

Opioid for Dyspnea Post Opioid Experience Study (G. Rocker)	<b>ELIGIBILITY CHECKLIST</b>	Study/ Log ID Number: _ _ -- _ _
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**Please complete this form each time you assess a patient identified as potentially eligible/ suitable – (see Section C). For eligible patients who consent, assign a study number in sequence from the Eligible Patients Enrolled on Study log sheet. For ineligible patients or eligible patients who do not consent, assign a number in sequence from the Ineligible/ No Consent Patients log sheet (30 series). Ensure also that a family caregiver ID # (either eligible/ consenting – 50 series, or ineligible/ no consent – 80 series) is assigned on page 2 as applicable to all caregivers potentially able and available to participate who are assessed/ approached for consent to the study.**

**Section A – Inclusion Criteria** Patient’s Primary Diagnosis **must** be COPD:

<input type="checkbox"/>	<b>1. Age &gt; 55 and Chronic Obstructive Pulmonary Disease (COPD) – Severe or Moderate</b>	Eligible
Severe – <i>one or more of:</i> ➤ severe SOB resulting in the patient being too breathless to leave the house ..... ➤ breathlessness after dressing/ undressing (MRC 5)..... ➤ chronic respiratory failure (PaCO <sub>2</sub> > 45)..... ➤ clinical signs of right heart failure.....		(√) one or more: ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>
<i>OR</i>		
Moderate – ➤ SOB such that patient has to stop walking after 100 metres or a few minutes on ground level (MRC 3-4)..... AND -- <i>one or more of:</i> ➤ acute exacerbation of COPD requiring hospital admission within the last year ..... ➤ ICU admission..... ➤ forced expiratory volume in 1 sec ≤ 30% predicted..... ➤ BMI <21..... AND -- ➤ MRC 4 patients with baseline CRQ-D score >5		(√) ..... <input type="checkbox"/> AND one or more: ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> AND: ..... <input type="checkbox"/>
➤ Primary reason for opioid prescription is for the treatment of dyspnea? .....		(√) ..... <input type="checkbox"/>

**Section B – Exclusion Criteria** Circle Yes or No beside each of the criteria to determine if excluded. If eligible, continue completing checklist. If excluded, assign a 30-sequence ID number and skip to Section C if a family caregiver is available to approach.

		Eligible
➤ Acute exacerbation of COPD in the past month? .....	YES (excluded) or NO (eligible)	(√) <input type="checkbox"/>
➤ patient is not able to communicate in English or French.....	YES (excluded) or NO (eligible)	<input type="checkbox"/>
➤ LOC is impaired due to medications, coma, encephalopathy, etc.....	YES (excluded) or NO (eligible)	
➤ Patient has overlap syndrome (i.e. COPD and sleep disordered breathing).....	YES (excluded) or NO (eligible)	

**Section C – Suitability Assessment** Check (√) to confirm study suitability has been confirmed.

Patient has been <i>assessed and deemed suitable</i> by: (√) one ❖ attending physician ..... <input type="checkbox"/> ❖ bedside nurse..... <input type="checkbox"/> ❖ case manager..... <input type="checkbox"/> ❖ other (specify): ..... <input type="checkbox"/> and <u>confirmed by research coordinator</u> to be a suitable candidate for the study..... ..... <input type="checkbox"/> Cognitive abilities, physical stamina, psychological state indicate patient able to tolerate interview.	(√)  ..... <input type="checkbox"/>  ..... <input type="checkbox"/>	Eligible  (√)  ..... <input type="checkbox"/>  ..... <input type="checkbox"/>
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**Section D – Informed Consent** *If patient meets all above eligibility criteria*, request study consent.

Informed consent has been obtained --> Yes -- Date signed: _____ No ( <i>explain</i> ): _____  Please complete for eligible consenting patients: ➤ patient has identified a potentially eligible/ available family caregiver (eligible family caregivers and those individuals who are unpaid and are involved to the greatest degree in caring for the patient in his/her home for ≥ 5 hours/week ..... ) ( <i>If No, explain:</i> _____ )  Please complete for eligible consenting patients and also patients excluded/ not suitable: ➤ family caregiver has been <u>approached</u> re participation..... ( <i>If No, explain:</i> _____ )  ➤ family caregiver has agreed to study and signed consent form..... Date signed: _____  NB: All family caregivers <u>approached</u> re participation will have a study number assigned. Family caregiver Study/ Log ID Number: _____ -- _____  Eligible/ consenting caregiver: 50 series # No consent/ ineligible caregiver: 80 series #	(√)  ..... <input type="checkbox"/>	Eligible  (√)  ..... <input type="checkbox"/>
... Circle: Yes or No or N/A  ... Circle: Yes or No or N/A  ... Circle: Yes or No or N/A  Comments :		

**Section E – Identifying Information** Record below identifying information for eligible consenting patients.

Patient Initials: _____ -- _____ -- _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	Date of Birth: _____ -- _____ -- _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Year</span> <span>Month</span> <span>Day</span> </div>
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Name of Research Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (Year/ Month/ Day): \_\_\_\_\_