



Patient Telephone Recruitment Script

Hello, my name is _____. I am a staff member calling from the NYU Langone Medical Center. May I speak with(?). I am contacting you because we are currently conducting a research study titled "Randomized trial of community health worker led decision coaching to promote shared decision making for prostate cancer among Black male patients". Information in your medical record indicates that you may be eligible for participation in the study. You have an upcoming primary care clinic appointment at Flatbush Family Health Center with provider X, who has been notified and stated that it would be OK to contact you by phone for possible participation.

If you feel you have been contacted for this study in error, please let me know. If you would like to remove your name from our contact list for future research studies, please contact us by phone (1-855-777-7858) or email (research-contact-optout@nyumc.org).

Would you be willing to hear more information about this study?

(If yes, continue with below. If no, thank them for their time and end the call.)

(If interested in being contacted at another time, ask when would be a good time to call back?)

IF YES

Thank you for agreeing to continue. Let me tell you more about this study and what will be required of you.

The purpose of this study is to test whether a decision coach will improve decision quality for health care-related decision among Black men. We are asking you to take part in this research study because you are attending the Flatbush Family Health Center for a routine primary care appointment, as per standard of care.

The study will require you to arrive 1 hour before your scheduled primary care appointment at Flatbush Family Health Center and meet with a Community Health Worker to discuss health topics. You may or may not receive decision coaching; this will be randomly decided. Whether or not you do receive the decision coaching, you will be asked to complete 3 surveys, 1 follow-up survey and potentially 1 follow-up interview within 6 months after completing your visit. You will be mailed a copy of a prostate cancer screening decision aid to review before your office visit.

Your participation is completely voluntary. This means that you do not have to participate in this study unless you want to.

Your decision whether or not to participate in this study will not affect your relationship with your medical providers or the care that you receive at the Lutheran Family Health Centers at NYU Langone Medical Center.

There will be no additional cost for your participation in the study.

If you agree to participate you will receive compensation of a \$50 VISA gift card for travel and time.

If you are willing to consider participation in the study, you will be provided with an informed consent form and an audio consent form when you arrive 1 hour before your visit.

Do you have any questions at this time?

Would you be willing to consider participation in this research?

If 'no', thank them for their time and end the call.

If 'yes', confirm 1-hour early arrival for primary care clinic appointment.

Thank you. We will see you on (Date/time).

If you have any questions before your appointment, or if you change your mind about participation, please call Natalia Martinez-Lopez at 646-501-9773 or the Principal Investigator Dr. Danil Makarov at 212 263 4961.