

Phase IIa Patient Studies

Data Base Recruiting Questions

- 1) What is the type of “_____” that you have ?
 - “asthma” - exercise, allergic, stress, occupational, bronchial, etc.
 - “diabetes” - Type I, Insulin requiring, Type II, non-insulin requiring
 - “arthritis” - rheumatoid, osteoarthritis, traumatic,
 - “

- 2) When were you first diagnosed with “_____” ?
 - get the year of, or age at, diagnosis

- 3) Who is your treating physician for “_____” ?
 - name and any details like address?
 - specialist or family doctor?

- 4) When were you last seen by your doctor for “_____” ?

- 5) Have you ever been hospitalized or treated in the ER for your condition?
 - what was the specific reason for the hospitalization or ER visit?
 - when were you hospitalized or when did you go to the ER?

- 6) What medicine(s) (tablets, inhalers, injections etc) do you take for “_____” ?
 - need to list all meds and the dosage of each

- 7) What is the frequency with which you take your medications for “_____” ?
 - qd, bid, tid, qid, q ___ hours, q ___ days, q ___ weeks etc

- 8) Do you take any other medications beyond those for “_____” ?

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