RECRUITMENT TRACKING AND SCHEDULING for TELEPHONE FORM

ID NUMBER: ☐☐☐☐☐☐☐   FORM CODE: | R | T | S | T |

DATE: 4/26/2020
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

0b. Staff ID: ☐☐☐

Instructions: *This form is completed by the Recruiters to track and document the status of each attempt to recruit the ARIC participants for the Visit 8 Neurocognitive Telephone Assessment.* **It is to be completed for ALL participants who are eligible for the telephone cognitive assessment.** *Only one form per participant is allowed. This form is opened prior to contacting the participant about the telephone assessment.*

Section A. Completed by the Recruiter

1. Has contact been made with the participant or the proxy to schedule the telephone assessment?

   ☐Y Yes

   ☐N No → **Complete Section B with result of recruitment attempt**

2. Who was contacted to schedule the call?
   ☐P Participant
   ☐X Proxy
   ☐O Other   2a. Specify Name: _____

3. Does the participant have any special needs?

   ☐Y Yes   3a. Specify: _____

   ☐N No

Section B. Recruitment Attempts

Date of Recruitment Attempt	a. Result Code	b. Reason for Refusal	c. Interviewer Code
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

RESULT CODE	A	-	Contacted and scheduled
	B	-	Contacted and need to schedule
	C*	-	Contacted, refused to participate
	D	-	Reported alive, will continue to attempt contact
	E	-	Reported alive, contact not possible this year
	F	-	Cancelled
	G	-	Did not answer telephone
	H	-	Lost to follow-up
	I	-	Hard Refusal – contact not attempted
	J	-	Hard Refusal – no response to recruitment attempts
*REASON FOR REFUSAL	A	-	Too busy / too many tests and medical appointments already
	B	-	Exam too long / requires too much time
	C	-	Not interested / just doesn't want to
	D	-	Fearful of study procedures
	E	-	Family responsibilities / caring for relative
	F	-	Too ill / too old / disabled
	G	-	Hearing impaired
	H	-	Issues with phone connection/environment
	I	-	Other: _____

Section C. Telephone Appointment

14. Appointment date: ☐☐ / ☐☐ / ☐☐☐☐
                              Month   Day   Year

15. Appointment time: ☐☐ : ☐☐
                              Hours   Minutes