

Study reg. number _____

Eligibility Check - Answer questions below (yes/no). All requirements must be confirmed. All dates are to be M/D/Y.

Yes No

- ____ ____ Enrollment on an NCCTG-sponsored clinical trial which has been designated as a parent study to N0392.
- ____ ____ Ability to complete the questionnaire booklets. Can be done with the aid of an interpreter, family member or medical professional, if necessary.

All responses in above section must be "Yes."

- ____ ____ Cognitive impairment. If patient is able to complete the questionnaire, it will be assumed that cognitive impairment does not exist.

All responses in above section must be "No."

- ____ ____ Patient eligible.

Registration Check - Answer questions below (yes/no). All requirements must be confirmed. All dates are to be M/D/Y.

Yes No

- ____ ____ Successful registration to the parent protocol.
- ____ ____ **Is this an USA institution?** (This question may be answered yes or no.)
 - ____ Yes → Complete authorization question below.
 - ____ No → Check "not applicable (**Non-USA institution only**)" and go to next question.
- ____ ____ Authorization for use and disclosure of protected health information signed and dated.
- ____ ____ Date of authorization ____ - ____ - ____ vs. not applicable (**Non-USA institution only**) ____.
- ____ ____ The administration of all assessments will commence at an NCCTG accruing membership under the supervision of an NCCTG member physician, nurse or clinical research assistant.

All responses in above section must be "Yes."

- ____ ____ Randomization/registration allowed.

Descriptive Factors

ECOG PS

- ____ 0
- ____ 1
- ____ 2
- ____ 3
- ____ 4
- ____ Unknown

Gender

- ____ Male
- ____ Female

Age (years)

- ____ ≤65
- ____ >65

Tumor type: _____

Tumor stage

- ____ I
- ____ II
- ____ III
- ____ IV
- ____ Other

NCCTG protocol number of current treatment study:

Phase

- ____ II
- ____ III

NCCTG Eligibility Checklist N0392

09/18/2009
Page 3 of 3

Study reg. number _____

Assigned Treatment

_____ A) Assessments

Person registering _____ Random. specialist _____
Signature initials

Physician/nurse/clinical research assistant _____ M - D - Y
Signature