

## Battery Header

### What type of data are these?

- ☐ Fake
- ☐ Real

### Who are the RAs today? (check all)

- ☐ JohnsonHurwitz
- ☐ Keiser
- ☐ Nagler
- ☐ Schneck
- ☐ Other

### What is the participant's Sub ID?

## SOP start

### RISK Screening Session SOP

Location: P:\StudyData\RISK\Methods\SOPs\Session SOPs\RISK Screening Session SOP

#### STUDY TEAM

Principal Investigator	John Curtin	608-217-6221
Study Coordinator	Candace Johnson-Hurwitz	314-899-3276
Research Specialist/RA	Jill Nagler	608-220-2631
Research Specialist/RA	Kerry Keiser	608-333-6741
Lab Manager	Susan Schneck	608-293-2412
Assistant Director of PRTC	Chris Gioia	608-235-3659

### Prior to participant arrival (please arrive 30 min early):

Go to RISK Office (Room #187) to access the RISK file cabinet. You will need the following items:

A pre-prepared study folder containing the following documents:

1. 2 copies of study consent form

1. 2 copies of study consent form

2. Study Information Sheet

3. W-9

4. RISK mHealth payment form

5. Participant Payment Form (to be given to ineligible participants after they receive payment via check)

6. Take-Home Contact Log (3)

7. Take-Home Location Log (3)

8. Counseling Referral Sheet

9. Study Folder Face Sheet-Staple Face Sheet to the inside of the folder

10. RISK Phone Information Form

- Beddit (To show participant)
- 2 iPads
- Clip Board
- Drinks and Snacks
- Bus passes are in the RISK file cabinet to be given to participants as needed
- Check (Stored in the RISK file cabinet in Room #187) \* If you are not an authorized check signer, be sure to have one of the following individuals sign the participant's check:
  - Candace Johnson-Hurwitz
  - Kerry Keiser
  - Jill Nagler
  - Heather Williams
  - Megan Schultz
- Psychology Research and Training Clinic (PRTC) Key-You will need a key to access the clinic, and all clinic counseling rooms. Please note that you are never allowed to see participants in the clinic alone, you must be accompanied by another ARC staff member at all times.

### **Clinical Crises**

Clinical Crises SOPs are stored in the RISK file cabinet. If you are leading a session you have already been trained on each of the lab's clinical crises SOPs. Consult them as needed.

Please **NEVER** hesitate to contact a member of the study team, especially clinical support (Chris Gioia), for guidance on how to address a crisis situation.

### **Dates to Know-Date of participant's last reported drink**

This date was collected during the phone screen. This date should be in the scheduled screen notification email that was sent to you by the phone screener. You will need to reference this date during the screening session to confirm that it is still accurate. Be sure to document date of last alcoholic drink reported by the participant on the study folder face sheet during, or after the screening session. If you do not have the date, simply ask the participant the date of their last alcoholic drink.

**At Scheduled Session Time:**

Meet participants in the Psychology Research and Training Clinic, Rm#351 or the Participant Research Waiting Room #151. Greet participant, introduce yourself and take them to the assigned clinic room/lab room.

If the participant has not yet arrived, wait for 5 minutes.

- After 5 minutes, check for a voicemail from the participant.
- Mailbox: 8904796, Password: 12769
- After checking the voicemail, return to the waiting room to see if the participant has arrived.

If the participant has still not arrived, wait an additional 5 minutes.

- If after 15 minutes there's no call from the missing participant, check voicemail again. Additionally, check email if you have ever corresponded with the participant via email: Go to wiscmail.wisc.edu (Study Email: arl4\_psych@wisc.edu)

NetID: arl4\_psych

Pass: Curtin@rl

- If you still haven't heard from the participant call them to verify that they cannot make it and/or reschedule.
- Remember to update the enrollment database with the participant's no-show/canceled visit. If the appointment was rescheduled, enter in the new appointment time.

**Did the participant arrive? (if yes, note what time they arrived (e.g. 4:00 pm))**

☐ No

☐ Yes

**Referral Source and Script**

**Before I begin describing the study, can you please tell me how you heard about the study?**

☐ Television

- ☐ Facebook
- ☐ Word of Mouth
- ☐ Email
- ☐ AA
- ☐ Clinic (Be sure to insert name of clinic below)

- ☐ Other

### RISK STUDY DESCRIPTION FOR SCREEN

Please feel free to go ahead and make yourself comfortable while I tell you about the study. Because it is important that our participants hear about the study, in the same way, I am going to read a lot of information from this script. Please stop me at any time if you have questions.

This research study will examine how mobile technology can be used to provide individualized support to anyone recovering from alcoholism. Mobile health is the use of mobile and wireless technology to improve health outcomes and health care services. Maintaining a commitment to staying sober depends upon a combination of factors that provide appropriate support at appropriate times. Participants in this study will help develop a technology-based resource that will be unique to each person's situation and available around the clock to provide support. Our ultimate goal is to create a mobile technology-based resource that is widely accessible and highly effective at providing support for people recovering from alcoholism at critical moments when their risk of relapse is greatest. To do this, we first have to develop a method to monitor people's risk for relapse and to detect when it is changing for the worse so that we know when to provide more support. Your participation in this study is a big first step toward this goal.

