

**ELIGIBILITY CHECKLIST 3**

**E3**

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 mild airflow obstruction (FEV<sub>1</sub> ≥ 70% predicted)?  <sub>1</sub> Yes     <sub>0</sub> No
- 02**      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?  <sub>1</sub> Yes     <sub>0</sub> No
- 03**      3. Does the patient report "as-needed" use of a short or intermediate acting inhaled beta-agonist less than 6 puffs per week?  <sub>1</sub> Yes     <sub>0</sub> No
- 03A**      If **Yes**, was the PC<sub>20</sub> for methacholine more than 8 mg/ml?  <sub>1</sub> Yes     <sub>0</sub> No
- 04**      4. Does the patient report "as-needed" use of a short or intermediate acting inhaled beta-agonist more than 56 puffs per week?  <sub>1</sub> Yes     <sub>0</sub> No
- 05**      5. Is the patient able to use a metered dose inhaler properly?  <sub>1</sub> Yes     <sub>0</sub> No
- 06**      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]?  <sub>1</sub> Yes     <sub>0</sub> No
- 07**      7. Does the patient have a positive pregnancy test?  <sub>1</sub> Yes     <sub>0</sub> No
- 08**      8. Is the patient currently using intranasal steroids, or does the patient anticipate using intranasal steroids during the course of the study?  <sub>1</sub> Yes     <sub>0</sub> No
- 08A**      If **Yes**, please choose one of the following:
  - <sub>0</sub> the patient agrees to stop use of all intranasal steroids for the duration of the study
  - <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
  - <sub>2</sub> the patient does not agree to adhere to the criteria regarding intranasal steroid use as outlined in the Manual of Operations

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