

## Attachment 60

### Recruitment Instructions, Scripts and Letters

**TOOLBOX SCREENER  
CPM-70993**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): ( ) \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Test Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**STUDY DATES:**

**SCHEDULE:**

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**Reminder call** Date: \_\_\_\_\_ By: \_\_\_\_\_

**TEST**  
Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

**SCREENER**

**[Recruiter: Select city you are calling from the following list:]**

**Hello this is \_\_\_\_\_ from Delve Market Research. We are looking for participants to take part in a research study related to health and medicine. If you qualify, you will be asked to come to our office to complete a series of tests. You will be compensated for your time.**

**[Recruiter: Determines if the respondent speaks English or Spanish. Use following question if necessary. If Recruiter knows respondent’s language, recruiter can select and continue without asking the question.]**

**A. We can conduct this interview in English or Spanish. Which language do you prefer?**

- |               |   |                     |
|---------------|---|---------------------|
| English.....  | 1 | CONTINUE IN ENGLISH |
| Spanish.....  | 2 | CONTINUE IN SPANISH |
| REFUSED ..... | 8 | THANK, TERMINATE    |

**To see if you qualify, there are a few questions I would like to ask you.**

**1. Are you over the age of 18?**

- 1 Yes – Continue
- 2 No – Ask to speak with an adult in home over 18 years old; if none, terminate

**2. Record Gender by observation.**

- 1 MALE
- 2 FEMALE

**Gender Quota 50% Male/50% Female**

**3. Are you Spanish, Hispanic, or Latino?**

- 0 NO
- 1 YES

**4. If you are asked to participate, we can test you in either English or Spanish. What language do you prefer?**

**[READ LIST]**

- 1 English – goes toward English quota
- 2 Spanish – goes toward Spanish quota

**5. What is your age? \_\_\_\_\_**

6. Are there any other people age 18 or older in your household?  
Yes – Please tell me the name, age, gender, and preferred language of each.  
No – SKIP TO Q7

NAME	AGE	GENDER	PREFERRED LANGUAGE

7. How many children under 18 live in your household? \_\_\_\_\_

- 1 One or more - CONTINUE to Q8
- 2 Zero – **SKIP TO Q9**

8. Please tell me the name, age, gender, and preferred language for each child in your household.

NAME	AGE	GENDER	PREFERRED LANGUAGE

**[\* CHILDREN UNDER 3 DO NOT QUALIFY.]**

9. What is your race? **[READ LIST; MULTIPLE RESPONSES ALLOWED]**

- 1 Black or African-American
- 2 White or Caucasian
- 3 American Indian or Alaska Native
- 4 Asian or Pacific Islander
- 5 Other (please specify: \_\_\_\_\_)
- 8 Refused
- 9 Don't Know

**[RECRUITER: RESPONDENTS MUST BE ENGLISH OR SPANISH SPEAKING ADULTS BETWEEN 18 AND 85 YEARS OLD. IF YOU ARE INVITING A CHILD, YOU MUST INVITE THEM THROUGH THE PARENT. YOU MUST NOT SPEAK TO THE CHILD TO SCHEDULE THE APPOINTMENT.]**

**Invitation (Adult 18 to 85 years old):**

We would like to invite you to take part in a very interesting research study. To participate, you would come to our facility located at **[insert agency address]**. The testing session would last for **2.5 to 3.5 hours**. All of the testing will be completed at this appointment time.

During that time, you will answer questions about your health, background, and feelings. We will also ask you to do several other activities, including testing your sense of touch, taste, vision, hearing and smell, along with memory and balance. Some of the activities will involve using a computer, a keyboard and/or a computer mouse. Not everyone will take all of the tests.

We will be sending you a questionnaire to be completed prior to coming to our facility on \_\_\_\_\_. Please bring your completed questionnaire with you to the facility on \_\_\_\_\_.

Please wear comfortable clothes and bring

- your walking or running shoes;
- glasses for distance and close-up vision if you use them in everyday life;
- hearing aid if you use it

We will ask that your cell phone be turned off during our testing to avoid interruptions.

