

ELIGIBILITY CHECKLIST 2

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

(Clinic Coordinator completed)

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| E2_01 | 1. Has the subject taken a dose of any inhaled steroid between 336-1600 µg daily for the past 30 days to control asthma symptoms?
<i>(e.g., triamcinolone acetonide, beclomethasone dipropionate, or flunisolide)</i> | <input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No |
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| E2_02 | 2. Does the subject have a history of adverse side effects from colchicine therapy? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
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| E2_03 | 3. Does the subject have current evidence of any of the conditions listed on the Medical Conditions reference card?
If Yes , describe _____ | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
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| E2_04 | 4. Has the subject taken any medications listed on the Exclusionary Drugs reference card within the specified time periods?
If Yes , describe _____ | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
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| E2_05 | 5. Is the subject currently taking prescription or over-the-counter medication(s) other than those listed on the Allowed Medications reference card?
If Yes , describe _____ | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
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| E2_06 | 6. Does the subject anticipate an allergen immunotherapy dose change during the study? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
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| E2_07 | 7. Has the subject smoked cigarettes, a pipe, cigars, or any other substance in the past year? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
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| E2_08 | 8. Does the subject have a smoking history greater than 5 pack-years? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
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| E2_08a | Record history in pack-years. (Enter '0' if none) | _____ |
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| E2_09 | 9. Is there any other reason for which this subject should not be included in the study? | <input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
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E2_10	10. Is the subject eligible? <i>If any of the shaded boxes are filled in the subject is NOT eligible.</i> ☞ If Yes, please continue with the screening process.	<input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No
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