

ELIGIBILITY CHECKLIST 1

Subject ID: 2
 Subject Initials: _____
 Visit Number: 1
 Visit Date: _____ / _____ / _____
 month day year
 Interviewer ID: _____

(Subject Interview completed)

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|---------------|--|--|
| E1_01 | 1. Did the subject sign the Informed Consent form? | <input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No |
| E1_01a | <i>If Yes, record the date the form was signed.</i> | _____ / _____ / _____
<small> month day year</small> |
| E1_02 | 2. Are you between the ages of 18 and 60 years inclusive? | <input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No |
| E1_03 | 3. Do you plan to move more than 75 miles away from this clinic in the next 3 months? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| E1_04 | 4. Have you experienced a life-threatening asthma attack requiring treatment with intubation and mechanical ventilation in the past 5 years? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| E1_05 | 5. Have you had a respiratory tract infection in the past 6 weeks? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| E1_06 | 6. Have you experienced a significant exacerbation of asthma in the past 6 weeks? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| E1_07 | 7. Are you potentially able to bear children? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No <input type="checkbox"/> ₉ N/A |
| E1_07a | <i>If Yes, are you using a birth control method indicated on this reference card? (Show subject the Birth Control Methods reference card.)</i> | <input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No |

E1_08	8. Is the subject eligible? <i>If any of the shaded boxes are filled in, the subject is NOT eligible.</i> <input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No <small>☞ If Yes, please continue with the screening process.</small>
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