



RECRUITMENT TRACKING AND SCHEDULING FORM

ID
NUMBER:

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FORM CODE:

R	T	S
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DATE: 2/14/2023
Version 4.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
Month			Day			Year			

0b. Staff ID:

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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. If the participant requires an additional appointment for data collection, then complete the "Day 2 Appointment Information" and "Device Touch Day Information" section. 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

Note: if multiple attempts are made and recorded in site-specific tools other than RTS, record the result for the first call and for the final disposition (as applicable for initial and additional appointment).

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

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

Appointment Information

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

Day 2 Appointment Information

19. Is an additional appointment **needed** for data collection?

☐_Y Yes → **Go to item 20**

☐_N No →

20. Additional appointment date: //
Month Day Year

Device Touch Day Information

21. Is an additional appointment **needed** for device placement or device follow-up?

☐_Y Yes → **Go to item 22**

☐_N No → **End of Form**

22. Additional appointment date: //
Month Day Year