Asthma Clinical Research Network
BAGS
NIH/NHLBI

ELIGIBILITY CHECKLIST 2

E2

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

(Clinic Coordinator completed)

01 1. Does the patient have current evidence of any of the conditions listed on the Medical Conditions reference card? ☐1 Yes ☐0 No
If ***Yes***, describe _____

02 2. Has the patient taken any medications listed on the Exclusionary Drugs reference card within the specified time periods? ☐1 Yes ☐0 No
If ***Yes***, describe _____

03 3. Is the patient currently receiving hyposensitization therapy or immunotherapy **and** not on an established maintenance regimen? ☐1 Yes ☐0 No

04 4. Is the patient currently taking prescription or over-the-counter medication(s) other than those listed on the Allowed Medications reference card? ☐1 Yes ☐0 No
If ***Yes***, describe _____

05 5. Has the patient smoked cigarettes, a pipe, cigars, or any other substance in the past year? ☐1 Yes ☐0 No

06 6. Does the patient have a smoking history greater than 5 pack-years? ☐1 Yes ☐0 No

06A Record history in pack-years. (Enter '0' if none) ____ ____

07 7. Is there any other reason for which this patient should not be included in the study? ☐1 Yes ☐0 No

08 8. Is the patient eligible? ***If any of the shaded boxes are filled in the patient is NOT eligible.*** ☐1 Yes ☐0 No
- ☞ If Yes, please continue with the screening process.
- ☞ If No, please complete the Termination of Study Participation form (TERM).