

# Screener

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Interviewer's initials

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Date

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[event-label] Screener status

- Preliminary
- Final

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Final: What type of visit is the subject doing for [event-label]?

- Full On-site visit
- Virtual Questionnaire portion
- In-Person after questionnaires
- Home

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If Home visit, provide a brief explanation why a visit cannot be done on site.

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**All subjects:**

Have you used a new or increased dose of antibiotics for any lung disease or infection within the past month?  Yes  
 No

Have you been on a new or increased course of prednisone within the past month for any lung disease?  Yes  
 No

In the last 3 months, have you had chest or abdominal surgery?  Yes  
 No

In the last 3 months, have you had a detached retina or eye surgery?  Yes  
 No

In the last 3 months, have you had a heart attack?  Yes  
 No

In the past month, have you been hospitalized for any other heart problem?  Yes  
 No

Have you had lung transplant surgery?  Yes  
 No

Females only:

Have you had a hysterectomy?  Yes  
 No  
 Male - N/A

If No:  
When was your last menstrual period?  More than 12 months ago  
 Less than 12 months ago  
 Male - N/A

Are you currently pregnant or possibly pregnant?  Yes  
 No  
 Don't know  
 N/A

Please confirm that you have entered all the responses correctly. Are you ready to submit?  Yes  
 No

Eligible for study

(1=Eligible, 0=Not Eligible)

This subject is ELIGIBLE to participate.

This subject has temporary health concerns that preclude participation at this time. Please stop the visit and reschedule.

This subject has had lung transplant; do not order CT scan.