Intake Info

Record ID

_____

The coin flip says you will do your Intake visit [rand_1]. (1 = IP and 2 = Remote)

Would you like to continue with your participation in the study?

◯ Yes
◯ No

Great! Before we move on to scheduling your visit, let me get additional contact information from you.

Save & Exit this form, and go complete the Contact Info form, now!

Have you completed the Post-Screen section of Contact Info?

☐ Yes

At the Intake visit, we will collect information about people's medications. If you take any prescription medications, please bring the following to the Intake visit: the medication packaging, a list of the medications, or pictures of your medication packaging (where the pictures include the name and dose of each medication).

[21+ ONLY] We will also collect information about what cigarettes you are using, which is why it is SUPER important that you bring a pack that you normally use otherwise we will need to reschedule your visit.

Also, you do not need to change your smoking pattern before your first visit.

Do you have any questions? [Answer any questions.]

At the Intake visit, we will collect information about people's medications. If you take any prescription medications, please have the following available for the Intake visit: the medication packaging, a list of the medications, or pictures of your medication packaging (where the pictures include the name and dose of each medication).

[21+ ONLY] We will also collect information about what cigarettes you are using, which is why it is SUPER important that you have a pack that you normally use available otherwise will we need to reschedule the Zoom session.

Also, you do not need to change your smoking pattern before your first session.

Do you have any questions? [Answer any questions.]

May I ask why you're not interested?

◯ no reason
◯ don't have time to participate / schedule the visit
◯ no longer interested in the study
◯ leaving area for extended period/permanently
◯ insufficient compensation
◯ transportation
◯ group assignment
◯ other _____

Now let's go ahead and schedule your Intake visit. Is there a particular day or time that would work best for you?

[If participant specifies days and/or times, work with them to schedule the Intake]
[If no preference, say...] Our next available Intake visit is [check Cal]. Would that work for you?
[If not, offer other options.]

Intake Appt Date:

_____

Intake Appt Time:

_____

Intake Appt Date & Time

_____

Our clinic is at the South Campus of the University at Buffalo - that's the one at Main St. and Bailey Ave.

Are you familiar with that area? We are located on the 3rd floor of Diefendorf Hall.

Our clinic is near the UPenn campus at 3535 Market Street.

Are you familiar with that area?

Since your visits will be on Zoom, it will be easier to complete surveys and perform other study procedures on a computer or tablet than a smartphone because of the size of the screen.

Do you have access to a computer or tablet for Zoom?

◯ Yes
◯ No

Have you used zoom before?

◯ Yes
◯ No

After we finish this call, I will send you an email confirming your visit date and time and providing you with instructions for downloading the zoom app on your device. Please do this before the day of our scheduled Intake appointment time.

We will email you a link to the zoom meeting on the morning of your Intake appointment. We suggest you test out the link about 10 minutes before the Intake. If you are having problems with the link, please call us at [phone_screen_arm_1][ps_studyphone].

After we finish this call, I will send you an email confirming your visit date and time.

We will email you a link to the zoom meeting on the morning of your Intake appointment. We suggest you test out the link about 10 minutes before the Intake. If you are having problems with the link, please call us at [phone_screen_arm_1][ps_studyphone].

After we finish this call, I will send you an email confirming your visit date and time and providing you with more detailed instructions, including a map and directions.

Will you be driving, using public transportation, or walking to the appointment?

◯ Driving
◯ Bus
◯ Walking
◯ Other _____

Are you a student, faculty, or staff at the University at Buffalo?

◯ Yes
◯ No

When you arrive and are parked in the designated spot, call us on our study line, which is [ps_studyphone]. A research assistant will come out to give you a parking pass and walk you in. You can also call that number if you have any questions later.

When you arrive at our building, call us on our study line, which is [ps_studyphone]. A research assistant will come out to greet you and walk you in. You can also call that number if you have any questions later.

When you arrive at our building, you will need to sign in with the security guard at the front desk and take the elevators up to the 4th floor. A research assistant will greet you in the lobby of Suite 4100. You can also call [ps_studyphone] if you have any difficulty finding our Center or if you have any questions later.

Do you have any additional questions or concerns about the screening or this research?

[After answering questions...]

Thanks again, [prefname]. We're really looking forward to meeting you in person on [ps_intake_appt_date] at [ps_intake_appt_time]. Do you remember what you are supposed to bring to your first visit? [Make sure they say a list or pictures of their prescribed medications, and (if 21+) a pack of cigarettes that they normally use.]

And do you have to change your smoking pattern in any way before your first visit? [make sure they say "NO"].

Be on the lookout for your welcome packet. Remember to give us a call at [ps_studyphone] if you have any questions or need to re-schedule your visit.

Thank you for your time! See you soon!
[End call]

Do you have any additional questions or concerns about the screening or this research?

[After answering questions...]

Thanks again, [prefname]. We're really looking forward to meeting you on Zoom on [ps_intake_appt_date] at [ps_intake_appt_time]. Do you remember what you are supposed to have on hand for your first session? [Make sure they say a list or pictures of their prescribed medications, and (if 21+) a pack of cigarettes that they normally use.]

And do you have to change your smoking pattern in any way before your first session? [make sure they say "NO"].

Be on the lookout for your welcome packet. Remember to give us a call at [ps_studyphone] if you have any questions or need to re-schedule your session.

Thank you for your time! See you soon!
[End call]