**Invitation (Child ages 3 to 7):**

We would like to invite your child to take part in our research study. To participate, you and your child would come to our facility located at [insert agency address]. The testing session would last for 2 – 2.5 hours. All of the testing will be completed at this appointment time.

During that time, your child will answer questions, and we will also ask your child to do several other activities, including testing vision, hearing and other senses, along with memory and balance. Some of the activities will involve using a computer, a keyboard and/or a computer mouse. Not everyone will take all of the tests. You will be able to stay with your child at all times. We will also ask you to complete some questionnaires about your child's background, health and behavior during this appointment, using a computer.

We will be sending you a questionnaire to be completed prior to coming to our facility on \_\_\_\_\_. Please bring your completed questionnaire with you to the facility on \_\_\_\_\_. If you need glasses for reading, please be sure to bring those as well. We will ask that your cell phone be turned off during our testing to avoid interruptions.

Please make sure your child wears comfortable clothes and brings (or wears)

- walking or running shoes;
- glasses for distance and close-up vision if your child uses them in everyday life;
- hearing aid if your child uses it

**Invitation (Child ages 8 to 17):**

We would like to invite your child to take part in our research study. To participate, you and your child would come to our facility located at [insert agency address]. The testing session would last for 2.5 -3 hours. All of the testing will be completed at this appointment time.

During that time, your child will answer questions and we will also ask your child to do several other activities, including testing sense of touch, taste, vision, hearing and smell, along with memory and balance. Some of the activities will involve using a computer, a keyboard and/or a computer mouse. Not everyone will take all of the tests. You will be able to stay with your child at all times. We will also ask you to complete some questionnaires about your child's background, health and behavior during this appointment, using a computer.

We will be sending you a questionnaire to be completed prior to coming to our facility on \_\_\_\_\_. Please bring your completed questionnaire with you to the facility on \_\_\_\_\_. If you need glasses for

reading, please be sure to bring those as well. We will ask that your cell phone be turned off during our testing to avoid interruptions.

Please make sure your child wears comfortable clothes and brings (or wears)

- walking or running shoes;
- glasses for distance and close-up vision if your child uses them in everyday life;
- hearing aid if your child uses it

**Add information about Locations**

**Add information about Times available**

You would be paid [insert \$120/150 for adults (18+) depending on location; \$90/125 for children (all ages)] for your time.

Does this sound like something you would be interested in?

- Yes                                   ➔   **CONTINUE**
- No / Not available                   ➔   **THANK & TERMINATE**

Please arrive 15 minutes early to allow time to check in. We will be sending you a confirmation letter along with directions to our facility.

Since you will be participating in the study, it is very important that we have the correct spelling of your name and address:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

APPT. DATE: \_\_\_\_\_ APPT. TIME: \_\_\_\_\_

From time to time, unexpected events take place forcing us to change plans. If you find that you can no longer participate, please notify us immediately at the following number \_\_\_\_\_ [insert agency number].

Thank you again for agreeing to participate! We appreciate your help with this study.

## NIH Toolbox Reminder

Dear Participant,

Thank you/your child for agreeing to participate in the research study taking place on \_\_\_\_\_ at \_\_\_\_\_ am/pm.

The session will take 2.5 to 3.5 hours (age 18-85) / 2 to 2.5 hours (age 3-7) / 2.5 to 3 hours (age 8-12 & age 13-17) and you will receive \$120/150 for adults (18+) depending on location and \$90/\$125 for children via VISA Debit card, cash or check for your time and participation.

The research is located at our facility: DELVE

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*Supply map/directions*

*Please wear comfortable clothes & bring:*

*The completed questionnaire*

*Walking or running shoes*

*Glasses for distance and close up vision*

*Hearing aid*

*We ask that your cell phone be turned off during the testing to avoid interruptions*

Please check in 15 minutes prior to your session time to complete a consent form.

Only bring the child who is scheduled to complete the test; do not bring other children with you to the test session. Unfortunately, our facility is not equipped with childcare and children will not be allowed unless they are scheduled for an appointment.

