

Screen	OUT	IN	FOLLOW-UP	Reason:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STARTS **APPROVAL** EXPIRES

MAR 19 2015 TO MAR 18 2016

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

Telephone Eligibility Checklist

Study Title: Effects of acute aerobic exercise intensity on plasma sRAGE in lean healthy individuals
Principal Investigator: Jacob M. Haus, PhD

Team Member performing screening: _____ **Date:** _____

Subject Name: _____ **Date:** _____

Hello, my name is _____ and I am calling from the University of Illinois at Chicago in regards to your interest in an exercise study. Is this correct?

YES → Continue

NO → Thank you for your time

You are being contacted because you have responded to a study advertisement related to exercise intensity. If you are still interested then I will give you some additional information about the research study and I will also need to ask you a few questions. The questions are arranged so that if you are not eligible to participate you will be screened out as we go down the list of questions. This will save your time and avoid any inconvenience. All information collected and discussed during this conversation will be kept strictly confidential. It will take about 15 minutes to complete this initial screening. Is this ok to do now?

YES → Continue

NO → Is there a more convenient time I can call you back? When? _____

First, I need to verify your contact information. (Verify contact info against what we have.)

1. Mailing address (necessary for mailing study information and the informed consent for their review prior to study)

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **email:** _____

Do you have an alternate telephone number you'd like to be contacted at (such as a cell or (work/home) phone)?

Alternate contact number(s): _____

2. Where did you see this ad or where did you hear about the study (used for tracking recruitment dynamics)

Now we need go over your background/health information to see if you qualify for the study and then I will briefly explain the study to you. Again, all health and personal information will remain confidential.

3. Date of Birth _____ **Age** _____ **(must be 18-35 yrs)** **Male** **Female**

4. Height _____ inches _____ cm (multiply inches by 2.54)

5. Weight _____ lbs _____ kg (divide lbs by 2.2)

5a. BMI _____ (Calculate BMI (kg/m²) → must be greater than 18 kg/m² and less than 26 kg/m².)

Does subject meet BMI criteria?

YES → Continue to 6.

NO → I'm sorry you are not eligible to participate, would you mind if we held onto your name and contact information in the event you qualify for a future study? YES NO

6. Are you fluent in both verbal and written English?

YES → Continue to 7.

NO → I'm sorry you are not eligible to participate, would you mind if we held onto your name and contact information in the event you qualify for a future study? YES NO

7. Do you currently smoke, use smokeless tobacco or use any other tobacco products? YES NO

NO → Continue to 7a.

YES → I'm sorry you are not eligible to participate, tobacco use is part of the exclusion criteria for this particular study. Would you mind if we held onto your name in the event you qualify for a future study? YES NO

7a. Have you abstained from tobacco use for at least 1 year? YES NO

YES → Continue to 8.

NO → I'm sorry you are not eligible to participate, smoking in the past 1 year is part of the exclusion criteria for this particular study. Would you mind if we held onto your name in the event you qualify for a future study?

8. Do you have, or have you ever had any of the following conditions?

Type 1 Diabetes (insulin dependent)

Yes _____ No _____

Heart Disease/Failure

Yes _____ No _____

Stroke or Aneurism

Yes _____ No _____

Peripheral arterial disease (PAD)

Yes _____ No _____

Pacemaker

Yes _____ No _____

Liver Disease/Hepatitis/Cirrhosis

Yes _____ No _____

Lung or Respiratory Disease (except asthma)

Yes _____ No _____

Kidney Disease

Yes _____ No _____

Epilepsy

Yes _____ No _____

Bleeding or Clotting Disorders

Yes _____ No _____

Immune Disorder

Yes _____ No _____

Cancer or Malignancy (in the past 5 yrs)

Yes _____ No _____

If yes, what kind: _____

Mental illness

Yes _____ No _____

Severe Depression

Yes _____ No _____

High blood pressure (SBP ≥ 180 mmHg, DBP ≥ 110 mmHg)

Yes _____ No _____ Don't Know _____

High blood cholesterol > 260 mg/dl

Yes _____ No _____ Don't Know _____

High blood triglycerides > 400 mg/dl

Yes _____ No _____ Don't Know _____

NO → Continue to 9.

YES → I'm sorry you are not eligible to participate, _____ condition is part of the exclusion criteria for this particular study. Would you mind if we held onto your name in the event you qualify for a future study? YES NO

9. Females only: Are you pregnant?

YES

NO

NO → Continue 10

YES → I'm sorry you are not eligible to participate. Pregnancy is an exclusion criterion for this study. Would you mind if we held onto your name in the event you qualify for a future study? YES NO

10. Are you comfortable giving blood and muscle tissue samples?

YES

NO

11. Are you able to come to UIC for 4 study visits? This study visit may last up to 4 hrs?

YES NO MAYBE

Comments (e.g.) work, children, transportation, etc:

12. Additional comments on potential subject:

From the initial answers you have provided, you are a likely candidate to qualify for the current study but final eligibility will be determined by the Principal Investigator and the study physician. Would you like to continue and hear some additional information about participating in the study at this time?

YES → Continue to Study Overview

NO → Thank you for your time

Do you have any other questions?

Do not hesitate to contact me at (your phone and email) or 312-413-1913 with any additional questions or concerns. Thank you for your time.

NOTE: Give this screening form to Dr. Haus for review.