

Research Questionnaire

If you are interested in participating in one of our clinical trials, please complete the form below and fax it to (817) 877-5337. You may also contact a research coordinator: Fort Worth (817) 223-0061, or North Arlington (817) 461-0201. Each clinical trial has specific requirements so not all individuals are eligible to participate.

**Required*

Today's date

*Date of Birth (MM/DD/YYYY):

*First Name:

*Last Name:

*Address:

*City:

*Zip:

*Phone:

*Email:

*Best method of contact: _____

*Which of our locations would be most convenient for you? Fort Worth Arlington

	YES	NO
*Have you participated in a research study before?		
Have you had or been diagnosed with any of the following?		
*Anxiety		
*Asthma		
*Bronchiectasis		
*Cancer		
*Chest pain		
*Chronic cough		
*COPD (chronic bronchitis or emphysema)		
*Depression		
*Diabetes		
*Heart attack		
*Hepatitis		
*HIV		
*Hypertension		
*Insomnia		

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	YES	NO
*Pulmonary fibrosis		
*Pulmonary hypertension		
*Seasonal allergies		
*Sleep apnea		
*Stroke		
*Tuberculosis		
Other diagnosis(es):		
Details:		
Environmental History:		
*Alcohol or drug abuse		
*Cigarette smoking		
*Chronic second-hand smoke exposure		
*Hazardous work material exposure		
Details:		
<i>Enter any notes you might have for our staff:</i>		