**NIMH Inclusion/Exclusion Checklist Template**

***Tool Summary*** *(Remove Tool Summary before finalizing and distributing the document)*

***Purpose:*** *This template may be used to record and track inclusion and exclusion of research participants.*

***Audience/User:*** *Principal Investigators and study team members who are delegated to assess and record eligibility.*

***How to Use This Template***

*This template contains two types of text: instruction/explanatory and example text.* ***Instruction/ explanatory text*** *are indicated by italics and should be deleted. Footnotes to instructional text should also be deleted. This text provides information on the content that should be included.* ***Example text*** *is included to further aid in document development and should either be modified or deleted. Example text is indicated in [regular font]. Within example text, a need for insertion of specific information is notated by <angle brackets>. Example text can be incorporated as written or tailored to a particular document. If it is not appropriate to the document, however, it too should be deleted.*

***Version control*** *is important to track document development, revisions, and amendments. It is also necessary to ensure that the correct version of this document is used by all staff conducting the study. With each revision, the version number and date located in the header of each page should be updated.*

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**Inclusion Criteria (All answers must be YES to enter)**

|  |  |  |  |
| --- | --- | --- | --- |
| Criteria | Assessment Instrument | YES | NO |
| 1. [Age 12 – 18] | [General Interview] |  |  |
| 1. [Medically stable (i.e.,…)] | [EMR, Treating Physician Notes, etc.] |  |  |
| 1. [Reliable Transportation] | [Phone Screen] |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| … |  |  |  |

**Exclusion Criteria (All answers must be NO to enter)**

|  |  |  |  |
| --- | --- | --- | --- |
| Criteria | Assessment Instrument | YES | NO |
| 1. [History of FBT] | [General Interview] |  |  |
| 2. [IBW <75] | [Vitals] |  |  |
| 3. [Substance Abuse] | [KSADS] |  |  |
| 4. [Prohibited Medication] | [Concomitant Medication Log] |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| … |  |  |  |

**Signature of Study Staff Confirming Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**