



RECRUITMENT TRACKING AND SCHEDULING FORM

ID NUMBER:

FORM CODE:

R	T	S
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DATE: 12/14/2017
Version 3.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instructions: This form is completed by the Annual Follow-up Interviewers in conjunction with the Recruiters (if separate staff) to track and document the status of each attempt to recruit the ARIC participants for the exam. **It is to be completed for ALL participants who are eligible for the visit.** Only one form per participant is allowed. This form is opened prior to contacting the participant about the visit.

Section A. Completed by the AFU Interviewer or Recruiter

1. Has contact been made with the participant or the proxy to invite them to the visit?

_Y Yes

_N No → **Complete Section C with result of recruitment attempt**

2. Who was contacted to recruit/schedule the visit?:

_P Participant

_X Proxy

_O Other

2a. Specify Name: _____

3. What type of exam is being scheduled? (select one)

_A Clinic Exam – Full

_B Clinic Exam – Abbreviated

_C Home

_D Long Term Care Facility [LTCF]

Section B. Completed by the Recruiter or AFU Interviewer

4. Is a proxy or informant necessary for the exam?

Use the 6-item screener (SIX) if proxy confirmation is required.

_Y Yes

_N No

5. Does the participant have any special needs to be considered when scheduling the exam?

_Y Yes

5a. Specify: _____

_N No

Section C. Recruitment Attempts

Date of Recruitment Attempt	a. Result Code	b. Reason for Refusal	c. Interviewer Code
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

If more space is needed to record contacts, go to item 19 on the next page.

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 - No-show
- 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 - Unable to travel
- G - Distance / living out of area
- H - Too ill/too old/disabled
- I - No proxy
- J - Other: _____

Section D. Appointment + Exam

16. Appointment date: / /

Month Day Year

17. What type of exam was completed? (select one)

- A Clinic Exam – Full
- B Clinic Exam – Abbreviated
- C Home
- D Long Term Care Facility [LTCF]

18. Was a proxy/informant present for the exam?

_Y Yes

_N No

18a. If yes, did the proxy/informant contribute to the data collected? _Y Yes _N No

Section E: Additional Recruitment Attempts

Date of Recruitment Attempt	a. Result Code	b. Reason for Refusal	c. Interviewer Code
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			