

Asthma Allergy Screening Questionnaire – QxQ

General Information

The Asthma and Allergy Screening Questionnaire must be completed if the participant indicates on the MRI Screening Questionnaire that s(he) has a history of asthma or of allergies to food, drugs or insect stings. It is intended to identify an increased risk of asthma exacerbation or of allergic reaction to gadolinium contrast. If the participant indicates on the MRI Screening Questionnaire that s(he) has a history of allergic reaction to gadolinium, the participant is not eligible for contrast, and does not require completion of the Asthma and Allergy Screening Questionnaire.

Question by Question Instructions

1. Ask the participant if s(he) has a history of asthma. Enter a response of YES or NO. If YES, the participant will need reassessment prior to contrast administration on the day of the MRI visit. For positive responses or areas of uncertainty, staff should consult with the study clinician in accordance with site protocols. If the answer to this question is NO, skip questions 2 through 9, and proceed to question 10.

2. Inquire if, in the participant's judgment, his or her asthma is well-controlled. This is a general statement by the participant as to how active his or her asthma has been in recent weeks. Enter a response of YES or NO. *If NO, the participant is not eligible for contrast, unless and until asthma can be brought under better control for a 1-month period.*

3. Ask how often the participant's asthma symptoms awakened him or her at night or early morning during the past month. These asthma symptoms include cough, wheezing, shortness of breath and chest tightness. Enter the number of times. If the answer is 0 or 1, the participant is eligible for contrast. *If 2 or more, the participant is not eligible for contrast, unless and until asthma can be brought under better control for a 1-month period.*

4. Ask how often the participant has needed to use rescue medication to relieve his/her symptoms of asthma during the past month. Rescue medication includes a short-acting inhaler or nebulizer. Enter the number of times. If the answer is 0 or 1, the participant is eligible for contrast. *If 2 or more, the participant is not eligible for contrast, unless and until asthma can be brought under better control for a 1-month period.*

5. Inquire whether the participant has needed any unscheduled care for his/her asthma during the past month. This includes calling his/her health care provider seeking care, having an office visit, or having an emergency department or urgent care visit. Enter a response of YES or NO. *If the answer is YES, the participant is not eligible for contrast, unless and until asthma can be brought under better control for a 1-month period.*

6. Inquire if in the past month, the participant's asthma has prevented him/her from participating in school or work, or in recreational activities, as usual. Enter a response of YES or NO. *If the answer is YES, the participant is not eligible for contrast, unless and until asthma can be brought under better control for a 1-month period.*

7. Ask the participant if s(he) has been treated with oral glucocorticoids (steroids) for asthma in the past year. Enter a response of YES or NO. *If the answer is YES, the participant is not eligible for contrast, unless and until no such treatment with oral steroids has been required for a 1-year period.*

8. Ask the participant if s(he) has been hospitalized for asthma in the past year. Enter a response of YES or NO. *If the answer is YES, the participant is not eligible for contrast, unless and until a 1-year period has elapsed since the last such hospitalization.*

9. Ask the participant if s(he) has been intubated (required a breathing tube) for asthma in the past 5 years. Enter a response of YES or NO. *If the answer is YES, the participant is not eligible for contrast, unless and until a 5-year period has elapsed since the last such intubation.*

10. Inquire if the participant has a history of allergies to medications or radiographic contrast. Allergies include rash or itching; eye redness or tearing; lip, tongue or mouth swelling; throat closing or breathing difficulty; low blood pressure; need for hospitalization for treatment. If participant is unsure, staff should consult with a clinician. If the participant gives a positive response or an allergy cannot be excluded, enter YES. Otherwise enter NO.

If the answer to question 10 is YES, please enter the name of the medication or radiographic contrast as best remembered by the participant. Then specify the reaction in the free text field (for example, rash). Do this for all medications and radiographic agents as applicable.

