## Telephone script: We call survey respondent who indicated interest in the field study

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

*If the survey respondent indicated that they are interested in being contacted about taking part in the five night in-home sleep study:*

**Hello, this is \_\_\_<<***Provide name***>>\_\_\_\_\_\_\_\_\_\_\_\_\_\_calling from the University of Pennsylvania. You indicated on the National Sleep Study survey that you were interested in being contacted about taking part in our in home sleep study. Do you have a few minutes to hear more about 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, or to an alternative location that is more convenient and secure for you, such as to your place of work. 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.**

**Are you interested in taking part?**

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

*If yes:* **We have reviewed the responses to your survey and you meet all eligibility criteria.**
(*If female, ask if the individual is pregnant, if they say yes tell them they are ineligible for the 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 your participation in the study. Would you prefer us to mail the study equipment to an address other than your house, and if so what is that address?**