Asthma Clinical Research Network
BAGS
NIH/NHLBI

ELIGIBILITY CHECKLIST 4

E4

Patient ID: 1 ___ ___ ___ ___
Patient Initials: ___ ___ ___
Visit Number: 0 4
Visit Date: ___ ___ / ___ ___ / ___ ___ (month / day / year)
Interviewer ID: ___ ___ ___ ___

(Clinic Coordinator completed)

01	1.	Since the first study visit, has the patient experienced a significant asthma exacerbation as defined in the Manual of Operations?	☐ 1 Yes ☐ 0 No
02	2.	Has the patient taken any non-study anti-asthma medications since the first study visit?	☐ 1 Yes ☐ 0 No
03	3.	On average in the last 4 weeks of the run-in period, did the patient use the rescue inhaler less than 6 puffs per week?	☐ 1 Yes ☐ 0 No
03A		If ***Yes***, was the PC_{20} for methacholine more than 8 mg/ml at Visit 1?	☐ 1 Yes ☐ 0 No
04	4.	On average in the last 4 weeks of the run-in period, did the patient use the rescue inhaler more than 56 puffs per week?	☐ 1 Yes ☐ 0 No
05	5.	On average in the last 4 weeks of the run-in period, did the patient demonstrate the ability to adhere to the scheduled use of the metered dose inhaler at least 75% of the time *(at least 42 puffs each week since visit 2)*?	☐ 1 Yes ☐ 0 No
06	6.	On average during the run-in period, has the patient recorded symptoms in the symptom diary at least 5 days per week?	☐ 1 Yes ☐ 0 No
07	7.	Is there any new information that makes the patient ineligible according to the eligibility criteria? If ***Yes***, describe _____	☐ 1 Yes ☐ 0 No

08 8. Does the patient wish to withdraw consent from the study? ❑ 1 Yes ❑ 0 No

09 9. Is there any other reason for which this patient should not be included in the study? ❑ 1 Yes ❑ 0 No

10 10. Is the patient eligible? ***If any of the shaded boxes are filled in, the patient is NOT eligible.*** ❑ 1 Yes ❑ 0 No

☞ If ***No***, please complete the Termination of Study Participation form (TERM).

If the patient is eligible and will participate in the study, run the randomization program. If an electronic connection is impossible, call the DCC at (717) 531 - 4262.

11 11. Study drug packet number. __ __ __ __ __ __