ARIC

RECRUITMENT TRACKING AND SCHEDULING FORM

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

DATE: 12/14/2017
Version 3.0

ADMINISTRATIVE INFORMATION

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

0b. Staff ID: ☐☐☐

> **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.			

I. General Instructions

The Recruitment Tracking and Scheduling Form is completed by the Annual Follow-Up (AFU) Interviewer in conjunction with the Recruiters (if separate staff) to track and document the status of each ARIC participant who is eligible for the visit. Eligible is defined as living participants. An RTS form is not completed for deceased participants.

The form is opened and initiated when the recruitment process begins for a cohort participant. Ultimately, it is to be completed for ALL ARIC cohort participants who are eligible for the visit exam. Only one record per eligible participant is expected for this form.

The purpose of the RTS is to allow field centers to track the scheduling status of eligible participants. It is not intended to identify those who need to be recruited. Participants who need to be recruited are identified using the 'Visit Recruitment Report' available in CDART. This form is intended to track the status of participants identified as eligible for the Visit, from the start of recruitment through the end of the visit (for those who come to the visit). This form will serves as the basis for the real-time CDART 'Visit Scheduling Report'. The Scheduling Report provides real-time information on scheduled participants (based on Section C and Question 16 – appointment date) but who have not yet completed the visit. Each recruited participant's last status will print in the report.

The recruitment and scheduling calls for the visit exam can be made as part of the AFU call or performed separately. This form is updated as different steps to the recruitment process occur. Each time contact is made for recruitment, that contact is recorded in Section C of the form. If all of the spaces are used in Section C, there is more space to record contacts in Section E. Only one occurrence of this form is allowed in CDART, so the expectation is that no more than 20 contacts will need to be recorded for a given participant.

II. Detailed Instructions for Each Item

0a.   Enter the date on which this form was last updated. Enter the date using either the calendar function or by keying the date with MM/DD/YYYY format. Leading zeroes are not necessary in CDART, but are acceptable.

0b.   The person who initially started the RTS form enters his/her code number in the boxes provided. The staff code of the person who makes a subsequent update to the form is recorded in Section C.

Section A. Completed by the AFU Interviewer or Recruiter. Please follow the scripts in Appendix 2 of the Recruitment MOP.

1.   "Has contact been made with the participant or the proxy to invite them to the visit?" The purpose of this question is to either:

- Record 'Yes' for all participants where phone contact is made (either with the participant, proxy or other contact person) regarding the Visit. Always record with whom you spoke in item 2, regardless of whether or not the participant is being scheduled for an appointment. For those who agree to come in to the visit, continue on to collect item 2, to indicate with whom you spoke, and then collect items 3 through

5 as appropriate. If the person is not ready to schedule yet, record item 2 and then items 3 through 5 can be left blank and record the appropriate status for that participant in Section C (most likely 'B – contacted and need to schedule'). For participants who are ready to schedule an appointment, collect items 2 through 5 and record the appropriate status in Section C (most likely 'A – contacted and scheduled'). For those contacts that are with the proxy or other person, indicate that accordingly in item 2, and proceed to answer items 3 through 5 (if they are ready to schedule; otherwise leave blank) and record the status in Section C. When speaking to a proxy or other person, options 'A', 'B', 'D' and 'E' are all possible responses. For participants or proxy or other who indicate 'not interested' in the study visit, record with whom you are speaking in item 2, and refer to Appendix 3 in Manual 2 for 'Converting Reluctant Subjects' before recording 'C – Contacted, refused to participate' for the Result Code in Section C as well as the Reason for Refusal in Section C.

- Record 'No' for each attempt to contact the participant or proxy. When contact is attempted, but the participant or proxy is not reached, record 'D=Reported Alive, will continue to attempt contact' in section C. NOTE: if after 10 attempts to contact the participant or proxy you have not been able to reach them, recruitment attempts can be considered complete and the final row of the table in section C should have the status of 'H – Lost to Follow-up'. The other instance in which to record 'No' is for those participants who are eligible but not contacted because they have indicated they do not want further contact. For these participants, record either 'I' or 'J' in section C.

If a participant is lost to follow-up or is a hard refusal (options H, I or J for the Result Code column), then the answer to #1 must be 'No'. If a participant and/or proxy is scheduled, is going to be scheduled or refuses, the answer to #1 must be 'Yes'.

