Information about [screening participants](https://www.uvm.edu/rpo/irb-policies-and-procedures#8p1p3)

**University of Vermont**

**SCREENING CONSENT SCRIPT**

[Insert title of the study.]

Thank you for calling [insert name of research group or investigator] regarding [insert name of research study]. I would like to ask you a few questions to determine whether you may be eligible for the research. Before I begin the screening, I would like to tell you a little bit about the research. [Briefly describe the research in 1-3 sentences.]

Would you like to continue with the screening? The screening will take about [estimated length of screening]. I will ask you about [provide examples of the question topics - e.g., age, eating habits, sexual behavior, drug use]. You do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time. Your participation in the screening is voluntary.

Your answers will be confidential. No one will know your answers except for the research team.

[Briefly describe for the subject what will be done with the screening information: e.g., if the subject does not qualify for the study: will the answers be destroyed, or kept without their name, etc? Alternately, if the subject qualifies for the research, decides to participate, and signs the research informed consent form, will the answers be kept with the research record?]

Would you like to continue with the screening?

[If no, add a sentence to thank the person and hang-up]

[If yes, continue with the screening - please include all screening questions in this script.

To maintain the highest degree of anonymity and protect potential subjects’ confidentiality and privacy, please combine groups of questions about sensitive topics (sexual behavior, prescription or illegal drug use, etc.) and request one response to the entire group at one time. (e.g., “Please do not answer the following 10 questions individually. When I am done asking them, you may say “yes” if one or more of the questions in the group apply, etc.). An answer of “yes” to a specified group of exclusionary questions may then disqualify potential subjects and determine their ineligibility without collection of sensitive information.]

Thank you for answering the screening questions.

 [Add a sentence to indicate whether the person is eligible, requires additional screening, or is not eligible and explain why.]

Do you have any questions about this screening process or research study? I am going to give you a couple of telephone numbers to call if you have any questions later. Do you have a pen? If you have questions, you may call [insert name].

If you have questions about your rights as a research subject or if you wish to voice any problems or concerns you may have about the study to someone other than the researchers, please call the UVM Research Protections Office of the Human Research Protection Program at (802) 656-5040.

Thank you again for your willingness to answer our questions.