



COPD Gene  
Eligibility

Home  
PFT Files

Responses are required to all questions to determine eligibility.

Center

Subject ID

Interviewer

Date  (mm/dd/yyyy)

Enter eligibility screening status:

- Preliminary screening (over phone, etc.)
  Final determination (required, in-office visit)

**1. Has this subject participated in any of the following studies?**

- Boston COPD Early Onset
- GlaxoSmithKline: ECLIPSE - *New answer. Include only if have IRB approval so.*
- GlaxoSmithKline: International COPD Genetics Network

Yes  No

**2. Age**  years (nn)

**3. Race (check all that apply)**

- White  
 Black or African American  
 Asian  
 Pacific Islander  
 American Indian / Alaska Native  
 Other

**4. Ethnicity**

Hispanic or Latino  Not Hispanic or Latino

**5. Have you ever smoked cigarettes?**

Yes  No (If No, skip to Q. 6)

If yes:

**For how many years have you smoked?**

years (nn)

**On average, how many packs per day have you smoked?**

packs per day (n.n)

**6. Have you ever been told by a physician that you had a lung disease?**

Yes  No (If No, skip to Q. 7)

If yes:

**Have you ever been told by a physician that you have**

COPD  Yes  No

Emphysema  Yes  No

**Have you been told that you have any of the following lung diseases? (check all that apply)**

*Asthma removed. Answer only if have IRB approval to do so.*

Interstitial lung disease or pulmonary fibrosis

Cystic fibrosis

Diffuse bronchiectasis

Other lung disease

**Other lung disease (specify)**  

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**7. Have you ever had lung surgery?**

Yes  No (If No, skip to Q. 8)

If yes:

**Did you have lung volume reduction surgery or at least one lobe of a lung removed?**

Yes  No  Don't know

**8. Gender**

Male  Female (If Male, skip to Q. 9)

Females only:

**Have you had a hysterectomy?**

Yes  No

If No:

**When was your last menstrual period?**

More than 12 mo. ago

Less than 12 mo. ago

N/A

**Are you currently pregnant or possibly pregnant?**

Yes  No  Don't know  N/A

**9. Within the last 5 years, have you had uncontrolled cancer, as defined as ongoing radiation therapy, ongoing chemotherapy, narcotics for pain cc or known metastatic disease?**

Yes  No

**10. Have you been diagnosed with lung cancer?**

Yes  No

11. Has a physician advised you to have surgery for possible lung cancer?  
 Yes  No
12. Have you ever had radiation to the chest for a disorder other than breast cancer?  
 Yes  No
13. Have you been on antibiotics *for any lung disease or infection* within the month? *New wording in italics. Include only if have IRB approval to do so.*  
 Yes  No
14. Have you been on a new or increased course of prednisone within the past month *for any lung disease*? *New wording in italics. Include only if have IRB approval to do so.*  
 Yes  No
15. Do you have a pacemaker or defibrillator?  
 Yes  No
16. Do you have a parent, grandparent, sibling (including half-sibling), child, grandchild, aunt or uncle, or niece or nephew who is already participating in this COPDGene study?  
 Yes  No
17. In the last 3 months, have you had chest or abdominal surgery?  
*Answer only if have IRB approval to do so.*  
 Yes  No
18. In the last 3 months, have you had a detached retina or eye surgery?  
*Answer only if have IRB approval to do so.*  
 Yes  No
19. In the last 3 months, have you had a heart attack?  
*Answer only if have IRB approval to do so.*  
 Yes  No
20. In the past month, have you been hospitalized for any other heart problem?  
*Answer only if have IRB approval to do so.*  
 Yes  No
21. Do you have a metal heart valve or metal shoulder replacement?  
*Answer only if have IRB approval to do so.*  
 Yes  No

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Check here to confirm you have reviewed all responses and are ready to submit.

*If you have changed any response, click box to uncheck and click again to re-confirm.*

Clear form



Logout

Eligibility

StudyManager  
2.1.139