**Pause here to make sure participant understands the broad study description. Restate above study description in your own words as needed. Make sure that they understand that this particular study does not offer treatment or any real-time intervention.**

Now that I have shared with you the goals of the study, I am going to provide you with an overview of what participation in the study will involve. The two primary goals of your visit today are 1) to make sure you understand what participation requires of you so that you can make an informed decision about whether you would like to enroll and 2) to determine if you are eligible to participate in additional study visits.

During our conversation, I will describe what will be expected of participants, what information we will collect and how you will be compensated for your time and effort. Following our conversation, you will be given a consent form which will explain the details of the study in writing. Again, please do not hesitate to ask questions along the way.

All the information you share with us while participating in this study will be kept confidential. To help us further protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, we cannot be forced to disclose information that may identify you, even by a court subpoena.

However, you should know that the Certificate of Confidentiality does not prevent us from disclosing information that would identify you as a participant in the research project if you share any

information that leads us to believe a child or other vulnerable person (senior over the age of 55 OR disabled person) is being abused or neglected, or if you report imminent intent to harm yourself or someone else.

Do you have any questions about the Certificate of Confidentiality?

*Participation in this study will last 3 months. During this time, we will ask you to attend five visits to our office, including this one.*

*The schedule of future visits is as follows:*

*The second visit will take place approximately one-two weeks from today.*

*The third visit will take place one month from your second visit date.*

*The fourth visit will take place two months from your second visit date.*

*The fifth and final visit will take place three months from your second visit date.*

*During each of these visits, you will share information with us about your recovery efforts, and complete a series of questionnaires on an iPad.*

*Today, you will be asked to report the date of your last alcoholic drink. This study is recruiting people who are newly recovering from alcoholism, so it is important for us to know the last time you had a drink prior to enrolling you in our study. We will simply reschedule your appointment if you have been without alcohol for less than one week.*

*The questionnaires today will cover your demographic information, alcohol use history, other substance use, and questions about your personality and emotions. These questionnaires will help us determine if you are eligible to participate in additional visits for this study.*

*If you are **ineligible** to continue participation in our study, we will be unable to tell you the specific reason why. However, we will, of course, pay you for the time you spend here today.*

*If you are eligible to complete the additional study visits, we will invite you to continue your participation in the study, and we will schedule your next study visit.*

*The questionnaires at visits 2, 3, 4 and 5 will ask about any recent alcohol use, your recovery efforts, your personal support network, your current life situation, and your emotions.*

*Before we begin your second visit, we will also ask you to report the last time you drank alcohol. Again, we will simply reschedule your appointment if you have been without alcohol for less than one week at the time of the second session.*

*Participation in the study does not require you to remain abstinent from alcohol throughout the 3 month study period. However, because we are trying to learn, in real-time, what circumstances may lead someone in recovery to return to drinking, we can't enroll participants who are actively drinking alcohol.*

*We provide all participants with a list of treatment providers in the Madison area. If you are currently enrolled in counseling, we will also encourage you to contact your treatment provider to determine if further treatment or support is needed. Please know that we would never discuss your situation with any of your counselors or medical doctor, but simply encourage you to do so when it seemed appropriate.*

*Do you have any questions so far?*

*In-between visits to our office, we will ask you to provide us with ongoing information that we will use to achieve the goals of our study. In this study we will be using a smartphone to collect data, therefore we require that all study participants be willing to use their own smartphone to participate in the study. All information will be collected using free commercially available apps, and self-report surveys that we will show you how to use at your second office visit. The apps in this study will be used to collect information about your feelings about your recovery efforts and your personal support network, including GPS information, and phone call and text information. We will provide you with detailed instructions on how to use the apps at your next office visit, so you don't need to worry about that now.*

*We will also provide comprehensive and on-going support for the use of all study related apps throughout the study. However, I want to briefly describe what we will be using so you better understand what is expected of you.*

*You will be asked to use your smartphone to complete four surveys each day. You will be asked to complete these surveys upon waking, upon going to bed, and at two other randomly selected times during the day. We ask that you try to complete the surveys as soon as possible after receiving notification. The surveys are brief and we anticipate each one will take less than a minute to complete.*

*Each day you will provide a 15-30 second response to one audio survey, answering the following question: How are you feeling about your recovery today? This response will be recorded and sent to us from your phone.*

*We will ask you to use a couple of apps in the study. One of the apps is called FollowMee. FollowMee is a popular, commercially available app for tracking GPS location. In this study, we will use it to track your location so that we are able to track the time you spend at locations that support your recovery, such as the homes of friends or family that are supportive, time at work, and medical or counseling services. We will discuss the FollowMee app more at the next office visit. We will also teach you how to disable location services for periods of time if you do not want your location tracked during a specific time.*