If for any reason you are unable to attend please call \_\_\_\_\_ as soon as possible.

We have found that many people find this an interesting and enjoyable experience, and we thank you for agreeing to participate. If you have any questions, please call me at the above number.

Thank You,

## NIH TOOLBOX INFORMATION PACKET

### COVER LETTER – ADULT RESPONDENT

Dear {NAME}

Thank you for agreeing to participate in the NIH Toolbox project!

This packet includes:

- The date and time of your study appointment
- Facility Address/Phone/Directions/Map to the test site
- A short questionnaire for you to fill out before your appointment. Please bring it with you!
- A consent form that we will ask you to sign when you come to the testing site

What to expect during testing:

- It will take 2.5 to 3.5 hours to complete all the tests. You may take a break any time you need one. Restrooms are available at the testing site.
- We will ask you to sign a consent form before beginning the testing. A study representative will go through the consent form with you to make sure you understand it.
- Please wear comfortable clothing and running/walking shoes, as a few tests will require you to walk short distances in the offices of the testing site.
- If you normally wear glasses and/or hearing aids please bring them with you.
- All of your testing will be done in private spaces.
- The testing includes measures of sight, hearing, smell, taste, sensation (feeling in hands), fine motor coordination (e.g., picking up small objects), hand strength, speed of walking, memory, and general knowledge. It will also include some questions about your health, feelings and social support.
- The tests will consist of collecting information that will be compared with other people's results. The tests cannot be scored during testing, so the representative will not be able to give you any feedback.
- At the end of testing, you will receive \$120/150 (*depends on location*)

We look forward to seeing you at your appointment. Please call 1-xxx-xxx-xxxx toll free if you have any questions.

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## COVER LETTER – CHILD AGE 3-7

Dear Parent or Guardian of {NAME}

Thank you for agreeing to participate in the NIH Toolbox Project!

This packet includes:

- The date and time of your appointment for your child's study appointment
- Facility Address/Phone/Directions/Map to the test site
- A short questionnaire for you to fill out before your child's appointment. Please bring it with you to the appointment!
- A consent form that we will ask you to sign when you come to the testing site

What to expect during the appointment:

- It will take approximately 2 – 2.5 hours for your child to complete all the tests. Your child may take a break any time he or she needs one. Restrooms are available at the testing site.
- A parent or legal guardian will be asked to sign a consent form before beginning the testing. A study representative will go through the consent form with you to make sure you understand it.
- A parent or legal guardian will need to stay at the testing site through the tests. Some of the tests are questionnaires about the child that the parent or guardian will complete.
- Please have your child wear comfortable clothing and running/walking shoes, as a few tests will require him or her to walk short distances in the offices of the testing site.
- If your child normally wears glasses and/or hearing aids please bring them with you.
- All tests will be done in a private space.
- The testing includes measures of sight, hearing, smell, taste, sensation (feeling in hands), fine motor coordination (e.g., picking up small objects), hand strength, speed of walking, memory, and general knowledge. It will also include some questions about your child's health, feelings and social support.
- The tests will consist of collecting information that will be compared with other children's results. The tests cannot be scored during testing, so the study representative will not be able to give you any feedback.
- At the end of testing, your child will receive \$90/125. (*depends on location*)

We look forward to seeing you at your appointment. Please call 1-xxx-xxx-xxxx toll free if you have any questions.

## **COVER LETTER – CHILD AGE 8-12**

Dear Parent or Guardian of {NAME}

Thank you for agreeing to participate in the NIH Toolbox project!

This packet includes:

- The date and time of your appointment for your child's study appointment
- Facility Address/Phone/Directions/Map to the test site
- A short questionnaire for you to fill out before your child's appointment. Please bring it with you to the appointment!
- A consent form that we will ask you to sign when you come to the testing site and an assent form that your child will be asked to sign.

