**Phone Script:**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I work in the \_\_\_\_\_ Lab at Stony Brook University. You signed up with the Stony Brook University Department of Psychology Older Adult Participant Pool, and I received your contact information from them. We have a new experiment, and I was wondering if I could tell you about it to see if you would like to participate?

We are interested in **[INSERT RESEARCH QUESTION]** . As a part of this study, you would **[INSERT BRIEF PROCEDURES].** The experiment will last about **[TIME]** and we can provide you with an honorarium of **[PRICE]** per hour. We are also able to provide you with on-campus parking for use during the study visit.

IF LEAVING A MESSAGE: If you’re interested in learning more about this research study, please call us back at **[NUMBER**] and ask to speak with \_\_\_\_\_\_\_\_\_\_\_\_.

**BELOW ARE A SAMPLING OF SCREENING QUESTIONS THAT YOU MAY WISH USE FOR SCREENING PARTICIPANTS TO ASSESS APPROPRIATENESS FOR INCLUSION IN YOUR RESEARCH STUDY. SCREENING QUESTIONS SHOULD BE ASKED AS APPROPRAITE/RELEVANT TO STUDY; ADDITIONAL SCREENING QUESTIONS MAY BE REQUIRED BY YOUR STUDY PROCEDURES.**

SAY: “Do you have 10 – 15 minutes available to answer some screening questions?”

If NO: Is there a better time to reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES:

SAY “In order to determine whether you meet the specific requirements for participation, we need to ask you some questions about your health, including psychiatric health and medications. **None** of your responses to any of these questions will be recorded. Your responses will only be used to determine your eligibility for this study. We will only record whether you are a fit for the study or not. If any particular question makes you feel uncomfortable, please tell me. We may be able to skip it. You may choose not to answer any question if you still feel uncomfortable.”

* Are you fluent in English?
* Are you able to read instructions off a computer screen?
* Are you able to hear well enough to understand spoken instructions?
* I am going to read a list of diagnoses and at the end of the list I will ask if you have been treated for any of the following in the past two years. You do not need to tell me the specific diagnosis:
	+ Schizophrenia
	+ Depression
	+ Anxiety
	+ Bi-Polar disorder
	+ Attention Deficit Disorder, or ADHD
	+ Autism
	+ Phobias
	+ Sleep disorders
	+ Memory problems
* I am going to read a list of neurological disorders and at the end of the list I will ask if you have been diagnosed with any of the following at any point in your life. You do not need to tell me the specific diagnosis:
	+ Alzheimer’s disease
	+ Parkinson’s disease
	+ Dementia
	+ Fronto-temporal dementia
	+ Stroke
	+ Lewy Body Disease
	+ ALS (Lou Geherig’s disease)
	+ Cortico-basal degeneration
	+ Progressive Supranuclear Palsy
	+ Pick’s disease
	+ Brain tumors
	+ Epilepsy
	+ Multiple Sclerosis
* I am going to read a list of medicines. At the end of the list please just tell me “yes” if you are taking any of these medications, or “no” if you are not. Here is the list:
	+ Lithium (Brand names: Eskalith, Eskalith CR, Lithobid)
	+ Benzodiazapines – usually end in “pam” – a partial list: Alprazolam (Xanax, Xanor, Alprox, Restyl, Tafil, Paxal), Diazepam (Valium), Lorazepam (Ativan), Clonazepam (Klonopin)
* How old are you?
* Do you wear glasses for things like watching television?
	+ IF YES, do you have access to contact lenses?

**If participant screens out, after asking ALL screening questions, say:**

“Thank you very much for your time. Unfortunately, there are some conditions for participation in the study that prevent us from including you. This won’t have any effect on your registration with the Psychology Department’s Older Adult Participant Pool; I’m sure someone will be contacting you soon about other studies. Thank you very much for your time and interest in our research.”

**If participant is eligible and interested:**

* schedule session
* give directions to campus if necessary
* GIVE CONTACT INFORMATION, INCLUDING THE LAB PHONE NUMBER AND EMAIL