*To allow us to better understand your social support network you will complete an interview with us during your second study visit. During the interview, we will ask you to provide us with the addresses and phone numbers of family and friends whom you communicate with via phone call or text, and/or whom you visit at their homes monthly. We will then ask you to identify family and friends who are supportive of your recovery, as well as those who undermine your recovery efforts. We will never ask you to give us the names of your family and friends, we will simply ask for their relationship to you. For example; mother, brother, friend, etc.*

*To help us learn about your social support network, we will also collect your text message logs and content, and your phone call logs, at visits #3, #4, and #5. Any photos sent via text will not be collected by us. I want to be very clear that we will NOT contact any of the people from your phone. They will not know that you are participating in this study unless you tell them yourself.*

*The identification of supportive and unsupportive people in your life, coupled with the review of your phone and text message logs, will allow us to know when you are communicating with or spending time with people who are supportive or unsupportive of your recovery efforts.*

*We will also ask you to provide addresses of locations that you visit on a monthly basis, such as work, school, medical and counseling services, as well as locations that you have decided to avoid as you strive to maintain sobriety. For example; if you have a friend with whom you used to drink*



*and they continue to drink and encourages you to join them, you would share their phone number with us. You might also share the addresses of any bar or other location where you regularly went to drink, or obtained alcohol in the past.*

*Again, I want to emphasize that we will never contact any of the individuals whose phone numbers you share with us. All the information you share will be kept confidential. I also want to remind you that you can disable location services and/or delete voice and text message entries from your phone log if you do not want us to have access to this information for any period. You can turn these features off and on as often as you please. Each time you come to a follow-up study visit, we will review your location, phone log, and text message data to update any missed or new information about family, friends, and locations that have an impact on your recovery efforts.*

**Pause here to make sure participant understands the purpose of the interview and collection of text and phone log information. Restate the purpose in your own words as needed.**

*Now that you have been informed of all the technology you will be using during this study; do you have any questions or concerns about what information we are obtaining from the technology or the technology you will be using? Please note that more detailed information on how to set up and use the technology will be given at your next scheduled visit.*

*Now, I want to describe the payment for your participation in this study.*

*For utilizing your own smartphone and cell phone service to participate in the study, \$66 will be added to each monthly follow-up compensation. Additionally, you will get a \$99 bonus for completing the study. Thus, you can earn a total of \$297 for using your own cell phone if you complete the study.*

*You will receive \$20 per hour for all the time you spend in our office. We expect that you will spend somewhere between 8.5 and 11.5 hours in our office and receive between \$170 and \$230 dollars for this time. However, this is only an estimate and the amount of money you receive may be more or less depending on how much time you actually spend in our office across these visits.*

*You will complete a homework assignment between the first and second study visit to help facilitate the interview about the people and places in your life that have an impact on your recovery efforts. You will be compensated \$40 for completing this homework assignment prior to your second study visit.*

*You will also receive bonus payments based on how many of the daily surveys you complete and how often you use the study technology.*

*Here is a breakdown of what bonuses are available and how you can earn them.*

**Audio Survey Messages-** *You will be compensated at the rate of \$25 per month if you complete 90% of the daily audio survey messages. Please remember these audio messages are very brief, 15-30 seconds. A voice message is counted as complete as long as it is done by 11:59pm each day.*

**Daily Surveys-** *You will be compensated at the rate of \$25 per month if you complete 90% of the daily surveys. You will be asked to complete a total of 4 surveys per day. Please remember these surveys are very brief. A survey is counted as complete if it is done prior to the expiration of the survey.*

**GPS-** *You will be compensated at the rate of \$10 per month for keeping the location*

*services enabled for 90% of your waking hours.*

*So, to review, you will earn approximately, \$230 dollars for the office visits. You can earn up to an additional \$180 dollars for the study bonuses. You will earn \$40 for completing the homework assignment, \$198 additional dollars for using your cell phone service, and \$99 for completing the study.*

*You will be paid by check at various points during the study for the money you have earned. Specifically, you will receive the following compensation:*

*Visit #2-Payment for the first visit (Screen Visit today)*

*Visit #3-Payment for second visit (Intake Visit), cell phone usage, homework assignment, and office visit time*

*Visit #4-Payment for bonuses for month #1, cell phone usage, and office visit time*

*Visit #5-Payment for bonuses for month #2, month #3, cell phone usage, and office visit time up to \$240 – any payment we owe you beyond the \$240 will be mailed to you one week from your final study visit.*

*In total, you can earn approximately \$747 for your study participation (**\$755 if the participant receives bus passes**).*

*Do you have any questions about your compensation for participation in this study?*

*Again, your participation is completely voluntary and you may withdraw from the study at any time. If you withdraw, you will be paid for all the time spent in the office and bonuses you have received until that time.*

*I know I have shared a lot of information with you about the study and I want to let you know that each part of the study will be explained in more detail throughout your visit today and during future visits.*

*If you would like to participate, please carefully read and sign this consent form I am about to give you [distribute 2 copies of consent form]. One copy is for me and one is for you to keep. We encourage you to closely read the entire consent form and feel free to ask any questions if you have them.*

**Give the participant study information handout too. This is a condensed version of the consent form. Give participant 10 minutes to read and review the study consent form. Leave participant alone for those 10 minutes.**

