

**Specialist Parkinson's Integrated Rehabilitation Team Trial (SPIRITT)**

**Preliminary telephone conversation proforma**

*(researcher script in italics)*

Please complete as appropriate using checkmarks/ticks ✓ or circles.

Date:	__/__/20__			
Time:	__:__ AM PM			
Location:				
Name of researcher receiving call:				
<i>Thank you for your interest in our study</i>				
Please tell me how you heard about this study?				
Do you have Parkinson's or are you the carer of someone with Parkinson's?	Person with Parkinson's	Carer		Other:
		Live-in	Does not live-in	
<i>For this conversation, I will follow a set procedure. Would you like me to tell you some more about the study, and then you can ask me any questions you may have?</i>				
<input type="radio"/> <i>This study is being funded by the Department of Health. There are local Parkinson's specialists/doctors in the research team</i>				
<input type="radio"/> <i>The aim is to see whether people with Parkinson's would benefit from receiving specialist treatment in their own homes, so services can be planned for the future</i>				
<input type="radio"/> <i>If the person has a live-in carer, they will also be invited to take part</i>				
<input type="radio"/> <i>If you agree to take part, there will be four assessments over a period of nine months conducted by a researcher, who is a qualified nurse, in your own home, to see if the treatment is effective</i>				
<input type="radio"/> <i>The normal care of the person with Parkinson's will not be affected in any way, if they decide to take part in the study</i>				
Do you have any questions you would like to ask me? <i>(Supplementary information from Participant Information Sheets will be provided)</i>				
Are you interested in continuing?	<b>YES</b> <i>(Great, I need to ask some more questions to check whether you are eligible)</i>		<b>NO</b> <i>(Thank you for your time. Should you change your mind, please feel free to contact us again)</i>	
	If caller is person with Parkinson's		if yes, mention that they will be sent separate information about the study. <u>Go to next page</u>	
Do you have a live-in carer?				
		No	Yes	
If caller is carer	<b>Explain:</b>			
	1) <i>The study is recruiting people with Parkinson's first, and if they have a live-in carer, he or she will also be invited to take part. We cannot recruit carers without the person with Parkinson's</i>			
	2) <i>We need verbal consent of the person with Parkinson's to allow the carer to talk further about participation in and eligibility for the trial.</i>			
	Ask: <i>Would it be possible to speak to the person with Parkinson's?</i>			
<input type="checkbox"/> <i>if yes, confirm person with Parkinson's is willing for carer to speak on their behalf</i>				
<input type="checkbox"/> <i>if no, ask when it would be possible to speak to them and arrange to call back</i>				

Eligibility screening, information provided by:	Carer	Person with Parkinson's	Other: _____
Has the person with Parkinson's been told by a doctor he or she has Parkinson's?	Yes	No	
Is the person with Parkinson's over 18?	Yes	No	
Do you live in Surrey?	Yes	No	
Do you live in your own home? <i>(that is not in a care home)</i>	Yes	No	
Have you had an organised programme of rehabilitation in the last 6 months? <i>(involving coordinated care from physio/OT, including Flo Des/Milford/Haslemere, or taken part in a multidisciplinary rehabilitation research study)</i>	Yes	No	
Has the person with Parkinson's been diagnosed by a doctor of having dementia?	Yes	No	
<b><u>if not eligible:</u> I am sorry from the information you have given me the trial would not be appropriate for you. Thank caller for interest.</b>			
<b><u>if eligible:</u> I am pleased to tell you, from the information you have given me, you appear to be eligible to proceed to the next stage which will be a home evaluation.</b>			
Are you happy to continue?	<input type="checkbox"/> <b>No.</b> Ok, thank you. Should you change your mind please feel free to contact us again		
	<input type="checkbox"/> <b>Unsure/would like further information.</b> Could you please provide me with your contact details so I can send you the information sheet(s) and consent form(s)? Fix time to call back. Name: _____ Contact telephone: _____ Address: _____ E-mail: _____ Date and time of call back: _____		
Are you happy to continue?	<input type="checkbox"/> <b>Yes.</b> Excellent, the next stage is		
	1) I send you written information about the study, which explains further the things we have been talking about. I will also send a consent form that you will need to sign if you agree to take part. 2) There will be a separate information sheet and consent form for the the carer/person with Parkinson's (as appropriate). 3) We would like to make an appointment for our research nurse to visit you in about one week time. She will go through the information sheet with you and answer any questions you may have. If you are willing to take part, she will ask you to sign the consent form. She will then collect some information about you, and your health. This initial visit will take up to two hours. Please can I book a convenient time for the research nurse to come visit you. Appointment with research nurse: Date: _____ Time: _____ Name of person with Parkinson's: _____ Name of live-in carer: _____ Address: _____ Postcode _____ Telephone (home): _____ Mobile: _____ E-mail: _____		