**Verbal Recruitment telephone script**

**Version Date: May 3, 2018**

This template is intended to provide a script for contacting potential participants *after* initial contact has been made (e.g., via introductory letter, online advertisement). It is important that potential participants are well informed about the study before coming to SickKids to consent and participate in the study. As a result, potential participants should be provided with information regarding the purpose and description of the research, the time involved, a summary of the risks and benefits, and reimbursement information. A telephone log should also be used to keep track of all potential participants contacted (see [templates](http://my.sickkids.ca/research/clinical-research-services/research-ethics/Pages/Forms-and-Templates.aspx) section of REB website).

For more information on the recruitment process, see the REB’s [website](http://my.sickkids.ca/research/clinical-research-services/research-ethics/Pages/Participant-Recruitment.aspx).

**How to use this template:**

This template includes sample language for recruiting potential participants via telephone. It is intended to serve as a **guide**. Depending on the nature of the study, you may need to provide different information and details than are stated in the template.

*GREY Highlighted text*: General instructions for the section

**BLUE text:** Guidance and example language. To be deleted/modified as relevant prior to REB submission.

**PURPLE text:** Headings and options.

**BLACK text:** SickKids approved template wording and/or examples that should not be altered without justification

Use of “you” or “your child” should be modified depending on who is being called (the potential participant or their surrogate decision maker).

**Verbal Recruitment Script**

Title of Research Project

**Introduction**

Could I please speak to [name of participant/SDM]?

**If respondent asks who the caller is:**

*If speaking to someone other than the potential participant or SDM, limited information about the study should be provided as information about the study could reveal personal health information.*

My name is [name of caller] and I am calling from SickKids about a research study.

**If potential participant/SDM maker is unavailable:**

*Do not leave a message regarding call back information as this may reveal personal health information.*

Is there a better time to call back? Date/time:

**If potential participant/SDM indicates they are not interested:**

Thank you for your time. Goodbye.

**If potential participant/SDM is available:**

Is now a good time to talk?

If no: Is there a better time to call back? Date/time:

I am calling from [department or relevant group] at SickKids. You are receiving this call because you are/your child is a candidate for a research study on [describe the main object of the study, e.g., a study on juvenile rheumatoid arthritis].

*Include the following as relevant:*

* You are being contacted because you had previously indicated [describe when (e.g., when you participated in study X)] that you were interested in being contacted about future research.
* You were sent an information letter about this study [state time frame (e.g., a month ago)].
* Your contact information was obtained from [describe where/from whom contact information was obtained].

Are you willing to hear more about the study?

[ ] Yes [ ] No

If no: Thank you for your time. Goodbye.

If the phone call is being recorded:

Please note that this phone call is being audio recorded for [explain why the phone call is being recorded].

You are a candidate for this research because [state main inclusion criteria/why the participant is being considered for the study].

The goal of the research study is to [state main study objectives, e.g., to understand patient perspectives on care].

This study is being conducted by researchers at SickKids [list other research institutions as applicable] and will include approximately [target number of participants] participants from [list sites].

**Research Activities:**

*All research activities must be described. What each activity entails, how long it will take, and the timing of the activities should be described. Descriptions may be brief and conversational in nature.*

Participation in the study involves:

Describe research activities, including what the participant will have to do, how many visits it will take, and how long each visit will be.

Do you have questions about the activities this study involves?

[ ] Yes [ ] No

**Potential risks, harms, discomforts:**

*All potential harms, risks and discomforts must be described. This includes potential emotional harm from sensitive survey/interview questions. Descriptions may be brief and conversational in nature.*

Describe risks.

Do you have questions about the potential risks of this study?

[ ] Yes [ ] No

OR

There are no known risks associated with this study.

**Potential benefits:**

You will not benefit directly from this study. OR You may benefit directly from this study [describe how participants may benefit directly].

The results from this study may [describe societal benefits of study, e.g., improve understanding of patient experiences].

Do you have questions about the potential benefits of this study?

[ ] Yes [ ] No

**Reimbursement**:

If no payment/reimbursement:

You will not be paid or reimbursed for being in this study.

If compensated:

As a token of our appreciation, you will be given $XX <if providing gift card, provide category of stores or specific store name> if you participate in this study.

If recognized:

If you participate in this study, you will be given a certificate of participation and/or # volunteer hours.

**Confidentiality Information**

The study team is committed to respecting your privacy. If you decide to participate in this study, we will describe confidentiality measures in detail.

Do you have questions about how your privacy will be protected?

[ ] Yes [ ] No

**Participation Information**

This study is voluntary. You can choose if you want to participate and you can change your mind at any time. Whether or not you participate in the study will not have any effect on the care you or your family receive at SickKids/on your employment/training at SickKids.

Do you have questions about the voluntary nature of participation in this study?

[ ] Yes [ ] No

**Questions**

Do you have questions about anything that we’ve talked about so far?

[ ] Yes [ ] No

If yes: Have all your questions been answered?

[ ] Yes [ ] No

**Arranging Study Visit**

Are you ready to decide if you want to participate or not? If you need time to think about the study or want to talk about it with someone else, we can arrange to talk at a different time. I can also send you a copy of the consent form if you wanted to read more about the study.

**If participant/parent wants additional time or wants to talk again, ask about best time to call back -** date/time:

**If participant wants a copy of the consent form before agreeing to be in the study, ask about how best to send it to them (email, mailing address).**

*Do not document contact information on this form.*

Are you interested in participating in this study?

[ ] Yes [ ] No

If no: Thank you for your time. Goodbye.

If yes: Great, let’s set up a time for you to come to study location.

*Arrange time and date of study visit and document.*