## **Consent and W-9**

**Does participant consent and wish to continue the screening session?**

☐ No

☐ Yes

**Did participant sign the study consent form?**



- ☐ No
- ☐ Yes

**Why did the participant not sign the consent form?**

- ☐ Participant is no longer interested in the study
- ☐ Other

**Please explain why the participant did not sign the consent form.**

**Debrief if No Longer Interested**

1) If the participant is no longer interested in participating in the study, debrief the participant: *Thank you for taking the time to come to our lab today. Our lab appreciates your thoughtful consideration about enrolling in this study. Thanks for expressing interest and letting us know that this study is not a good fit for you.*

*Do you mind completing a feedback form before you leave today? It is your chance to let us know about your experience here today. Your answers will remain anonymous. This information will be sent to our center's manager as well as to the primary investigator of the study.*

**2) If participant decides to complete the feedback form:**

Set up the participant with the iPad and open the feedback form Qualtrics survey (Feedback Form Battery-RISK). Ask the participant to tell you when they are finished with the survey.

**3) Participant Completes Feedback Form/Does not Complete Form:**

Pay participant for the time in the lab (\$20/hr.) with a check (round up to the next closest half hour) from the green checkbook and read this script:

*As discussed today, you will be compensated at the rate of \$20 per hour for all the time you have spent in our lab. Please complete this "participant payment form."*

**Make sure to have participant complete and sign the participant payment form and W-9 form.**

**Have Participant Complete W-9**

*Since you'll be paid for your study participation we ask that you fill out a W-9 for our financial records. The sections that you need to fill-in are highlighted in yellow.*

**Did the participant complete the W-9 form?**

- ☐ No
- ☐ Yes

**Why was the W-9 form not completed?**

- ☐ RA forgot to ask participant to complete form.
- ☐ Other

**Please explain why the W-9 form was not completed.**

*Do you give us permission to leave messages regarding your study participation on your cell phone?*

**Did participant give permission for study staff to leave messages regarding their study participation on their cell phone?**

- ☐ No
- ☐ Yes

**Please explain why the participant did not give permission to leave messages regarding their study participation on their cell phone.**

## Debriefing

### **Debrief If No Longer Eligible:**

1. If the participant is no longer eligible for the study, debrief the participant. **Do not tell participants why they are ineligible. If they ask tell them that unfortunately we are not able to tell them that information.**

*Thank you for taking the time to come to our lab today. Unfortunately, you are not eligible to continue to the next phase of this research study. We truly appreciate you taking the time to come to our lab today. As discussed earlier, you will be compensated at the rate of \$20 per hour for all the time you have spent in our office today.*

*Do you mind completing a feedback form before you leave today? It is your chance to let us know about your experience here today. Your answers will remain anonymous. This information will be sent to our center's manager, as well as to the primary investigator of the study.*

#### **1) If participant decides to complete the feedback form:**

Set up the participant with the iPad and open the feedback form Qualtrics survey (Feedback Form Battery-RISK). Ask the participant to tell you when they are finished with the survey.

#### **2) Payment (regardless of whether they fill out the Feedback form):**

Pay participant for the time in the lab (\$20/hr.) with a check (round up to the next closest half hour) from the green checkbook and read this script:

*As discussed today, you will be compensated at the rate of \$20 per hour for all the time you have spent in our lab. Please complete this "participant payment form."*

**Make sure to have participant complete and sign the participant payment form and W-9 form.**

**Did participant complete feedback form?**

☐ No

☐ Yes

**Please explain below why feedback form was not completed.**

**Payment for today's session**

☐ Ineligible Participant-Paid Now (e.g., 20.00)

**Check below when you have updated the enrollment database with participants eligibility status.**

☐ Completed

**Please note any additional issues or concerns below.**

**Check below when you have completed the session notes.**

☐ Completed

**Sobriety Date Check****Sobriety Date Check-In**

*Before we continue I just need to do a quick check-in about the last time you had a drink of alcohol. When was the last date you drank alcohol?*

**Enter participant's sobriety date. The sobriety date should be the day after participant had their last drink. Show participant a calendar if needed.**

	Month	Day	Year
Please Select Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Participant must be sober for a minimum of 1 week when they enroll in the study. Participants who have not reached one week of sobriety will need to be rescheduled.

