

Eligibility Screening Form B

Staff Completed

Version 3

PID: 0	Acrostic: 0	Visit:
Completed: d_form	Date Form	Administration Type: admin
Reviewed by: compby	Language: language	

Eligibility

1. Did participant successfully complete the behavioral tasks?

eltasks1

1 Yes
2 No

→ If No, Are they doing a second try? eltry2

1 Yes
2 No

→ If Yes, Date: eld_try2 (Month/Day/Year)
Did participant successfully complete the behavioral tasks? eltasks2

1 Yes
2 No

2. Did the behavioral assessment by the team, including the interventionist, indicate that the participant is likely to conform to the intervention protocol and can communicate with staff?

elconform

1 Yes
2 No

3. Are there any other medical conditions that might interfere with study participation?

elmcond

- 1 Yes
- 2 No

4. Does participant have any of the following?

1. Unstable angina pectoris

elang1

- 1 Yes
- 2 No

2. Angina at rest

elang2

- 1 Yes
- 2 No

3. Complex ventricular arrhythmia (a repetitive pattern of couplets, triplets, or greater)

elcva

- 1 Yes
- 2 No

4. Ventricular tachycardia (>5 consecutive beats)

elvtach

- 1 Yes
- 2 No

5. NYHA class III or IV congestive heart failure

elchf

- 1 Yes
- 2 No

6. Clinically significant aortic stenosis

elasten

- 1 Yes
- 2 No

7. Aortic aneurysm of ≥ 7 cm in diameter

elaneur

- 1 Yes
- 2 No

8. Aortic aneurysm repair

elaarep

- 1 Yes
- 2 No

9. Acquired valvular disease

elvaldis

- 1 Yes
- 2 No

10. Myocarditis

elmyocard

- 1 Yes
- 2 No

11. Pericarditis

elpercard

- 1 Yes
- 2 No

12. Cardiomyopathy

elcmyop

- 1 Yes
- 2 No

13. Sudden death

elsuddth

- 1 Yes
- 2 No

ECG Eligibility

5. Does ECG show evidence of left bundle branch block?

elec1

- 1 Yes
- 2 No

→ If Yes, Participant must be cleared for participation

by a cardiologist.

Was participant cleared? [elec1elig](#)

- 1 Yes
- 2 No

6. Does ECG show evidence of uncontrolled atrial fibrillation?

elec2

- 1 Yes
- 2 No

7. Does ECG show evidence of ventricular tachycardia?

elec3

- 1 Yes
- 2 No

Stress Test Eligibility

8. Did participant exhibit signs of angina or equivalent during stress test?

elang

- 1 Yes
- 2 No

9. Did participant exhibit significant ST segment depression at low levels of exercise?

elstseg

- 1 Yes
- 2 No

→ If Yes, Participant must be cleared for participation by cardiologist. → Eligible? [elstelig](#)

- 1 Yes
- 2 No

10. Did participant exhibit exercise induced ventricular arrhythmias during stress test?

elvarr

- 1 Yes
- 2 No

11. Did participant have any abnormal hemodynamics such as flat or decreasing systolic blood pressure with an increasing work load during the stress test?

elflsbp

- 1 Yes
- 2 No

12. Did participant have any abnormal responses to exercise, which, in the opinion of the exercise physiologist and/or physician, would make it unsafe for the individual to participate?

elabres

- 1 Yes
- 2 No

→If Yes, Explain: elres_sp

13. Was stress test valid?

elvalid

- 1 Yes
- 2 No

14 Does participant meet inclusion criteria?

elgxt

- 1 Yes
- 2 No

→If Yes,

eltestvalid

- 1 Valid and meets inclusion criteria
- 2 Valid with abnormalities, approved by cardiologist
- 3 Valid but cardiologist excludes for other reasons

→If No,
eltestinvalid

- 1 Not valid/not done
- 2 Abnormal meets exclusion criteria
- 2 Test meets inclusion criteria but excluded for other reasons

15. Eligibility status

elestat

- 1 eligible
- 2 Ineligible
- 3 Patient refused

Staff ID:

staffid

ELIGIBILITY SCREENING FORM B Staff Completed

Patient ID	<i>[affix ID label here]</i>	Date Form Completed	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Month Day Year</small>	Reviewed by	<input type="text"/> <input type="text"/>	Language	E
------------	------------------------------	---------------------	--	-------------	---	----------	---

