

COPDGene

Visit 2 Screener

Responses are required to all questions.

Center

Subject ID

Interviewer

Date (mm/dd/yyyy)

Enter screening status:

Preliminary screening
(over phone, etc.)

Final determination
(required, in-office visit)

1. Have you used a new or increased dose of antibiotics for any lung disease or infection within the past month?

Yes No

2. Have you been on a new or increased course of prednisone within the past month for any lung disease?

Yes No

3. In the last 3 months, have you had chest or abdominal surgery?

Yes No

4. In the last 3 months, have you had a detached retina or eye surgery?

Yes No

5. In the last 3 months, have you had a heart attack?

Yes No

6. In the past month, have you been hospitalized for any other heart problem?

Yes No

7. Have you had lung transplant surgery?

Yes No

8. Females only:

a. Have you had a hysterectomy?

Yes No N/A (Male)

If No:

b. When was your last menstrual period?

- More than 12 mo. ago
- Less than 12 mo. ago
- N/A

c. Are you currently pregnant or possibly pregnant?

- Yes
- No
- Don't know
- N/A

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.