**Participant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information:**

* Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Attempts to contact:** | **Comments:** | **Signature & Date of PI/Designee:** |
| 1. **\_\_\_/\_\_\_/\_\_\_\_**
 |  |  |
| 1. **\_\_\_/\_\_\_/\_\_\_\_**
 |  |  |
| 1. **\_\_\_/\_\_\_/\_\_\_\_**
 |  |  |
| 1. **\_\_\_/\_\_\_/\_\_\_\_**
 | * **After 4 attempts to contact participant will no longer be contacted for possible participation in this study.**
 |  |

|  |
| --- |
| **Phone Screen/Script** |
| Phone Screen Consent Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_Phone Screen Consent Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_Person completing phone screen with participant (*only add people who are listed as “yes” to being involved in the consent process in myIRB*): [ ] [insert name] [ ] [insert name] [ ] [insert name] [ ] [insert name] [ ] [insert name] Date of phone screen conversation: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
|  |
| Did the participant agree to participate in the phone screen? [ ] Yes [ ] No |
| *\*Interview questions below must be approved by the IRB to be asked during the phone screen process and outlined in your IRB approved phone script\** |
|

|  |  |
| --- | --- |
| **If the participant states “yes” conduct the phone screen:** | **Document the participant’s response & add additional notes as necessary:** |
| 1. Was the participant over the age of 18?
 | [ ] Yes [ ] No |
| 1. What was their age in years?
 |  |
| 1. What is their date of birth?
 | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| 1. Are they male or female?
 | [ ]  Male [ ] Female |
| 1. How much do the weigh in lbs?
 |  |
| 1. Are they scheduled to have a procedure within the next 3 weeks?
 | [ ] Yes [ ] No |
| 1. Are they currently pregnant?
 | [ ] Yes [ ] No |
| 1. Are they claustrophobic?
 | [ ] Yes [ ] No |
| 1. Have they ever had a heart attack?
 | [ ] Yes [ ] No |
| 1. Do they have any current illness that may cause them not to be able to do this study?
 | [ ] Yes [ ] No [*If “yes”, thank them for their time and let them know that they do not qualify to participate in this study*] |

Other comments from the phone call:***~Thank them for taking time to go through phone screen consent and interview and proceed to the appointment checklist~*** |
|  |
| **Appointment checklist** [*check off and complete after discussing with participant*]:* Inform the participant to allow for \_\_\_\_\_ [*insert approximate time*] for your in-person screening visit.
* State that we will review the consent(s) form with our clinical staff, they will review their options and answer any questions they may have.
* Verify screening date & time will be: **M T W TH F** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ @ \_\_\_\_:\_\_\_\_ am/pm
* Verify directions
* Verify telephone contact and best time to call
 |
| *\*Person signing here should be the one who completed the phone screen with the participant\** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_PI/Designee Signature Date |