**[STUDY] – FEASIBILITY/SCREENING CHECKLIST**

(Record details of patients with SYMPTOM)

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDY POPULATION**

Statement of target population described in protocol.

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| **Item** | **Inclusion criteria** | **Item** | **Exclusion criteria** |
|  | Main criteria 1 | 7. | Main criteria 7 |
|  | Main criteria 2 | 8. | Main criteria 8 |
|  | Main criteria 3 | 9. | Main criteria 9 |
|  | Main criteria 4 | 10. | Main criteria 10 |
|  | Main criteria 5 | 11. | Main criteria 11 |
|  | Main criteria 6 | 12. | Main criteria 12 |
|  |  | 13. | Main criteria 13 |
|  |  | 14. | Main criteria 14 |

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| **Item** | | **Referring clinics** | | | |
|  | | Palliative care | | | |
|  | | Oncology | | | |
|  | | Respiratory | | | |
|  | | Cardiac | | | |
|  | | Respiratory rehabilitation | | | |
|  | | Community care | | | |
|  | | Other | | | |
|  | | **Referring clinic** | | **Date Screened** | **Patient Eligible? (Y/N)** | **Reason for Non-Eligibility \*** | | **Comments** |
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*\*Indicate the item number from the list on cover page, the item that means the person is not suitable for the study.*

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|  | **Referring clinic** | **Date Screened** | **Patient Eligible? (Y/N)** | **Reason for Non-Eligibility \*** | **Comments** |
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|  | **Referring clinic** | **Date Screened** | **Patient Eligible? (Y/N)** | **Reason for Non-Eligibility \*** | **Comments** |
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