



## AMT – Eligibility-Participation Tracking QxQ

Version: 3/24/2022

### General Instructions

Use this Individual Eligibility form to confirm a participant is eligible to participate in the SOL Asthma from the Eligibility list provided to Bronx.

### Question by Question Instructions

#### ADMINISTRATIVE INFORMATION

**Q0a** Completion Date. For participants who are in the screening list, enter the date of screening with the format mm/dd/yyyy.

**Q0b** Staff ID. Please enter your staff ID when completing this form.

**Q0c** Language Administered. Please enter the language administered.

#### PARTICIPATION STATUS FOR INDIVIDUAL

**Q1a** Calculated age at screening. After entering the Completion Date in 0a, click the refresh button in this field. This will automatically calculate the participant's age from their Date of Birth and the date of the form completion date.

**Q1b** Self-identified Hispanic/Latino background group. This field will be filled with the participant's self-identified Hispanic/Latino background group from the DEM form. You will not be able to update this field. The field should show either 0=Dominican or 4 =Puerto Rican. If this field displays any other number, the participant is not eligible for this study.

**Q1c** Participant has prior history of asthma **or** is an eligible control for the SOL Asthma study. If 0=No is selected, select 2=Ineligible in Q2 and end the form. If 1=Yes, continue to the next field.

**Q2** Individual Participation Status. If values from 1-3 are selected, end the form. If 4 is selected, you can continue to the next field.

**Q3** Consent Status. If 0 is selected, end the form. If 1 is selected, consent is confirmed, and you can continue to the next field.

#### PARTICIPATION TRACKING

**Q4** Ancillary study questionnaires completed. Select 1 if Ancillary study questionnaires are completed, or 0 if not.

**Q5** Spirometry completed. Select 1 if Spirometry is completed, and 0 if not.

**Q6** Completion Date. Please enter the date that Spirometry is completed, using the format mm/dd/yyyy.

**Q7** Nasal Epithelial Sample collected. Select 1 if Nasal Epithelial Sample was collected, and 0 if not. If "No" is selected, a note log will be entered to document why the specimen is missing.



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**Q8** Collection Date. Please enter the date that Nasal Epithelial Sample is collected, using the format mm/dd/yyyy.