"/> <sub>0</sub> No |
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| <b>03</b> | 3. Does the patient report "as-needed" use of a short or intermediate acting inhaled beta-agonist less than 6 puffs per week? | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No |
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| <b>03A</b> | If <b>Yes</b> , was the PC <sub>20</sub> for methacholine more than 8 mg/ml? | <input checked="" type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No |
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| <b>04</b> | 4. Does the patient report "as-needed" use of a short or intermediate acting inhaled beta-agonist more than 56 puffs per week? | <input checked="" type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No |
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| <b>05</b> | 5. Is the patient able to use a metered dose inhaler properly? | <input type="checkbox"/> <sub>1</sub> Yes | <input checked="" type="checkbox"/> <sub>0</sub> No |
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| <b>06</b> | 6. Does the patient have an abnormal screening electrocardiogram [ischemic heart disease or arrhythmia; not excluded for occasional (≤ 3/min) atrial or ventricular premature contractions]? | <input checked="" type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No |
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| <b>07</b> | 7. Does the patient have a positive pregnancy test? | <input checked="" type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No |
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| <b>08</b> | 8. Is the patient currently using intranasal steroids, or does the patient anticipate using intranasal steroids during the course of the study? | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>0</sub> No |
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| <b>08A</b> | If <b>Yes</b> , please choose one of the following:   |  |  |
|            | <input type="checkbox"/> <sub>0</sub> the patient agrees to stop use of all intranasal steroids for the duration of the study   |  |  |
|            | <input type="checkbox"/> <sub>1</sub> the patient agrees to adhere to a course of beclomethasone dipropionate at a dose not to exceed 100 µg in each nostril BID throughout the duration of the study |  |  |
|            | <input checked="" type="checkbox"/> <sub>2</sub> the patient does not agree to adhere to the criteria regarding intranasal steroid use as outlined in the Manual of Operations                        |  |  |

<b>09</b>	9. Is the patient eligible? <i>If any of the shaded boxes are filled in, the patient is NOT eligible.</i>	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
	☞ If No, please complete the Termination of Study Participation form (TERM).		