2.   "Who was contacted to recruit/schedule the visit?" This question should be answered any time item #1 is 'Yes'. Options are ''Participant', 'Proxy' or 'Other'. If the answer is "Other", please specify the name of the contact. Either 'participant' or 'proxy' or the name of the 'other' contact will appear in the CDART Scheduling report.

3.   For those participants who are ready to schedule the visit, determine and record the correct type of exam that is being scheduled. A full complete clinic visit is strongly preferred. If the participant is unwilling or unable to participate in the complete exam, but is able to come to the exam site, offer the possibility of conducting an abbreviated exam. If this is not possible, suggest the option of having a shorter, home visit. Also, for the participant who is clearly unable to come to the clinic (for example, those in LTCF), the home or LTCF visit will be offered. If the participant requires a home/LTCF exam, scheduling the exam directly with the participant may not be possible. Instead, contact the participant's proxy and request authorization to conduct the exam.   If the participant/proxy/other is not yet ready to schedule the appointment, this can be left blank.

In the case of participants offered a Mini Exam due to infirmity or inability to schedule a more extensive exam, record as "Clinic Exam – Abbreviated". If this Mini Exam ends up being conducted at home or at a long term care facility, that is recorded post-visit in question 17.

Section B. Completed by the Recruiter or AFU Interviewer

4.   Record "Yes" if proxy is considered necessary for the exam by the recruiter (for example, the participant is not able to provide informed consent or accurate information) or if the participant is already established as needing a proxy by the AFU interviewer (for example, if the participant already required a proxy for AFU calls or a relative indicates that the participant is unable to collaborate). The CDART Recruitment Report has several indicators of cognitive function that can also help determine the appropriate response to this question. Those

indicators include:

- **Cognitive Status** – this is a derived variable determined at the last visit, for those who came to the visit. Has a value of either D=Dementia/M=MCI/N=Normal/U=Unknown

- **Dementia Diagnosis** – this is a derived variable that uses information collected at the prior visit, Follow-Up and Cohort Surveillance (ICD codes) for the followed cohort. Has a value of either 'Yes' or 'No'.

- **CIU cognitive impairment** – this is a 'Yes' or 'No' to the question on the Contact Information Update (CIU0d). The CIU, including this field, should be updated during each contact with the participant as needed.

- **Hearing loss**– this is a 'Yes' or 'No' to the question on the Contact Information Update (CIU0c). The CIU, including this field, should be updated during each contact with the participant as needed.

- **Last SIS result** – this is the most recent result from the SIS (either from CDART1 or CDART2). It uses the same scoring as the tracing sheet. Has a result of either 'Impaired/Not Impaired/Consult CIU/Missing'.

- **Last AD8 result** – this is the most recent result from the ADS (either from CDART1 or CDART2). It uses the value in ADS11. Has a result of either 'Impaired/Not Impaired'.

- **Last Follow-Up Status** – this is the most recent result from either the AFU or SAF. It will indicate if the interview was done with someone other than the participant.

Record "Yes" to RTS4 if the responses to these variables indicate that it is necessary to have a proxy/informant accompany the participant to the exam.

Record "No" if the participant has agreed to a clinic exam and the recruiter is reasonably certain that proxy is not necessary for the exam.

If it is difficult to ascertain from the data that is available in the Recruitment Report whether or not a proxy is recommended, then the Six Item Screener (SIX) is available in CDART to use as tool to make the determination. Please see the SIX QxQ for more information on administering and scoring this form. The CC recommends having a second CDART session tab open in your browser, with the Cohort ID pulled up, for ready access to the SIX. The 6-item screener should be introduced in a way that is not discourteous to the participant. The introductory script for the SIX is in the form, the SIX QxQ, and is on the CDART screen.

Use the result from the SIX to then answer RTS4 as either 'Yes' or 'No'.

If recruitment of an exam proxy is necessary, request contact information for the proxy, include it in Contact Information Update (CIU) form [items 22 – 26], ask the ARIC participant to communicate this information to his/her proxy, and perform proxy/informant recruitment a few days after the participant recruitment.