Eligibility																																								
1.	<p>Did participant successfully complete the behavioral tasks?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No →</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="margin: 0;">Are they doing a second try?</p> <p><input type="checkbox"/> Yes → Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> →</p> <p><input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px; float: right; margin-top: 5px;"> <p style="margin: 0;">Did participant successfully complete the behavioral tasks?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> </div> </div>																																							
2.	<p>Did the behavioral assessment by the team, including the interventionist, indicate that the participant is likely to conform to the intervention protocol and can communicate with staff?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No → Excluded; STOP</p>																																							
3.	<p>Are there any other medical conditions that might interfere with study participation?</p> <p><input type="checkbox"/> Yes → Excluded; STOP</p> <p><input type="checkbox"/> No</p>																																							
4.	<p>Does participant have any of the following:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td>unstable angina pectoris</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>angina at rest</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>complex ventricular arrhythmia (a repetitive pattern of couplets, triplets, or greater)</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>ventricular tachycardia (>5 consecutive beats)</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>NYHA Class III or IV congestive heart failure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>clinically significant aortic stenosis</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>aortic aneurysm of ≥7 cm in diameter</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>aortic aneurysm repair</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>valvular disease that limits the ability or safety of exercise participation</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>myocarditis</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>pericarditis</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>hypertrophic cardiomyopathy</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>sudden death</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	unstable angina pectoris	<input type="checkbox"/> Yes	<input type="checkbox"/> No	angina at rest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	complex ventricular arrhythmia (a repetitive pattern of couplets, triplets, or greater)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ventricular tachycardia (>5 consecutive beats)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NYHA Class III or IV congestive heart failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	clinically significant aortic stenosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	aortic aneurysm of ≥7 cm in diameter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	aortic aneurysm repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	valvular disease that limits the ability or safety of exercise participation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	myocarditis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	pericarditis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	hypertrophic cardiomyopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	sudden death
<input type="checkbox"/> Yes	<input type="checkbox"/> No	unstable angina pectoris																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	angina at rest																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	complex ventricular arrhythmia (a repetitive pattern of couplets, triplets, or greater)																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	ventricular tachycardia (>5 consecutive beats)																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	NYHA Class III or IV congestive heart failure																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	clinically significant aortic stenosis																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	aortic aneurysm of ≥7 cm in diameter																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	aortic aneurysm repair																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	valvular disease that limits the ability or safety of exercise participation																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	myocarditis																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	pericarditis																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	hypertrophic cardiomyopathy																																						
<input type="checkbox"/> Yes	<input type="checkbox"/> No	sudden death																																						



ECG Eligibility

If participant is eligible, perform the resting ECG.

5. Does ECG show evidence of left bundle branch block?

1 Yes →

2 No

Participant must be cleared for participation by a cardiologist.	
Participant was cleared?	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No

6. Does ECG show evidence of uncontrolled atrial fibrillation?

1 Yes →

2 No

Excluded; STOP

7. Does ECG show evidence of ventricular tachycardia?

1 Yes →

2 No

Excluded; STOP

If participant meets all eligibility criteria, the Look AHEAD Stress test should be completed.

Complete Look AHEAD Graded Exercise Test Form.

Stress Test Eligibility

8. Did participant exhibit signs of angina or equivalent during stress test?

1 Yes

2 No

9. Did participant exhibit significant ST segment depression at low levels of exercise?

1 Yes →

2 No

Must be cleared for participation by Cardiologist/PCP → Eligible	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No

10. Did participant exhibit exercise induced ventricular arrhythmias during stress test?

1 Yes

2 No

11. Did participant have any abnormal hemodynamics such as flat or decreasing systolic blood pressure with an increasing work load during the stress test?

1 Yes

2 No

12. Did participant have any abnormal responses to exercise which, in the opinion of the exercise physiologist and/or physician, would make it unsafe for the individual to participate?

1 Yes → Explain

2 No

Explain

--

Stress Test Eligibility

13. Was stress test valid?

- Yes → ≥ 4 mets and max HR $\geq 85\%$ (no beta blocker) or max RPE ≥ 18 (beta blocker)
- No → Exclude

14. Does participant meet inclusion criteria?

- Yes → Stress test is valid and meets inclusion criteria.
 - Stress test is valid but with abnormalities. Participant has been evaluated and approved by the cardiologist/PCP.
 - Stress test meets criteria for inclusion but cardiologist excludes participant for other reasons.
- No → Stress test not valid/not done
 - Stress test abnormal meeting criteria for exclusion
 - Stress test meets criteria for inclusion but cardiologist/PCP excludes participant for other reasons.

15. Eligibility Status

- Eligible
- Ineligible
- Patient refused

Staff ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------	----------------------	----------------------	----------------------	----------------------	----------------------