## Title of research study: ***[insert title of research study here with protocol number, if applicable]***

## Investigator: ***[insert name of principal investigator]***

Thank you for your interest in this study. Before you come in to learn more about the study, it would be helpful to see if you are likely to qualify to be in the study. In order to do this, I would like to ask you some eligibility questions, which will include questions about ***[List general question categories, particularly any sensitive questions]***. It should take about ***[Time]*** minutes to go through these questions. Might there be a better time for you to answer these questions? Some of the questions may make you uncomfortable; you do not have to answer any question that you would not like to answer, but without answers to these questions, you will not be eligible to participate in the study. I will not record your name or any other information that would identify you on the form I use to record your answers until I know you have qualified for the study; at that time, I will keep this information secure. If you do not qualify for this study, I will immediately destroy any information I have collected. *[Alternate option: If you do not enroll in this study, I will keep the information I collect during this pre-screening but there will be no way for anyone to link that information to you.]* I am also required to give you the number of University of Colorado – Boulder IRB, the Ethics Board that oversees our research: it is (303) 735-3702, in case you have any questions or concerns for them.

Do you have any questions about the screening questions I will ask you?

Would you prefer to complete the pre-screening in person?

Do I have your permission to begin the questions?

*[If subjects are asked to fast before coming to the first study visit, add the following language.]*

You are being asked to fast before you come in for your first study visit because *[state the reason(s)]*. This means you cannot eat anything, or drink anything except for water for *[X]* hours before your appointment *[on date, if known]*. When you fast, you may feel lightheaded, dizzy, and/or weak. *[Investigator; Add any other instructions – e.g., diabetic individuals on medications, other medications, dietary supplements, etc.]*

We invite you to take part in a research study because \_\_\_\_\_\_\_\_\_\_\_\_\_. [Fill in the circumstance or condition that makes subjects eligible for the research.]

## What should I know about a research study?

1. Someone will explain this research study to you.