

Basic

Example of Screening Log for TBI studies

Country: _____ Center No: _____ Screening period: year: _____ month: _____

Page No: _____

INSTRUCTIONS: All patients with TBI, seen at the study facility and considered to potentially belong to the study populations, should be entered on the log.

Screening ID	Age 1=<18 2=18-20 3=21-30 4=31-40 5=41-50 6=51-60 7=61-70 8=≥71	Sex	Screening Date	Screening Status		If Eligible, Consent Obtained	Enrolled	If Not Enrolled, Primary Reason	Date Enrolled
				Eligibility	If Not Eligible, Primary Reason				
	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/20____ (mm/dd/yyyy)	<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inclusion # ____ <input type="checkbox"/> Exclusion # ____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Study ID: _____ <input type="checkbox"/> No	<input type="checkbox"/> Consent Withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	____/____/20____ (mm/dd/yyyy)
	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/20____ (mm/dd/yyyy)	<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inclusion # ____ <input type="checkbox"/> Exclusion # ____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Study ID: _____ <input type="checkbox"/> No	<input type="checkbox"/> Consent Withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	____/____/20____ (mm/dd/yyyy)
	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/20____ (mm/dd/yyyy)	<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inclusion # ____ <input type="checkbox"/> Exclusion # ____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Study ID: _____ <input type="checkbox"/> No	<input type="checkbox"/> Consent Withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	____/____/20____ (mm/dd/yyyy)
	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/20____ (mm/dd/yyyy)	<input type="checkbox"/> Eligible <input type="checkbox"/> Eligible but declined <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inclusion # ____ <input type="checkbox"/> Exclusion # ____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Study ID: _____ <input type="checkbox"/> No	<input type="checkbox"/> Consent Withdrawn <input type="checkbox"/> No longer eligible <input type="checkbox"/> Other: _____	____/____/20____ (mm/dd/yyyy)