**How many weeks has the participant gone without alcohol?**

- ☐ Under 1 Week-Session must be rescheduled
- ☐ Between 1 and 8 Weeks-Continue with session
- ☐ Over 8 Weeks-Consult with Candace/Susan/John before continuing

**Has it been less than 7 days since their last drink?**

- ☐ No (more than 7 days since last drink)
- ☐ Yes - (less than 7 days since last drink)

**If No (more than 7 days since last drink) - Read:**

*Thanks for sharing with me the last date you drank alcohol.*

*Each time you come to a session, I will verify the date you last drank alcohol. Knowing when participants begin drinking again, even if it is only one drink, helps us accomplish our study goals. As you know one of the main goals of our study is to create a resource that people trying to recover from alcoholism can use. Knowing when people in our study have had a lapse will contribute to this resource because we will be able to see what circumstances may lead an individual in recovery to begin drinking again.*

*Do you have any questions about anything I just talked about?*

**If Yes (less than 7 days since last drink)-Read:**

*Thanks for sharing with me the last date you drank alcohol. As you know one of the main goals of our study is to create a resource that people trying to recover from alcoholism can use. Knowing when participants begin drinking again, even if it is only one drink, helps us accomplish our study goals. Knowing when people in our study have had a lapse will contribute to this resource because we will be able to see what circumstances lead an individual in recovery to begin drinking alcohol again.*

*Because we need to know, in real-time, what circumstances may lead to the use of alcohol, we can't enroll participants who have been without alcohol for less than one week. However, once you are enrolled in the study there will be absolutely no consequences to your study participation if you lapse and begin to drink alcohol again.*

*If you would like, we can reschedule this visit for a time when you think you will be at least one week without alcohol. If you decide to reschedule, please know that the first two visits are the only visits that require you to be without alcohol to continue in the study.*

**Make sure to update outcome of the session in the enrollment database if the participant decides to reschedule their appointment.**

- ☐ Participant can reschedule now
- ☐ Participant will call to reschedule

**Participant's rescheduled Screen appointment is... Insert Date (mm/dd/yyyy) and time (e.g., 1:00 pm):**

**Who did you consult with?**

- ☐ Candace
- ☐ John
- ☐ Susan
- ☐ Other

**After consultation re: participant over 8 weeks sober, it was determined that participant can...**

- ☐ Continue with Session
- ☐ Discontinue Session, Participant is no longer eligible

### **Resources**

*Please take this list of substance use and mental health resources. We give it to all participants as part of their study participation.*

### **RA wrap up**

**Payment for today's session**

- ☐ Ineligible Participant-Paid Now
- ☐ Eligible Participant-Pay at Intake
- ☐ Unsure about Eligibility Status-Pay at intake/Mail payment if ineligible
- ☐ Other:



Check below when you have updated the participant's mHealth payment form.

☐ Completed

What time did the participant depart from the lab? (e.g. 4:00 pm)

Did participant complete the screening session?

☐ No

☐ Yes

Why was the session incomplete?

### **Once the Participant is Finished (Important)**

1. Be sure to log off all computers logged into and clear the search history on the study iPads.
2. Clean up any trash that may have been left by the participant.
3. If the intake visit was scheduled, enter it into the RISK Google calendar, and Titanium if the next visit will be held in the clinic. **Update the participant's information in the Enrollment Database. Mark the screening visit as completed and enter in the scheduled intake visit. Additionally, record their race/ethnicity and sex in the enrollment database.** Schedule MET if applicable.
4. Document date of last alcoholic drink reported by the participant on the study folder face sheet.
5. Update the Participant Phone Use spreadsheet located in:  
**P://StudyData/RISK/Administration/Participants/Technology Tracking/Participant Phone Use**  
using the information from the RISK Phone Information Form completed during the Screen.

6. For Eligible Participants: Assign survey signal set-up to RA
7. For ineligible participants: Enter information from participant payment form into the RISK payment spreadsheet, found here: **P:/StudyData/RISK/Administration/Participants/Participant Payment/RISK Participant Payment Tracker**
8. Update participant's mHealth payment form and file it alphabetically in the mHealth payment folder in the RISK filing cabinet in Room #195A (first drawer).
9. For ineligible participants: file participant payment form in the main filing cabinet in Room #195 in folder labeled 'completed RISK participant payment forms.'
10. File W-9 in the main filing cabinet in room #195 in the file labeled 'completed RISK W-9 forms.'
11. File the participant's folder in numeric order in the RISK filing cabinet in Room #195A (second drawer).
12. Return iPads to charging station in room #187
13. Return checkbook to RISK file cabinet in room #187.

**Check below when you have completed the session notes.**

☐ Completed

### **Additional notes/Completion**

**Please note any additional issues or concerns below.**

## Phone, Feasibility and commitment to sobriety

### Check-In Re: Commitment to Sobriety

The purpose of this portion of the screening visit is to talk with the participant about their sobriety goals. Prior to their enrollment in the study, we want to make sure that the participant is committed to sobriety. Below are some suggested questions to begin this brief conversation.

#### Suggested Questions to Help with Assessment:

- What led to your decision to stop drinking?
- Why are you interested in joining this study?
- What are your goals as it relates to your sobriety?
- Are you committed to maintaining sobriety?

### Phone Inquiry Information

*Next, I am going to ask you to share some information with me about your cell phone service to help me determine if your phone can be utilized with our study technology.*

#### Things to consider when talking about phones:

- We require participants to have active cell phone service
- We require participants to use a smartphone in the study
- Participants must have a data plan
- If they do not have a smartphone they may be able to participate as long as they can get a SIM card from their provider AND they have a data plan
- 

**Record what kind of phone the participant has on the RISK Phone Information Form, located in P://StudyData/RISK/Methods/Study Forms/Forms/Phone InfoForm2017\_0927.**

### Feasibility Assessment

Engage the participant in a conversation about their ability to comply with the demands of the study. Ask them directly if there are any issues or concerns that they can think of that would impact their ability to carry out study tasks.

