



EXAM ITINERARY / CLINIC CHECK LIST

ID NUMBER:

FORM CODE: CCL
VERSION: 1.0 10/26/10

Visit Number

SEQ #

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

0b) Initials

Instructions: Use this form to record what procedures and forms have been completed during the participant's visit. If a procedure or form is not completed and checked off please give a brief description why in the notes section.

	Start Time	End Time		Form / Procedure	Comments / Notes	Staff ID
Eligibility Block (Phlebotomy and urine must be collected before PFTs/MDCT/Sputum)						
1	A/P	A/P	<input type="checkbox"/>	Check in		
2	A/P	A/P	<input type="checkbox"/>	Informed Consent		
3	A/P	A/P	<input type="checkbox"/>	Inclusion/Exclusion Form (IEC)		
ASSESS ELIGIBILITY						
4	A/P	A/P	<input type="checkbox"/>	Demographic Information Form (DEM)		
5	A/P	A/P	<input type="checkbox"/>	Anthropometry (ANT)		
6	A/P	A/P	<input type="checkbox"/>	Urine (BIO)		
7	A/P	A/P	<input type="checkbox"/>	Phlebotomy (BIO)		
Snack						
8	A/P	A/P	<input type="checkbox"/>	Spirometry (PFT, SDF)		
ASSESS STRATUM						
Flexible Block A						
9	A/P	A/P	<input type="checkbox"/>	Six Minute Walk (SMW)		
Flexible Block B						
10	A/P	A/P	<input type="checkbox"/>	Baseline Medical History Form (BMH)		
11	A/P	A/P	<input type="checkbox"/>	Respiratory Disease Questionnaire (RDS)		
12	A/P	A/P	<input type="checkbox"/>	Baseline Exacerbation Questionnaire (BEQ)		
13	A/P	A/P	<input type="checkbox"/>	Employment History Form (EHF)		
14	A/P	A/P	<input type="checkbox"/>	Pollution/Residential History Form (PRH)		
15	A/P	A/P	<input type="checkbox"/>	Personal Identifiers Form (PID)		
16	A/P	A/P	<input type="checkbox"/>	Medication History (RMU)		
17	A/P	A/P	<input type="checkbox"/>	FACIT-F Questionnaire (FCT)		
18	A/P	A/P	<input type="checkbox"/>	Seated Blood Pressure (BPF)		

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Flexible Block C						
19	A/P	A/P	<input type="checkbox"/>	MDCT (CTA)		
Flexible Block D						
20	A/P	A/P	<input type="checkbox"/>	Modified MRC Dyspnea Scale (MRC)		
21	A/P	A/P	<input type="checkbox"/>	St George's Respiratory Questionnaire (SGR)		
Flexible Block E (must be after PFT and MDCT)						
22	A/P	A/P	<input type="checkbox"/>	Sputum Induction		
23	A/P	A/P	<input type="checkbox"/>	Questionnaire for Ease of Cough and Sputum Clearance		
Flexible Block F						
24	A/P	A/P	<input type="checkbox"/>	COPD Assessment Test (CAT)		
25	A/P	A/P	<input type="checkbox"/>	MOT Short Form – 12 (SFH)		
26	A/P	A/P	<input type="checkbox"/>	Veterans Specific Activity Questionnaire (VSA)		
Flexible Block G						
27	A/P	A/P	<input type="checkbox"/>	Berlin Sleep Questionnaire (BSQ)		
28	A/P	A/P	<input type="checkbox"/>	Pittsburg Sleep Quality Index (PSQ)		
29	A/P	A/P	<input type="checkbox"/>	Hospital Anxiety and Depression Scale (HDS)		