What to expect during testing:

- It will take 2.5 to 3 hours for your child to complete all the tests. Your child may take a break any time he or she needs one. Restrooms are available at the testing site.
- A parent or legal guardian will be asked to sign a consent form before beginning the testing. Your child will also be asked to sign an assent form. A study representative will go through the forms with you and your child to make sure you understand them.
- Please have your child wear comfortable clothing and running/walking shoes, as a few tests will require him or her to walk short distances in the offices of the testing site.
- If your child normally wears glasses and/or hearing aids please bring them with you.
- All tests will be done in a private space.
- The testing includes measures of sight, hearing, smell, taste, sensation (feeling in hands), fine motor coordination (e.g., picking up small objects), hand strength, and speed of walking. It will also include some questions about your child's health, feelings and social support.
- The tests will consist of collecting information that will be compared with other children's results. The tests cannot be scored during testing, so the study representative will not be able to give you any feedback.
- At the end of testing, your child will receive \$90/125 (*depends on location*)

We look forward to seeing you at your appointment. Please call 1-xxx-xxx-xxxx toll free if you have any questions.

## **COVER LETTER – CHILD AGE 13-17**

Dear Parent or Guardian of {NAME}

Thank you for agreeing to participate in the NIH Toolbox project!

This packet includes:

- The date and time of your appointment for your child's study appointment
- Facility Address/Phone/Directions/Map to the test site
- A short questionnaire for you to fill out before your child's appointment. Please bring it with you to the appointment!
- A consent form that we will ask you to sign when you come to the testing site

What to expect during testing:

- It will take 2.5 to 3 hours for your child to complete all the tests. Your child may take a break any time he or she needs one. Restrooms are available at the testing site.
- A parent or legal guardian will be asked to sign a permission form before beginning the testing. Your child will also be asked to sign a consent form. A study representative will go through the consent form with you and your child to make sure you understand it.
- Please have your child wear comfortable clothing and running/walking shoes, as a few tests will require him or her to walk short distance in the offices of the testing site.
- If your child normally wears glasses and/or hearing aids please bring them with you.
- All tests will be done in a private space.
- The testing includes measures of sight, hearing, smell, taste, sensation (feeling in hands), fine motor coordination (e.g. picking up small objects), hand strength, and speed of walking. It will also include some questions about your child's health, feelings and social support.
- The tests will consist of collecting information that will be compared with other children's results. The tests cannot be scored during testing, so the study representative will not be able to give you any feedback.
- At the end of testing, your child will receive \$90/125 (*depends on location*)

We look forward to seeing you at your appointment. Please call 1-xxx-xxx-xxxx toll free if you have any questions.

## **FAQS**

### **If my child is selected, do I need to come with my child?**

Yes. We need permission from a parent or legal guardian for all children under the age of 18 to participate. We also have questions about your child for you to answer.

If your child is 7 or younger, or older than that but not able to read well, we would like you to stay to help your child with some of the tests. There are also questionnaires for parents/guardians to answer about their child and their child's behaviors and feelings.

### **How come someone else in my household was selected and I wasn't?**

We are looking for people of different ages and genders to complete these tests. We selected participants randomly from all the people who shared those characteristics.

### **Why does it take so long?**

We are asking you to complete a number of short tests and the time to complete the study varies by the individual.

### **What kinds of tests are there?**

The tests include various activities, such as: computerized tests asking you to recognize patterns, tests that ask you to taste or smell various things, tests of your endurance and strength, questionnaires about your health history. For some tests you will wear electronic monitors or sensors.

### **Will you give me the results of the tests?**

We cannot give you the results of the tests. For many of these tests, your individual results are not meaningful indicators of your health; they will only have meaning when compared to all the other test participants once we have completed the study. If you have any health concerns, please discuss them with your doctor.

### **Will my name be recorded? What about privacy?**

We will ask you for your name and contact information in case we need to contact you again. However, your name and any information that personally identifies you will not be associated with any of the test results. We will keep names and addresses in a separate database, and only give the researchers the test results.

### **Can I skip a test if I don't want to do it?**

Yes, you may skip any test, or part of a test.