

Promotion of the National ALS Registry to Non-referral Centers: Checklist for Initial Call to Neurologists' Offices

Checklist of points to be covered during each initial call to neurologists and neurology practices (all information to be captured in a spreadsheet):

All practices:

- Identify self, where calling from and project
- Identify name and title of person who answered the phone
- Request to speak with an office manager or nurse
- Identify name(s) of neurologist(s) within practice
- Confirm Practice Name
- Determine if the neurologist(s)/practice currently diagnoses and/or cares for ALS patients (if yes = YES practice)

If speaker doesn't know if the neurologist(s)/practice diagnoses and/or cares for ALS patients:

- Determine if there is someone else that can answer the question
- Thank speaker for their time

<p>YES, practice currently diagnoses and/or cares for ALS patients</p>	<p>No, practice does not currently diagnose and/or care for ALS patients</p>
<ul style="list-style-type: none"> <input type="checkbox"/> How many ALS patients have been diagnosed and/or cared for by neurologists at the practice in the past 12 months? (Probes if necessary: small (less than 5 patients per year), medium (5-19), large (20-49), extra-large (50+) (this is to categorize into practice size) <input type="checkbox"/> Name and info of primary point of contact at practice to ask for during follow-up phone calls <input type="checkbox"/> Confirm practice contact information <input type="checkbox"/> Confirm neurologist most likely to diagnose/treat ALS patients at the practice <input type="checkbox"/> Inform the speaker that a packet of information will be sent to the identified neurologist <input type="checkbox"/> Thank speaker for their time 	<p>Would the neurologist(s) at this practice diagnose and/or care for an ALS patient if one presented at the practice? (if yes = No, But Would practice; if no = No practice)</p>
	<p>If, No But Would practice:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name and info of primary point of contact at practice to ask for during follow-up phone calls <input type="checkbox"/> Confirm practice contact information <input type="checkbox"/> Confirm neurologist most likely to diagnose/treat ALS patients at the practice <input type="checkbox"/> Inform the speaker that a packet of information will be sent to the identified neurologist <input type="checkbox"/> Thank speaker for their time
	<p>If No: Thank speaker for their time</p>