

Appendix 1: Eligibility checklist

Opioid for Dyspnea Pre/Post Opioid Clinical Trial (G. Rocker).....	ELIGIBILITY CHECKLIST	Study/ Log ID Number: _ _ -- _ _ _ _ Site # Sequence #
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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).

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

<input type="checkbox"/> 1. Age > 55 and Chronic Obstructive Pulmonary Disease (COPD) – Severe or Moderate		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 ₂ > 45)..... ➤ clinical signs of right heart failure.....	(√) one or more: <input type="checkbox"/> <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"/>	(√) <input type="checkbox"/>
➤ Primary reason for opioid prescription is for the treatment of dyspnea?	(√) <input type="checkbox"/>	(√) <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? ➤ patient is not able to communicate in English or French..... ➤ LOC is impaired due to medications, coma, encephalopathy, etc..... ➤ Patient has overlap syndrome (i.e. COPD and sleep disordered breathing).....	YES (excluded) or NO (eligible) YES (excluded) or NO (eligible) YES (excluded) or NO (eligible) YES (excluded) or NO (eligible)	(√) <input type="checkbox"/>

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

		Eligible
Patient has been <i>assessed and deemed suitable</i> by: ❖ attending physician ❖ bedside nurse..... ❖ case manager..... ❖ other (specify): and <u>confirmed by research coordinator</u> to be a suitable candidate for the study..... Cognitive abilities, physical stamina, psychological state indicate patient able to tolerate interview.	(√) one <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(√) <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>): _____ Comments: _____	(√) <input type="checkbox"/>	Eligible (√) <input type="checkbox"/>

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

Patient Initials: _____ -- _____ -- _____ First Middle Last	Date of Birth: _____ -- _____ -- _____ Year Month Day
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Name of Research Coordinator: _____

Signature: _____ Date (*Year/ Month/ Day*): _____