In cases where a proxy is not required, only suggested, track the participant's status--if the participant agrees to the visit and completes the visit, then the RTS should reflect that, independently of whether the proxy agreed or not.

5. Record "Y" if the participant has any special needs to be considered when scheduling the exam, and specify the special needs. Otherwise, record "N".

Section C. Recruitment Attempts

6-15. For each recruitment attempt, regardless of whether successful or not, use a separate line in the table to record the date on which the recruitment call is made in MM/DD/YYYY format, the result code, the reason for refusal (if the result code is 'C') and the code number of the staff who made the contact attempt. A maximum of 10 recruitment attempts are available in this section of the form. If space to record more attempts is needed, there are 10 more rows in Section E of the form. The acceptable result codes are listed in the form and on the screen (letters A through J). A response of "C" to result code prompts the recruiter to inquire as to the reason they refuse to come it to the visit. Option 'D – Reported alive, will continue to attempt to contact' is used for contact attempts in which the participant or his/her proxy could not be reached. The Recruitment Scripts and various templates that are available to use for recruitment are located in Appendix 3 of Manual 2. https://www2.cscc.unc.edu/aric/aric-ncs-manuals

Because field centers also need to be able to modify the template letters, word versions of the recruitment letters are also located on the website under Cohort - Documents –Visit:

If an appointment is scheduled, record the expected appointment date in item 16.

If a participant has previously indicated that they are "not interested" in a recruitment call, or indicate that they do not wish to be contacted again (ICT1=0), result code "I- Hard Refusal-Contact Not Attempted" should be used. This result code is reserved for participants who are not contacted by any means. If a participant that has indicated "not interested" (ICT1=0) is contacted in some way (mail or email, for example), but has not responded in an appropriate amount of time, the RTS should be updated to show status "J- Hard Refusal- No Response to Recruitment Attempts."

If an appointment is canceled and then rescheduled, record the initial appointment in the first row with the initial recruitment date (Row 6 for example), using code 'A= Contacted and Scheduled' for the result code. Then, record the date in which the appointment was cancelled using code 'F=Cancelled' in the next row (Row 7 for example). Finally, record the rescheduled appointment in the next row with the rescheduled recruitment date (Row 8 for example), again using 'A= Contacted and Scheduled' for the result code, and including the new appointment date in item 16. The process for recording 'no-shows' (missed appointments) is similar, but instead of using code 'F=Cancelled', the staff recording the missed appointment should use code 'G=No-show'.

If a recruiter determines independently or with a proxy that a participant may withdraw from the ARIC visit if recruitment is attempted, result code "E" may be used. Entering this response will disable Q6b-15b, so an explanation may be added as a notelog following the result code.

If more than 10 recruitment attempts for need to be recorded, 10 more rows are available in Section E (items 19-28).

Section D. Appointment and Exam

16. Once an appointment has been scheduled, record the appointment date in this item using the format MM/DD/YYYY. If the participant cancels or misses this appointment and a new appointment date is arranged, record the new date in this item. If a new appointment is not scheduled, delete the original date recorded in this item.

    Items 17, 18 and 18a are updated AFTER the exam has been completed. The Snapshot Report in CDART will display the information in these items, or will be blank if they have not been entered yet.

17.   An abbreviated exam can also be defined as the "core" exam. The components of an abbreviated exam are detailed in Manual 2 Table 4. For comparison, the contents of a full exam can be found in Table 5.1. While these tables do reference ancillary studies, such as Ziopatch and Diabetes, participation in an ancillary study does not impact the distinction between a 'Full' or 'Abbreviated' Visit. In other words, if a participant does all of the components according to Table 5.1, but does not participate in Ziopatch, this is still a full visit. If a participant completes the ACHIEVE exam prior to the visit this will be considered a full visit. Please reference the V7 Exam Checklist (ACHIEVE enrolled) for complete visit components. Please note that a home exam, LTCF exam, and an abbreviated visit share the same components.

18.   Record if a proxy or informant joined the participant for the exam.

    18a.   If yes to 18, record whether or not the proxy/informant contributed to data collection for the participant. Again, this information may be used at analysis time to indicate from whom certain data were collected.

Section E. Additional Recruitment Attempts

19-28. Using the same procedures as in Section C, use this section if space for additional recruitment attempts is required.