

ENRGISE PILOT STUDY
Telephone Screening Verbal Consent Script

Thank you for contacting us to find out more about the ENRGISE study. My name is [interviewer's name]. This is a research study about keeping the immune system in check as you get older. The goal of the ENRGISE Study is to find out how two common drug interventions, Losartan, a medicine often used to treat high blood pressure, and omega-3 fish oil affect inflammation markers and mobility in older people who have difficulty walking or climbing stairs. When you are sick, your immune system sends inflammation markers to help. Over time you can end up with too much of a good thing. Long-term inflammation can affect your mobility. This study is for people 70 years of age and older. The study will last about one year, and those participating will be asked to take Losartan and/or fish oil and/or placebo. As part of the study, you'll be asked to answer some questionnaires, have your blood pressure taken, performs some walking tests, and provide blood for lab tests. All participants in the ENRGISE Study are to come to our clinic at scheduled intervals throughout the study where free parking will be available.

Would you be willing to come in regularly to be a part of the study?

{if NO} Thank you for your time. If you change your mind you can feel free to call me back with any questions about the ENRGISE Study.

{if YES} Before enrolling you in the ENRGISE Study, we need to see if you qualify. We'll be on the phone for about 15-20 minutes. Is now a good time to ask you some questions? If not, can I call you back at a more convenient time? {if NO, skip to end} {if YES, continue}

What I would like to do now is to ask you some questions about your health and health habits to see if you can qualify for the study. You may not feel like you want to answer some of the questions. If that is the case, just let me know at that time. Your participation is completely voluntary and you do not have to answer any questions if you do not want to. You should know that any information you might share including your name and address will be kept strictly confidential and will be kept under lock and key.

Do I have your permission to ask you these questions?

{if NO} Thank you for your time. If you change your mind you can call me back and ask about the ENRGISE Study.

{if YES} Before we begin can you please collect your medications that you take regularly?

If consent was given, document date and time consent given and proceed with telephone screening.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Staff Signature</i>	Staff ID <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/> <i>Date of consent</i>	<hr style="border: none; border-top: 1px solid black; margin-top: 10px;"/> <i>Time of consent</i>				

ARB/ACE Inhibitor Reference List

**Use these as initial examples for the participant in Q44 on Telephone Screening form*

Angiotensin Receptor Blockers (ARBs)

Drug	Trade Name
Azilsartan	Edarbi
eprosartan	Teveten
telmisartan	Micardis
losartan*	Cozaar*
candesartan	Atacand
irbesartan	Avapro
valsartan*	Diovan*
olmesartan	Benicar
Filmasartan	Kanarb
irbesartan and hydrochlorithiazide	Avalide
losartan and hydrochlorithiazide	Hyzaar

Angiotensin-Converting Enzyme inhibitors (ACE inhibitors)

Drug	Trade Name
benazepril	Lotensin
captopril	Capoten
enalapril*	Vasotec, Epaned
fosinopril	Monopril
lisinopril*	Prinivil, Zestril
moexipril	Univasc
perindopril	Aceon
quinapril	Accupril
ramipril	Altace
trandolapril	Mavik

(List pulled from <http://www.medicinenet.com/>)