

RECRUITMENT TRACKING FORM

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FORM CODE: RTF
VERSION: 1.0 06/02/2022

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed following the phone call with an interested participant to discuss the SOURCE study. Please answer all of the questions.

1) How did the individual hear about SOURCE?

- Facebook₁
- Instagram₂
- Google₃
- Website (sourcestudy.net)₄
- Flyer₅
- Letter₆
- Health care provider₇
- Family₈
- Friend₉
- Coworker₁₀
- Other₁₁

1a) If Other, please specify: _____

2) Did the individual complete the screening questions and submit their contact information via the study website (sourcestudy.net)?

- No₀ → **Go to 2b**
- Yes₁

2a) If Yes, when was the individual's interest email/application received?

/ /

2a1) When was the individual contacted?

/ / → **Go to 3**

2b) If No, did the individual contact the center to express their interest in SOURCE?

- No₀ → **Go to 3**
- Yes₁

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2b1) When did the individual contact the center?

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3) Contact status:

- Contacted and scheduled₁ → **Go to 4**
- Contacted but ineligible₂ → **Go to 3b**
- Contacted but not interested₃ → **Go to 3c**
- Contacted, no response, left a voicemail(s)₄ → **Go to 4**
- Contacted, no response, unable to leave a voicemail₅ → **Go to 4**
- Contacted, no response, sent an email(s)₆ → **Go to 4**
- Phone number invalid₇ → **Go to 4**
- Email address invalid₈ → **Go to 4**
- Other₉

3a) If Other, please specify: _____ → **Go to 4**

3b) Why was the individual ineligible for SOURCE?

- Age not between 30 and 55₁ → **Go to 4**
- Smoking pack-years too low₂ → **Go to 4**
- Planning to or are pregnant₃ → **Go to 4**
- BMI too high₄ → **Go to 4**
- Severe asthma₅ → **Go to 4**
- Immunosuppressives₆ → **Go to 4**
- Antibiotic therapy₇ → **Go to 4**
- Heart or lung disease₈ → **Go to 4**
- Lung surgery₉ → **Go to 4**
- Significant illness₁₀ → **Go to 4**
- Metal implants in chest₁₁ → **Go to 4**
- Chemotherapy or radiation treatment₁₂ → **Go to 4**
- Enrolled in other clinical trial or study₁₃ → **Go to 4**
- Illegal drug use₁₄ → **Go to 4**
- Other₁₅

3b1) If Other, please specify: _____ → **Go to 4**

3c) Why was the individual not interested in SOURCE?

- Study time commitment₁ → **Go to 4**
- Incentive deemed too low₂ → **Go to 4**
- Clinic visit duration₃ → **Go to 4**
- Distance to clinical center₄ → **Go to 4**
- Refuse bronchodilator administration₅ → **Go to 4**
- Other₆

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3c1) If Other, please specify: _____

4) How many attempts were made to contact the individual?

- None₀
- 1₁
- 2₂
- 3₃
- More than 3₄

END OF FORM