COPDGene

Visit 2 Screener

Responses are required to all questions.

Center select your institution
Subject ID 
Interviewer 
Date 03/11/2014 (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.*