

Attachment 4: Pre-test Questionnaire

Form Approved:
OMB No. 0920-XXX
Exp. Date: _____

Should I participate in this study?

You should not participate in this study if:

You have a cold.

You have the flu (influenza).

You have tuberculosis.

You have any other type of respiratory infection.

You have any illness or medical condition that might make it difficult or uncomfortable for you to inhale deeply and cough forcefully into a sampling tube.

You feel it would be uncomfortable or inappropriate for any reason for you to participate in the study.

Please check one of the following:

_____ Based on the criteria above, I **should** participate in this study.

_____ Based on the criteria above, I **should not** participate in this study.

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