OMB Control Number: xxxx-xxxx Expiration Date: xx/xx/xxxx

Text to be entered based on specific participant information or track of participation (A vs B) is indicated in <> and italicized.

Participant Appointment Reminder Email

From: DSRI Recruitment
To: To: data

Subject: Appointment reminder for WDD appointment at DSRI

Date: <date email is sent>

Attachment: <informed consent document for relevant track>

Hi <participant preferred name>,

You have an upcoming appointment at the University of Iowa Driving Safety Research Institute, home of the National Advanced Driving Simulator, scheduled for *<date of appointment>* at *<time of appointment>*.

Before you come in, we'd like to make sure you

- haven't felt unwell or experienced any illness symptoms in the last 24 hours
 - O Symptoms can include, but are not limited to, fever (>99.9F), coughing, sneezing, muscle pain, sore throat, headache, chills, etc.

and

- haven't experienced any changes to your health since you completed the online eligibility questionnaire for this study (WDD)
 - O Possible changes include pregnancy, a new medical diagnosis or medication, a new mobility concern, a recent surgery, etc.

If you are feeling unwell or have experienced any health changes, or if you're unsure, please contact dsrirecruit@uiowa.edu and we can discuss via email (if comfortable) or set up a time to speak via phone. We may need to reschedule or cancel your appointment.

To confirm your appointment and view reminders and instructions for your visit, please follow this link: < link to reminders and instructions >.

If the link above does not work, try copying the link below into your web browser: https://redcap.icts.uiowa.edu/redcap/surveys/?s=SAMPLE_LINK>

This link is unique to you and should not be forwarded to others.

Thank you,

<signature block of study coordinator>

Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control number. The OMB Control Number for this information collection is XXXX-XXXX (expiration date: MM/DD/YYYY). Responding to this collection is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590

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Appointment Confirmation Page

Done via REDCap via link emailed to participant using email on previous page

Appointment Details for WDD Study at DSRI

Hi <participant preferred name>,

Your appointment at the University of Iowa Driving Safety Research Institute (DSRI), home of the National Advanced Driving Simulator, is confirmed for *<day of week of appointment><date of appointment>* at *<time of appointment>*.

Please read through the Informed Consent (attached to your reminder email) before your appointment. Please do not sign this copy. We will review this document with you, answer any questions you have, and sign this document at your visit.

Reminders and Instructions

- This visit is estimated to take xxx hours <Track A reminder will say 2, Track B reminder will say 9>
- Refrain from alcohol and recreational drug use for 24 hours before your appointment.

<Track A only>

• Be well-rested.

<Track B only>

- Be awake by 7:00 a.m.
- Refrain from sleep, including naps, once awake.
- Avoid caffeine and aerobic exercise after 1:00 p.m.

<end Track B only>

Parking and Arrival:

- o <Track B only> You are responsible for arranging your own transportation to and from your appointment. You will not be allowed to drive, bike, or walk yourself home after the visit. You can expect your visit to end around <i style="color: red;">visit end time, either 1:20 a.m. or 3:50 a.m.>. DSRI will compensate you \$70 to cover transportation expenses.
- o Try not to arrive more than 10 minutes prior to your appointment.
- o Park <for Track B, this will state "Have your ride park" > in one of the participant parking spaces (indicated by a sign) in front of the building.
- o A staff member will greet you in the lobby or at the front door if the lobby door is locked.
 - The front door may be locked before 8 a.m. and after 5 p.m.

Food and Hydration:

- o Feel free to bring a water bottle; we have a bottle refilling station that fits most standard sized containers.
- o <Track A only> You will not be able to eat during your appointment. You are welcome to bring a snack for after your appointment ends.
- O <Track B only> Finish your dinner or any snacks by the time you arrive for your appointment.
 - If this is not possible based on your schedule or a medical need, there is a waiting period 2 hours into your visit where you could eat or snack. Let the research team know if you need to eat during this window so we can review options with you. No caffeine will be permitted (e.g., no chocolate, no pop/soda, no energy bars or drink powders).

• Visit Procedures:

- o Bring layers or accessories for use during your study drive. You may be asked to add or remove layers (e.g., sweater, jacket, hat, scarf, shawl, sweatshirt, etc.) while driving.
- o Feel free to wear layers (the building can be cold).
- o Bring your driver's license with you to your appointment.
- o Bring reading glasses if you need them or are uncertain if you might need them.
- o Bring your banking information if you want to receive your payment via direct deposit.
 - Bank name, routing #, account #

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- o Turn off or silence your cell phone and/or smart watch while participating so it does not distract you during testing.
- o Wear flat comfortable shoes (e.g., tennis shoes).
- o No beverages or gum chewing allowed while in the simulator.
- o Refrain from wearing artificial scents (perfume or cologne) as some staff are allergic to scents.

<Track B only>

- O During your waiting period between drives, you can watch movies, work, play games, knit, read, etc. Feel free to bring something to do.
 - You will not be permitted to exercise or consume caffeine.
 - If you are engaging with screens (e.g., watching a movie), you will be asked to put your screen away and sit quietly or switch to a less stimulating activity roughly 30 minutes prior to your anticipated drive start time.

Directions to the Driving Safety Research Institute 2401 Oakdale Blvd. Coralville, IA 52241

- Take Interstate 80 to Exit 240 (Coralville at Coral Ridge Mall).
- Turn North on Highway 965 (Coral Ridge Ave).
- Continue on Highway 965 through the Holiday Road intersection (marked with a traffic light Walgreens and Culvers will be on the left and a gas station on the right).
- Make sure you are in the rightmost lane and continue straight on Highway 965 until you see Oakdale Blvd (marked with a traffic light and sign for the University of Iowa Research Park).
- Turn right onto Oakdale Blvd and drive approximately 1/2 mile.
- Cross over the railroad tracks and continue straight ahead to the third building on the left of the road, with the sign that (still) says National Advanced Driving Simulator.
- Park in a spot with a Participant Parking sign (near the front glass doors)

If you have any questions or are unable to make your appointment, please **Reply All** to your reminder email or call **<coordinator name and phone number>**.

We look forward to seeing you soon! Thank you again for your participation.