11. Inquire if the participant has a history of allergies to foods or insect stings. Allergies include rash or itching (beyond localized reaction at the insect sting site); eye redness or tearing; lip, tongue or mouth swelling; throat closing or breathing difficulty; low blood pressure; need for hospitalization for treatment. If participant is unsure, staff should consult with a clinician. If the participant gives a positive response or an allergy cannot be excluded, enter YES. Otherwise enter NO.

If the answer to question 11 is YES, please enter the name of the food or type of insect as best remembered by the participant. Then specify the reaction in the free text field (for example, rash). Do this for all individual food or food classes and groups of insects as applicable.

If the answer to questions 10 or 11 are consistent with a serious allergic reaction, the participant is not eligible for IV contrast. Serious allergic reactions include: diffuse rash with low blood pressure; swelling and closing of the throat with harsh breathing or low

oxygen level; narrowing of the airways (bronchospasm) with whistling sounds and low oxygen level; anaphylactic shock (low blood pressure and high heart rate).

If the answer to question 1, 10 or 11 is YES, and the participant is eligible for IV contrast based on the initial screening, the questions on the Asthma and Allergy Screening Questionnaire should be reviewed by staff for any changes at the time of the MRI visit.

MRI Visit Review

On the day of MRI, staff should confirm that there has been no change in status, and that the participant remains eligible for IV contrast.

12. Enter date of review, which should be the same as the date of the MRI visit.

13. Enter staff ID.

14. Review questions 2 through 9 on asthma history with participant, and ask if any change has occurred since the initial screening. If uncertain, please consult with the study clinician or proceed with non-contrast MRI. If no change has occurred, enter NO, and skip to Q15. If a change has occurred, enter YES. If YES, please enter in Q14a the question number or numbers that has or have changed, and specify the change(s). For example: "Q4, participant has newly required to use rescue medication 4 times in the past 3 weeks since the initial screening"; or "Q7, participant required treatment with oral steroids for asthma in the past 2 weeks." In Q14b, enter whether the change makes the participant ineligible for contrast. For instance, if rescue inhaler use in the past month went from 0 to 1, the participant is still eligible for contrast, provided that all other answers are consistent with eligibility. In this case, the answer would be NO. If the change does disqualify the participant from contrast, the answer is YES. If YES, the participant may not receive IV contrast, but can proceed to non-contrast MRI.

15. Review questions 10 and 11 on allergy history with participant, and ask if any change has occurred since the initial screening. If uncertain, please consult with the study clinician or proceed with non-contrast MRI. If no change has occurred, enter NO. If YES, please enter in Q15a the question number or numbers that has or have changed, and specify the change(s). For example: "Q10, participant developed a rash to penicillin"; or "Q11, participant received IV contrast for a computed tomography (CT) scan, and developed swelling and closing in of throat with harsh breathing and low oxygen level." Regardless of the new allergy, the participant should be fully or almost fully recovered and in stable medical condition before proceeding to MRI with (if otherwise still eligible) or without (if not eligible as a result of the new allergy) IV contrast. If not, the MRI should be cancelled and rescheduled, if appropriate. Consult with study clinician in such instances or when in doubt. In Q15b, enter whether the change makes the participant ineligible for contrast. For instance, in the event of a new isolated rash to an antibiotic in recent weeks that has since resolved entirely, with the patient in his/her usual state of health, the participant would be eligible for contrast. In this case, the answer would be NO. If the change does disqualify the participant from

contrast because the allergic reaction was serious, the answer is YES. If YES, the participant may not receive IV contrast, but can proceed to non-contrast MRI if otherwise in stable health. If, on the other hand, the allergic reaction is not serious, but the participant has developed a new condition that is affecting his/her health such that the decision, in consultation with the study clinician, is to postpone the MRI, please enter YES in Q15c and reschedule MRI. If the participant remains in stable condition and eligible for MRI with or without contrast as originally scheduled, the answer is NO. If the answer is NO, the participant may proceed to have his MRI as scheduled.