

TEMPORARY EXCLUSION SCREENING

ID NUMBER:

FORM CODE: IES
 VERSION: 1.0 04/09/2025

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the scheduling phone call for the study visit to determine if the participant is eligible at this point in time or if they should be re-screened at a later date.

I am going to ask you about conditions that may have occurred in the last six weeks. If one of these applies to you, we will need to re-screen you after six weeks have passed.

1) Do any of the following statements apply to you?

	<u>No</u> ₀	<u>Yes</u> ₁
1a) You have had an upper respiratory infection in the past six weeks.	<input type="checkbox"/>	<input type="checkbox"/>
1b) You have had a heart attack within the past six weeks.	<input type="checkbox"/>	<input type="checkbox"/>
1c) You have had unstable heart disease, heart failure, or uncontrolled irregular heartbeat in the past six weeks.	<input type="checkbox"/>	<input type="checkbox"/>
1d) You have had eye, chest, or abdominal surgery within the past six weeks.	<input type="checkbox"/>	<input type="checkbox"/>

Now I am going to ask you about conditions that may have occurred in the last 30 days. If one of these applies to you, we will need to re-screen you after 30 days have passed.

2) Do either of the following statements apply to you?

	<u>No</u> ₀	<u>Yes</u> ₁
2a) You have had an acute exacerbation of COPD, either solely participant-identified or that has been clinically treated, in the past 30 days.	<input type="checkbox"/>	<input type="checkbox"/>
2b) You have used additional steroids beyond what you usually take, or you have increased the dose of the steroids you usually take in the past 30 days.	<input type="checkbox"/>	<input type="checkbox"/>

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Instructions: Item 3 is for female participants only. If the participant is male, → **Go to END**.

If you have given birth in the last three months, we will need to re-screen you once three months have passed.

3) Have you given birth in the last three months?

No₀

Yes₁

END OF FORM