#### Possible questions to ask during the conversation:

- Are there any activities that you do on a regular basis that would prevent you doing any of the study activities?
- Will you be able to respond to the daily surveys?
- Do you foresee any difficulty with using the apps?

☐ No concerns - Continue with Session

☐ Consult with Candace/John/Susan

☐ Major Concerns - Discontinue Session

Who did you consult with?

☐ Candace

☐ John

☐ Susan

☐ Other

**Will participant continue with study today?**

☐ No

☐ Yes

## **ID Screen Battery**

### **Qualtrics Procedure: Individual Differences Questionnaires-ID Screen Battery RISK**

*Next, I am going to have you complete some questions about your demographics, alcohol use history, your personality, and emotions. Each set of questions will have instructions. Please let me know if you have any questions as you complete the questionnaires.*

### **Set-up all participants with an iPad and open the ID Screen Battery-RISK**

Show participant how to use the iPad by completing the first survey with them-the demographics questionnaire. Make sure that participant feels comfortable using the iPad before you leave them to complete the remainder of the surveys.

**Ask the participant to tell you when he/she is finished with the surveys.**

**Did participant complete the ID Screen Battery?**

☐ No

☐ Yes

**Please explain below if the ID screen battery was not completed.**

### **Suicidal Ideation**

If the participant endorses thoughts of ending their life or thoughts of death and dying on the SCL90, you must assess the suicide risk of the participant. You have already been trained in the SI/HI clinical crises SOP if you are completing screens, follow this SOP, or get help from clinical contact/study coordinator if needed.

Document outcome of assessment here:

*P://StudyData/RISK/Administration/Clinical Notes/-Select the Word document with your name*

**If the participant is suicidal, contact the clinical contact/study coordinator asap. Do not continue with the screen.**

### **Verify Eligibility**

Once the participant has completed the ID Screen RISK Battery you will know if they are eligible to continue participation in the study.

**Is participant eligible to continue study participation?**

- ☐ No
- ☐ Yes
- ☐ Consult with Study Staff to Determine Eligibility

### **If Eligible:**

Continue the screen. **At this point let the participant know that they are eligible to continue on in the study and ask them if they are interested in continuing their participation.**

### **Eligibility Issues**

**Is participant Eligible?**

- ☐ No
- ☐ Yes

**Check participant's ineligibility reason below.**

- ☐ Does not meet criteria for moderate-severe alcohol use disorder
- ☐ Participant has moderate-severe symptoms of psychosis
- ☐ Participant has moderate-severe symptoms of paranoia
- ☐ Other

**Who did you speak with to resolve your question regarding participant's eligibility?**

- ☐ Candace
- ☐ John
- ☐ Susan
- ☐ Other

**Continue with the session?**

- ☐ No - select if you do not think participant will be eligible after further discussion
- ☐ Yes - select if you think participant will be eligible after further discussion

**Feedback and Payment****Feedback Form**

*We are very interested in getting your feedback about your experience participating in this study. The last questionnaire that you will complete today is a feedback form. This questionnaire will help us learn the things that are working well in our study and the things that we need to look into further to improve.*

**Set-up participant with an iPad and open the individual difference questionnaires in Qualtrics survey labeled: Feedback Battery-RISK**

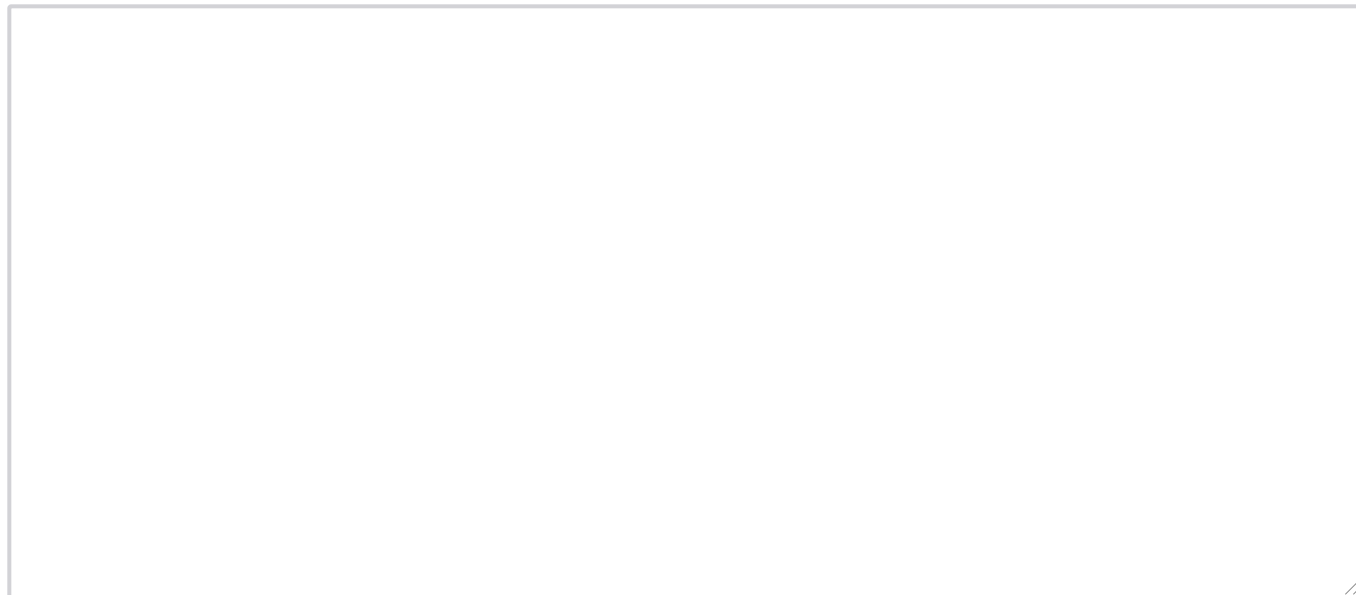
**Did participant complete feedback form?**

