

**ELIGIBILITY CHECKLIST 1**

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

*(Subject Interview completed)*

- |               |  |  |
|---------------|--|--|
| <b>E1_01</b>  | 1. <b>Did the subject sign the Informed Consent form?</b>  | <input type="checkbox"/> <sub>1</sub> Yes <input checked="" type="checkbox"/> <sub>0</sub> No                                |
| <b>E1_01a</b> | <i>If Yes, record the date the form was signed.</i>  | _____ / _____ / _____<br><small>                  month                  day                  year</small>                   |
| <b>E1_02</b>  | 2. Are you between the ages of 18 and 60 years inclusive?  | <input type="checkbox"/> <sub>1</sub> Yes <input checked="" type="checkbox"/> <sub>0</sub> No                                |
| <b>E1_03</b>  | 3. Do you plan to move more than 75 miles away from this clinic in the next 3 months?  | <input checked="" type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No                                |
| <b>E1_04</b>  | 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"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No                                |
| <b>E1_05</b>  | 5. Have you had a respiratory tract infection in the past 6 weeks?   | <input checked="" type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No                                |
| <b>E1_06</b>  | 6. Have you experienced a significant exacerbation of asthma in the past 6 weeks?  | <input checked="" type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No                                |
| <b>E1_07</b>  | 7. Are you potentially able to bear children?  | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>9</sub> N/A |
| <b>E1_07a</b> | <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"/> <sub>1</sub> Yes <input checked="" type="checkbox"/> <sub>0</sub> No                                |

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