

Candidate Participant Screening Questions

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	Line	
A d m i	1	Subject Number (selection by principal investigator)
	2	Candidate Number
	3	Date Scheduled
	4	Call Log (Track the time and date of each call attempt made):
D e m o g r a p	5	NAME (first M.I. last)
	6	PHONE - DAY
	7	PHONE - Cell Phone
	8	GENDER (M / F)
	9	BIRTHDATE (mm/dd/yyyy)
	10	AGE (office note: must be at least 18 years old to participate) 18 yrs +
	11	HEIGHT (needed to pre-adjust in-vehicle equipment before participant arrival)
H e a l t h I n f o r m a t i o n	12	I will now ask you some questions about your medical history and present condition. You can refuse to answer any question. Please answer yes or no.
	13	Are you able to drive without the use of assistive devices?
	14	Do you have any health conditions that affect driving ability?
	15	Are you taking any medications that may impact your driving ability, such as by causing drowsiness?
	16	Have you ever had a concussion, brain injury, or other injury resulting in decreased motor control or cognitive ability?
	17	Do you currently have any medical condition that might affect your ability to concentrate while driving, such as Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety, or claustrophobia? (If yes, please explain.)
	18	Do you suffer from any heart conditions such as: Disturbance of heart rhythm? Had a heart attack in the last 6 months? Had a pacemaker implant within the last 6 months? (If yes, please describe)
	19	Do you have uncontrolled high blood pressure?
	20	Do you have diabetes for which insulin is required?
	21	Are you prone to any episodic health problems that may suddenly and unexpectedly affect you, such as seizures, epilepsy, or narcolepsy?
A v a i l t y i l	22	Availability
	23	What days of the week would you be available to participate in a 60-minute session?
	24	What time of day would you prefer to participate in testing (Morning or Afternoon, reference their recruitment letter responses)?
	25	How long would you like to be considered for this study? I.e., how long will your availability continue?
	26	OK, that's all of our questions. Thank you! We will call you if you have been selected for participation. We will provide additional information at that time.

	27	CALL BACK FOR SCHEDULING APPOINTMENT
	28	PI will determine which subjects are selected for participation.
	29	Office Use Below
	30	WHO CONTACTED THE SUBJECT? (personnel name)
	31	APPOINTMENT CONFIRMATION CALL BACK
C B a a l c l k	32	Hi this is _____ from _____. This is a call back to notify you that you have been selected to participate in our driving study discussed in earlier phone conversations with _____. I have several additional questions and then I will schedule a test session.
	33	Are you currently taking any over-the-counter cold or allergy medications?
	34	Are you taking any prescription drugs that may affect your driving (such as those that advise you not to work with heavy machinery or operate a vehicle)?
	35	SCHEDULING PARTICIPANTS
S c h e d u l i n g m a t i o n V i s i t	36	I would like to schedule an appointment with you at this time. The first available openings are: _____(calendar of events needed w/ date and time frame - try to utilize previous call input for choices, before calling). Do any of those dates and times work for you? (If yes, schedule. If no, then offer next available set of times...perhaps by week, until scheduled. If no good dates, find a time when best for them and say we will see what we can do and call back later.)
	37	(Appointment Confirmation) Ok. I have you scheduled for _____. Please arrive on time. There is no need to arrive early. Arriving early or late can potentially cause overlap with other scheduled appointments.
	38	*EMAIL ADDRESS* May we use your E-mail address to help with scheduling?
	39	Also, please be sure to bring your valid, U.S. driver's license to the appointment for identification purposes. Dress comfortably for driving and weather conditions and wear comfortable driving shoes. Do not bring another guest with you, unless prior arrangements have been made with us. Note that your personal cell phone must be turned off while you are participating in this study. Please refrain from drinking alcohol or taking non-prescription drugs for at least the 24 hours preceding the session. Do you understand these requirements? Record "Yes" or "No"
	40	Cameras, firearms, and alcoholic beverages are not permitted at TRC.
	41	Give directions to data collection site
	42	For the purposes of calculating mileage payment, where will you be coming from to attend the appointment (home / work address)?
	43	Do you have any questions at this time?
	44	If you have any questions before your scheduled date, please feel free to call me at _____ (give phone number / extension)
45	If you need to cancel or reschedule your appointment, please try to call at least 24 hours in advance. Otherwise, we look forward to seeing you on (date at time) _____,	