- ☐ No



☐ Yes

**Please explain below why feedback from was not completed.**



### **Payment for Today's Session**

#### **1. Complete mHealth payment form for today's visit.**

*You will receive payment for today's session at you next appointment. We will pay you by check. You will be compensated at the rate of \$20 per hour for all the time you have spent in our office.*

**Thank participant for their time and end the interview.**

### **Intake and Take home assignments**

#### **Interview Preparation-Take Home Assignments**

*Today I shared with you that you will take part in an interview during your second study visit. Before we end our visit today, I want to give you a few additional details about the interview.*

*As stated earlier, during the interview you will share with us information about people and places that have an impact on your recovery efforts. This information will allow us to better understand your recovery environment.*

*During this interview, you will be asked to share information about the places you go regularly, such as school or work. Additionally, you will reflect on the individuals in your life who you can count on to support you in your efforts to maintain sobriety, as well as those who are unsupportive of your goal of sobriety.*

*To help facilitate the interview process, I am going to ask you to complete two assignments prior to your next visit. You will be paid \$40 for completing these assignments. Both assignments are simple and shouldn't take up too much of your time.*

*The goal of the first assignment is to compile a list of places that you visit regularly. We define regularly as at least once a month. The goal of the second assignment is to compile a list of people with whom you communicate regularly.*

*In the first assignment, you will take note of all the places that you go in a typical month. I would like you to take note of these places by recording them on this form....**(show participant the form)**. We are only interested in locations that you visit in an average month.*

**Review form with participant-***On the form you will write the following:*

*Address of the location*

*Type of Location*

*If you have ever drunk alcohol there you will check this box **(point to box on the form)***

*If alcohol is available at the location you will check this box **(point to box on the form)***

*You do not need to worry about the shaded boxes.*

*Do you have any questions about the first assignment?*

*In the second assignment, you will take note of the people you typically communicate with via phone calls and text messages in a typical month. You will record this information on this form.... **(show participant the form)**.*

**Review form with participant-***On the form you will write the following:*

*Type (spouse/significant other, family, friend, co-worker/Business Contact, Counselor, Social Worker/Case Manager, Irrelevant/Spam or other);*

*Cell or Landline*

*Phone number.*

*The category of Irrelevant/Spam is only to be used for repeated calls or texts that come from automated numbers, such as appointment reminders, coupons, sales, prescription refills, etc.*

*As stated at the top of the form, only record information of people with whom you communicate via text or phone call. Please do not write the name of the person on the form. We do not need this information.*

*To make it as easy as possible to complete the forms related to phone and text communication, we suggest that you review your phone and text logs each night and then record relevant calls on the contact forms.*

*While filling out the forms, please keep in mind that we are trying to better understand the places you go regularly, and the people you speak with regularly. We want to get an idea of where you go, and who you speak to weekly. So, if you find yourself having an unusual month (e.g. you are ill, on vacation, etc..) and you do not visit your typical places or contact typical people, please still fill out the forms with the places you typically go in an average month, and the people you typically communicate in an average month.*

*If you find yourself going to a place that you rarely go (such as the DMV), or communicating with someone who you rarely speak with and don't anticipate speaking with again during the study, there is no need to record this information.*

