



EXACERBATION INCLUSION/EXCLUSION CRITERIA FORM

ID NUMBER:

FORM CODE: EIE
VERSION: 1.0 5/27/14

Visit Number

SEQ #

0a) Form Date..... //

0b) Staff Code

Instructions: This form should be completed immediately after the participant signs the informed consent.

Please click here to open EIE Report

1) Did participant meet all the requirements of the main Spiromics study?

Yes1

No (Participant Ineligible)0

2) Is the participant enrolled in Strata 3 or 4?

Stratum 31

Stratum 42

Not Enrolled in Strata 3 or 4 (Participant Ineligible).3

3a) Has participant had at least one exacerbation in the past 12 months which required antibiotics, steroids, hospitalization or ER visit? (Y/N)

3b) If yes, has it been less than 30 days since the most recent exacerbation? (Y/N)

Yes (Participant Ineligible).....1

No0

4a) Does participant have a reported diagnosis of asthma based on the IEC, RDS, and RDF?

Yes1

No0

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4b) Does participant have a confirmed primary diagnosis of asthma? (Y/N).....

Yes (Participant Ineligible).....1

No.....0

5a) Does participant have any visual or cognitive impairment that would prevent the
participant from using a PDA or smart-phone type device? (Y/N).....

Yes1

No.....0

5b) If yes, please describe:_____