

Telephone script: Survey recipient calls us

- **Bolded** = script to be read
- *Italicized* = notes

University of Pennsylvania, this is <<give name>> .

1.1 If they called for information on the study

The study is a 5 consecutive night, in-home, unattended sleep study. The study will take place on a Monday through Friday night. Staff members will mail all necessary equipment to your house. An instruction manual and videos on how to use the equipment will be provided. After the 5 nights of the study are over, you will have to mail back the equipment using a provided return shipping label.

During the study, sounds inside your bedroom will be recorded at night. You will turn the recorder on before going to sleep and turn it off in the morning when you awaken. Also at night when you sleep, you will wear a device that measures your heart rate and body movement. The device is small, battery operated, and has two electrodes.

On each morning of the study, you will need to complete a brief questionnaire on your previous night's sleep. During the study you can go to sleep and wake up at your normal times. During the day and evening you can go about your normal activities. There is also a one-time questionnaire on your usual sleep patterns, whether you are a "morning or evening type", and how you feel you are affected by noise.

Compensation is \$30 for each night in which measurements are completed, plus \$2 for each morning survey completed, plus \$10 for completing the one-time questionnaire, for a total of \$170.

1.2 Are you interested in participating?

If no: **Thank you for your interest.**

If yes: **Did you complete and return the National Sleep Study survey that was sent to your house?**

If no: **You must return a completed survey in order to take part in the in home sleep study. Please call after you have completed the survey online or after you have completed the paper version of the survey and mailed it back to us.**

If yes: **May I please have your name and address to look up your survey and determine your eligibility for the in home study?**

(If female, ask if the individual is pregnant, if they say yes tell them they are ineligible for the study)

If they qualify:

Based on your responses you are eligible to take part in this sleep study. A copy of the consent form will be sent to you for you to review. It contains detailed information on the study procedures and how we will protect your privacy and confidentiality. If you have any questions please call or email us. After reviewing the document you need to sign and date the last page where indicated. Use the provided stamped and addressed envelope to return the consent form to us. After we receive your signed consent form, we will call and schedule you to take part in the study. Would you prefer us to mail the study equipment to an address other than your house that is more secure and convenient for you, such as your place of work, and if so what is that address?

If they do not qualify: **Unfortunately you do not meet the criteria for our study. Thank you for your interest.**