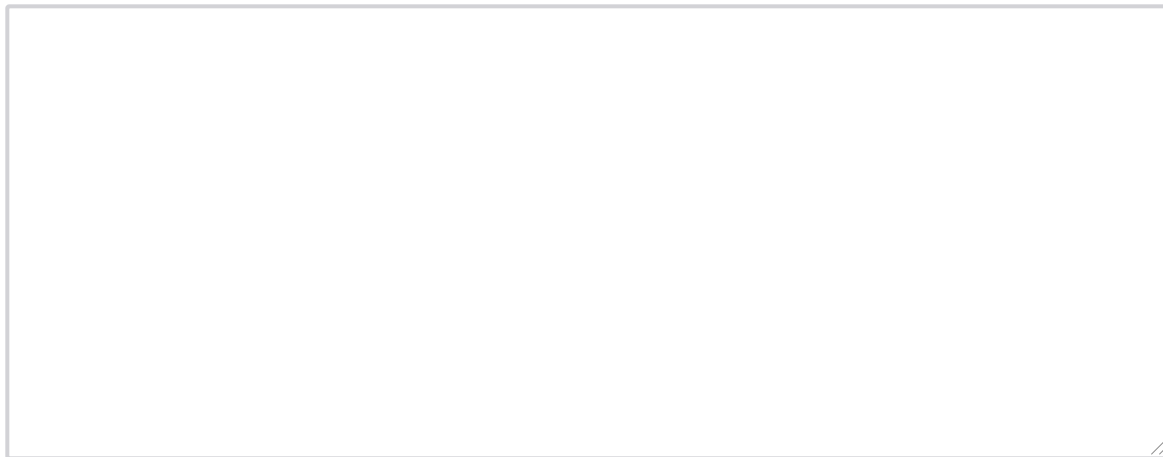
*Do you have any questions about the second assignment?*

*I would like to remind you that all information you share with us is completely confidential. I want to be very clear that we will NOT contact any of the people you identify. They will not know that you are participating in this study unless you tell them yourself.  
Please do your best to store this information in a private place in your home, and keep it secure while you are in the community, so that it isn't seen by others or misplaced.  
Do you have any questions about these assignments?*

**Was participant given location and contact logs?**

- ☐ No
- ☐ Yes

**If participant was not given location and contact logs, please explain below.**



### **EMA Form**

*Next, I am going to complete a form by asking you about your wake and bedtimes for every day of the week so that we can send you survey text messages at acceptable times for your schedule. Messages are sent at your earliest reported wake time and an hour before your earliest reported bed time.*

***Fill out the RISK EMA Form reporting their wake and bed time for every day during the week.***

### **What to Expect at Intake**

**Now, let the participant know what to expect during their second visit:**

*The intake visit typically lasts between 3-4 hours. The majority of participants complete the visit within 3 hours, however if we experience issues with setting-up the technology on your phone it*

*could take as much as 4 hours. We estimate all your additional visits will take approximately 2 hours. At your next visit, you can expect to do the following:*

- Complete interview about your recovery environment
- Complete a series of questionnaires on an iPad.
- Receive education on how to use the various technology you will be given for the study (apps, surveys).

### **Schedule Intake Session**

Allot 4 hours for the session. This means that if an RA is available from 9:00 a.m. to 5:00 p.m. an appointment cannot be scheduled later than 1:00 p.m.

**Was an intake appointment scheduled with the participant?**

☐ No

☐ Yes, Insert Date (mm/dd/yyyy)

**Insert time of scheduled appointment (e.g. 2:00 pm).**

**Please explain below why intake visit was not scheduled.**

### **Intake Documentation**

**Check below when you have updated the enrollment database with the participant's intake appointment.**

- ☐ Completed
- ☐ Not applicable

**Documenting Scheduled Intake Visit:**

1. On the **RISK** calendar enter in the intake appointment time you scheduled with the participant.  
\* Title: Intake followed by their SubID. Always include the name of RA running the session. Allot 4 hours for the appointment. Highlight the appointment block in lavender. Enter in any important notes (ex: the participant may be 10 minutes late).
2. Update the enrollment database by documenting this completed screen and scheduling the intake appointment.

**Check when you have emailed the individuals on the RISK list serve of the scheduled intake appointment.**

- ☐ Completed
- ☐ Not Applicable

**Check when you have updated the RISK Google Calendar with participant's Intake appointment.**

- ☐ Completed
- ☐ Not Applicable

**Confirmation Letter**

Email/Mail the participant an appointment confirmation email. A sample letter can be found at:  
*P:\StudyData\RISK\Administration\Participants\Scheduling Documents\Mail and Email Correspondence\Appointment Reminder Letters-Select appropriate letter*

**Confirmation Letter:**

1) Go to wiscmail.wisc.edu (Study Email: arl4@psych.wisc.edu)  
Use the NetID: arl4\_psych Pass: Curtin@rl

2) Email text from the selected file with details specific to the participant.

3) Attach this file: Parking and Bus map

*2017\_0120(P:\StudyData\RISK\Administration\Participants\Scheduling Documents\Mail and Email Correspondence*

For participants that don't prefer email, mail the appointment reminder letter and parking map to their home address.

**Parking Pass**

If the participant needs a parking spot:

- 1) Go to <http://psych.wisc.edu/RoomsAndEquipment/> and log in (users have to register first)
- 2) Click Bookings in the left-hand menu
- 3) Change “View Schedule” to “Parking Schedule”
- 4) Click at the start time of an available slot.
- 5) Change the end time to reserve for the correct amount of time
- 6) Under Summary just put “Curtin Lab”
- 7) Go to the main office in room 238. Take a green parking pass and stamp the session date twice.
- 8) Mail the participant the parking pass along with a reminder letter for the date and time of their screening visit and a map showing how to find the Psychology building and the spaces that are available to them.

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