

A Case Control Etiologic Study of Sarcoidosis

Confirmation of Eligibility (Controls)

ID No. _____ - _____

Form Type **C 0 0 1**

INSTRUCTION: ABSTRACT QUESTIONS 1 AND 5 FROM PARTICIPANT INFORMATION FORM (FORM 01). IF AT ANY TIME THE RESPONSE TO A QUESTION IS A STOP CONDITION, DO NOT COMPLETE THIS FORM. HOWEVER, THE ATRS FORM 06 SHOULD BE COMPLETED AND THE ATRS CALLED.

1. CONTROL'S INITIALS:

2. DATE OF TELEPHONE CONTACT:

f05_dy

____ - ____ - ____
Month Day Year

3. HAS THE CONTROL AGREED TO BE INTERVIEWED

Yes No **agr_intv**
(1) (STOP)

4. HAS THE CONTROL AGREED TO BE IN THIS STUDY?

Yes No **agr_stdy**
(1) (STOP)

5. CONTROL'S GENDER:

(1) (2) **gender**
Male Female

6. What is your age?

____ **age**

A. CONTROL IS LESS THAN 18 YEARS OLD

Yes No **lt_18yrs**
(STOP) (2)

**7. Do you consider yourself:
INTERVIEWER READ LIST**

- White (1) **race**
- Black or African American (2)
- Asian/Pacific Islander (3)
- American Indian or Alaska Native (4)
- Other (5)

Specify: _____

		Yes	No	
8.	Are you Hispanic?	(1)	(2)	
9.	DID THE CONTROL MEET ANY OF THE FOLLOWING EXCLUSION CRITERIA. INTERVIEWER ASK EACH QUESTION:			
		Yes	No	
	A. Has a doctor told you that you now have active tuberculosis or are you now taking any medication for tuberculosis?	(STOP)	(2)	tbrcm
	B. Has a doctor ever told you that you have sarcoidosis?	(STOP)	(2)	sarcoid
	C. Has a doctor ever told you that you have granulomatous hepatitis?	(STOP)	(2)	hepat
	D. Has a doctor ever told you that you have primary biliary cirrhosis?	(STOP)	(2)	pr_bicir
	E. Has a doctor ever told you that you have Bell's palsy?	(STOP)	(2)	belpals
	F. Has a doctor ever told you that you have uveitis?	(STOP)	(2)	uveitis
	G. Has a doctor ever told you that you have Crohn's disease?	(STOP)	(2)	crohndi
	H. Has a doctor ever told you that you have erythema nodosum but that he/she does not know the cause?	(STOP)	(2)	erytnodo
	I. Have you ever had medication for histoplasmosis or other fungal infections of your lungs?	(STOP)	(2)	histoplM
	J. Has a doctor ever told you that you have chronic beryllium disease?	(STOP)	(2)	berylDi
10.	HAVE ANY STOP RESPONSES BEEN CHECKED?	Yes (STOP)	No (2)	stopresp

IF YES, CONTROL CANNOT BE ENROLLED. COMPLETE ACCESS FORM 06 AND CALL ATRS.

IF NO, CONTROL CAN BE ENROLLED. COMPLETE ACCESS FORM 06 AND CALL ATRS.

11. Research Coordinator:

A. Signature: _____

B. ACCESS Staff No.: _____

12. Date form completed:

____ - ____ - ____
Month Day Year

FORM 05
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<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I(1)	Form revision
	NEWID	F(5.1)	Patient ID
2	F05 DY	I(4)	Days from enrollment to telephone contact
3	AGR INTV	I(1)	Control agreed to interview 1=Yes 2=No
4	AGR STDY	I(1)	Control agreed to be in study 1=Yes 2=No
4	GENDER	I(1)	Gender 1=Male 2=Female
6	AGE	I(2)	Age (Years) 1= <30 2=30-39 3=40-49 4=50-59 5= >=60
6a	LT 18YRS	I(1)	Control is less than 18 1=Yes 2=No
7	RACE	I(1)	Race 1=White 2=Black or African American 3=Asian/Pacific Islander + 4=American Indian or Alaska Native + 5=Other +
8 +	HISPANIC	I(1)	Hispanic
9a	TBRM	I(1)	Active TB 1=Yes 2=No
9b	SARCOID	I(1)	Have sarcoidosis 1=Yes 2=No
9c	HEPAT	I(1)	Have granulomatous hepatitis 1=Yes 2=No
9d	PR BICIR	I(1)	Have cirrhosis 1=Yes 2=No
9e	BELPALS	I(1)	Have Bell's palsy 1=Yes 2=No
9f	UVEITIS	I(1)	Have uveitis 1=Yes 2=No
9g	CROHNDI	I(1)	Have Crohn's disease 1=Yes 2=No

+Deleted for confidentiality

FORM 05
Confirmation of Eligibility (Controls)
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
9h	ERYTNODO	I(1)	Have erythema nodosum 1=Yes 2=No
9i	HISTOPLM	I(1)	Meds for histoplasmosis 1=Yes 2=No
9j	BERYLDI	I(1)	Had chronic beryllium disease 1=Yes 2=No
10	STOPRESP	I(1)	Any stop responses 1=Yes 2=No