

# EmPhAsIS: Empowering Pharmacists in Asthma management through Interactive SMS

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

Screening Assessment completed by: \_\_\_\_\_  
(Please Print name)

## Participant Screening Form

Inclusion Criteria	Yes	No
<i>(If 'No' to any of the following questions, then participant is not eligible)</i>		
1. Are you 14 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you filling a new prescription or an on-going prescription for a daily control inhaler (inhaled corticosteroids (ICS) ,either monotherapy or in combination inhaler with long-acting beta-agonists)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been diagnosed by a doctor as having asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you own a cellular phone with the ability to send and receive text messages?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently residing in BC and plan to reside for the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been registered with BC's medical services plan in the past 12 months, and planning to remain registered for the next 12 months	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently participating in another research study related to asthma?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you willing to participate in this study?	<input type="checkbox"/>	<input type="checkbox"/>

### Eligibility

Is this participant eligible for the study?

- ☐ Yes → Follow enrollment instruction  
→ After consent obtained assign study ID and stick label on participant's documents  
→ FAX to Researchers at 604-827-4014 (file form in binder)

<b>Study #</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	Site Number		Participant Number			

- ☐ if not eligible → inform patient that he/she is not eligible (file form in binder)