#### Newcastle 85+ Recruitment / Contact Protocol

| Attach I                         | PID label                  |
|----------------------------------|----------------------------|
| Date 1 <sup>st</sup> letter sent | Assigned research Nurse ID |

Please ensure you have reviewed participant file, as the contact person may not be the participant.

#### **Telephone contact**

Four attempts to telephone participants should be made. Calls should be made at different times or different days of the week. If no contact is made after three attempts, check details with G.P. If no contact after four attempts, move to Non Telephone Contact.

Please complete the following call record table for attempted telephone contacts.

| Date | Time (24hr) | Contact made? Circle yes / no                 | Signed |
|------|-------------|---|--------|
|      | :           | Yes / No                                      |        |
|      | :           | Yes / No                                      |        |
|      | :           | Yes / No (if no check details with GP)        |        |
|      | :           | Yes /No (if no move to non telephone contact) |        |

- Once individual contacted by telephone enter appointment details below; (day/date/time) ......
- If not in when attended for 1<sup>st</sup> appointment repeat the call record table process.

| Date | Time (24hr) | Contact made? Circle yes / no                 | Signed |
|------|-------------|---|--------|
|      | :           | Yes / No                                      |        |
|      | :           | Yes / No                                      |        |
|      | :           | Yes / No (if no check details with GP)        |        |
|      | :           | Yes /No (if no move to non telephone contact) |        |

- Once individual contacted by telephone enter appointment details below; (day/date/time) ......
- If not in when attended for 2<sup>nd</sup> appointment repeat the call record table process.

| Date | Time (24hr) | Contact made? Circle yes / no                 | Signed |
|------|-------------|---|--------|
|      | :           | Yes / No                                      |        |
|      | :           | Yes / No                                      |        |
|      | :           | Yes / No (if no check details with GP)        |        |
|      | :           | Yes /No (if no move to non telephone contact) |        |

- If not in when attended for 3<sup>rd</sup> appointment telephone and ascertain if still wishes to participate if no reply then discuss details with nurse manager and upon agreement record as a refusal.

  Mark X i

Mark X if non telephone recruitment and PTO

### **Non Telephone Contact**

Three attempts should be made to visit individuals within their own homes. Visits should be at different times or different days of the week. If no contact is made after attending the first two appointments, check details with G.P. and/ or neighbour. If contact cannot be made after third attempt discuss details with nurse manager and upon agreement record as 'non- contact' in the Outcomes section.

Please complete the following for attempted arranged appointments

| • Initial letter sent.  1st appointment details (day/date/ time)//: (signed)  |
|---|
| • Not in when attending 1 <sup>st</sup> appointment. Further letter sent/calling card left. 2 <sup>nd</sup> appointment details (day/date/ time)//(signed)  |
| <ul> <li>Not in when attending 2<sup>nd</sup> appointment. Check details with G.P. and/or neighbour. If details correct then send further letter with 3<sup>rd</sup> appointment. If details have been amended move to amended details section and complete a change of detail sheet and give to study secretary.</li> <li>3<sup>rd</sup> appointment details (day/date/ time)//(signed)</li> </ul> |
| <ul> <li>Not in after three arranged appointments discuss details with nurse manager<br/>and upon agreement record as 'non- contact' in the Outcomes section. Also<br/>document details on communications sheet and in database comments.</li> </ul>  |
| Amended Details Non Telephone Contact   |
| • Initial letter sent.  1st appointment details (day/date/ time)//: (signed)  |
| • Not in when attending 1 <sup>st</sup> appointment. Further letter sent/calling card left. 2 <sup>nd</sup> appointment details (day/date/ time)//(signed)  |
| • Not in when attending 2 <sup>nd</sup> appointment.  3 <sup>rd</sup> appointment details (day/date/ time)//:(signed)   |

Not in after three arranged appointments discuss details with nurse manager and upon agreement record as 'non- contact' in the Outcomes section. Also

document details on communications sheet and in database comments.

## Outcome

|        | complete in all cases indicating where possible who gave consent/refused all that apply i.e., volunteer, carer, relative). |
|--------|--|
|        | Not eligible as found to have DOB not 1921   |
|        | 'Non-contact' in accordance with not in upon third home visit. (non-telephone)   |
|        | 'Refusal' in accordance with not in upon third arranged home visit (telephone)   |
|        | 'Refusal' over telephone. (volunteer, carer, relative).  |
|        | If reason for refusal was offered please record below / (Or circle) none given.  Also document on database                 |
|        |  |
|        | 'Refusal' at appointment prior to explaining study. (volunteer, carer, relative).  |
|        | If reason for refusal was offered please record below. / (Or circle) none given.   |
|        | Also document on database  |
|        |  |
|        | 'Refusal' at appointment when study explained. (volunteer, carer, relative).   |
|        | If reason for withdraw was offered please record below. / (Or circle) none given. Also document on database                |
|        |  |
|        | Protocol abandoned (state reason);   |
|        |  |
|        |  |
|        | Consent obtained to participate in full assessment; (volunteer/ carer/relative).   |
|        | Consent obtained to participate in record review; (volunteer/carer/relative).  |
| Invest | igator Details   |
|        | Investigator name;   |
|        | Signed;  |

# **Documentation MUST maintain anonymity of participant and others**

| Date | Communications | Signed |
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