Passed Telephone Screen: Yes \_\_\_\_\_\_ No \_\_\_\_\_

Screening Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Template - Telephone Screening Script

Study Title

“Hi. This is from the National University of Natural Medicine. I understand that you may be interested in participating in our research involving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.”

**How did you hear about the study? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

“Do you have 15 minutes for me to tell you about the study and ask you some yes-or-no questions about your health?”

Yes No

**🡪** If no, “Would you like me to call back at another time?”

**🡪** If yes, “When would you like me to call back?” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🡪** If no, “Thank you for your time.”

**🡪** If yes, continue.

“The purpose of this study is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The study is free and voluntary. If you choose to be part of the study, you'll have to come to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ times a week for \_\_\_\_\_\_\_ weeks, depending on how you respond to the training. Can you participate for \_\_\_\_\_\_\_\_\_ (time frame)?”

Yes No

**🡪** If no, “Thank you for your time.”

**🡪** If yes, continue.

“Let me tell you a little bit about the requirements for participating. There are some medical conditions that would prevent you from participating in the study. May I ask some yes-or-no questions about your health?”

Yes No

**🡪** If no, “Thank you for your time.”

**🡪** If yes, continue.

|  |  |  |
| --- | --- | --- |
| Are you between 18 and 65 years of age? | **Yes** | **No** |
| If you qualify for the study, NUNM’s Business Office requires each participant that receives a check or gift card to submit a W9 Form (including SSN). Are you willing and able to do that? | **Yes** | **No** |
| I’m going to ask you 11 more questions. Do not tell me the answers to each individual question but at the end of my list of questions please tell me if you answered “yes” to any of the questions. | | |
| 1. Do you work nights? | | |
| 2. Have you been treated for a mental disorder within the past year? | | |
| 3. Do you drink more than 5 cups or glasses of caffeinated drinks per day? | | |
| 4. Do you plan on moving out of the Portland area in the next 3 months? | | |
| 5. Are you participating in any other sleep study? | | |
| 6. Are you pregnant or nursing or have you delivered in the past three months? | | |
| 7. Do you have a history of epilepsy or seizures? | | |
| 8. Do you have any serious medical illnesses? | | |
| 9. Have you had a serious head injury or stroke within the past year? | | |
| 10. Do you take any prescribed sleep medications or any anti-depressant or anti-anxiety drugs? | | |
| 11. Would you be **un**willing to stop using any over-the-counter sleep medications, herbal sleep remedies, or recreational drugs for 2 weeks prior to and for the duration of the study? ( a ‘no’ answer would allow inclusion, follow up during the interview would confirm willingness to suspend these.) | | |

“If your answer is yes to any of these 11 questions, tell me yes.”

**🡪** If participant meets all screening criteria, continue.

**🡪** If participant does not meet all screening criteria state:

“Unfortunately you can’t participate in the study. Thank you for your time and your interest in the study.”

# For eligible participants:

“You may be able to participate in the study. In order to fully qualify, you need to have a screening visit with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and fill out forms with some questions about your health.”

“If you decide to participate, you’ll have to attend a maximum of \_\_\_\_\_\_\_\_ treatments. This will be \_\_\_ visits per week for \_\_\_\_\_ weeks. *(Describe what visits schedule will look like.)* You’ll have to avoid making any big lifestyle changes during the study. Also, you can’t start any new treatment during the study. Do you want to schedule an appointment for an evaluation?”

Yes No

**🡪** If no, “Thank you for your time.”

**🡪** If yes, agree on time and date for appointment, then continue.

“Your first appointment will take about \_\_\_\_\_\_ hours. We will review and sign the consent form together and you will complete forms asking about your \_\_\_\_\_\_\_\_\_\_\_ and medical health.”

“Now, I need your contact information:”

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number

Work/Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“What is the best way to contact you?” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“Do you know where we are? I can email or mail you directions.” *(Provide verbal directions to the NUNM/Helfgott.)*

“Do you have any questions?”

“Thank you so much for your time and interest. I will send you a consent form with more detailed information for you to review before our meeting. We will see you at the Helfgott Research Institute on *date* at *time of appt*.”

“I will call you the day before to remind you of the appointment.”

“Please contact me if you have any questions. My name is and I can be reached at \_. Thank you.”

**[end call]**