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**HIGHLIGHTS IN THIS ISSUE**

August 2018 | Issue 97

The Trainer's Toolkit: How to Design Successful Blended Learning

.....

Breath to Death Analytics

.....

Mastering Research Duties Beyond Study Coordination

.....

The Ethics of Using Placebos in Clinical Trials

.....

Recent Advances in the Early Detection of Alzheimer's Disease

.....

Minimally-disruptive Research: A Respectful Approach to Conducting Clinical Studies

.....

The Importance of the Clinical Research Enterprise in Ensuring Quality and Success in the Evaluation of Evidence for Regulatory Decision-making

.....

The Changing Landscape of Human Subjects Research

.....

Assessing Behavioral Engagement in Clinical Research: The Wintering Donnelly Research Assessment & Screening Tool (WRAST)

quality education

peer recognition

professional certification



# Assessing Behavioral Engagement in Clinical Research: The Wintering Donnelly Research Assessment and Screening Tool (WDRAST)

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**Abstract:** : *The content for this paper was presented originally by the first author at the 2017 SOCRA Annual Conference in a talk entitled, “Assessing Behavioral Engagement in Clinical Research.” We introduce the Wintering Donnelly Research Assessment Screening Tool (WDRAST). The WDRAST can be used as an adaptable screening and assessment tool in clinical research. By taking a proactive approach, research personnel can identify, prepare, and plan for the needs of individual research participants or particular patient populations. The WDRAST can be used to evaluate research participants’ psychological, physiological, cognitive, social, and functional strengths and needs. With planning, the WDRAST can identify the needs of individuals or patient populations to ensure greater success in engagement, project planning, protocol adherence, and study retention.*

## Overview

By adapting approaches from behavioral health treatment to a clinical research setting, the WDRAST can assess and identify each participant’s particular needs. Research personnel are presented with study populations who exhibit a wide variety of behaviors. The WDRAST can help researchers to prepare for specific patient population needs in order to ensure greater success in engagement, project planning, and retention.

With a more in-depth understanding of research participants needs, we can plan accordingly to address their concerns while forging an effective partnership between researchers, participants, and their families. To understand behavioral assessment, it is important to define some key terms and concepts: screening, assessment,

needs assessment, communication, engagement, behavior management, and biopsychosocial model.

## Screening

The purpose of screening is to evaluate the presence or absence of a problem, condition, or need. Usually, the answer is a “yes” or “no.”

## Assessment

Assessment is a process used to gather information to determine the extent and duration for defining a problem, making a diagnosis, and developing recommendations for addressing a problem, diagnosis, or need.

## Needs Assessment

A needs assessment is a process to identify and address specific needs or wants in order to move toward a more desirable state of being with adequate

supports and services. The results from this assessment can be used to plan in advance what the specific study population may need. It can also identify reasonable expectations that are also flexible.

## Communication

To communicate with study participants effectively, it is important to clearly explain the study procedures and what is expected to occur. It is important to be able to evaluate the subject’s capacity for understanding and concentration.

## Engagement

Engagement is a process that involves and empowers participants in their support system to be involved. To have a subject be engaged in a study, it is important to understand the subject’s motivation and interest. In a research

**TABLE 1**  
**Behavior Management Strategies**

- Assess the situation and condition
- Prepare for unique needs of the study population
- Utilize tools or sources to gather information
- Brief staff and key personnel
- Plan an approach that addresses and meets the needs of the participant and the study
- Huddle to discuss challenges and systematic barriers as they arise
- Debrief: what have you learned from the encounter?

study, each participant may experience his or her disease or condition differently. Engagement can be achieved by creating a patient-centered environment that is adaptable to each subject's needs. The WDRAST can be used as a comprehensive tool that describes each person's capacities and needs in order to enable the study staff to prepare for accommodations that may be needed to promote strategies that are responsive to participant needs.

#### **Behavior Management Approach**

There is an educational component to the interactions with research participants. Positive interactions can be reinforced or rewarded. Behaviors that work against achieving the research objectives can be discussed and reframed with the participant by explaining and modeling the expected behaviors. However, assessing the capacity to understand the process is important for participants and research staff.

It is important to recognize how behavior and attitude affects you and the people around you and to be aware of how your reactions to a participant or their situation affects the interpersonal dynamics of others. Talk to a person with a condition as a person, not as a diagnosis. Responses can exacerbate or de-escalate a situation. Recognize the impact of your social role, particularly if you come from a different social or cultural background than the participant.

#### **Biopsychosocial Model**

As a screening and assessment tool, the WDRAST is based upon a biopsychosocial model that considers the biological, psychological, and sociological factors that can be attributed to disease outcomes.

Biological factors include symptoms, disease, disorders, or genetics. Psychological factors include mood, personality, and behavior. Social factors can include cultural, familial, and socioeconomical.

The development of the biopsychosocial model was originally published in 1977 by psychiatrist George L. Engel, who revolutionized the existing medical model. Before Engel, disease was based solely on presentation of symptoms; diagnosis was followed by a standardized intervention or treatment. However, an individual's response to a disease based upon their individual characteristics was not considered. Engel's model is based on a social cognitive theory based on the notion that treatment requires the health management team to address more than the symptoms; they must address the disease-causing factors. It is important to evaluate the social, biological, and psychological influences on a patient's treatment. The biopsychosocial model looks at how attributes and perception of disease can affect the outcome.

Social Cognitive Theory suggests that human behavior is caused by personal, behavioral, and environmental

influences. The concepts of holistic or patient-centered approaches recognize that the mind can influence the body just as the body can influence the mind.

In contemporary society, we may take it for granted that attitudes, perspectives, and social supports can have an impact on a patient's treatment response and view of their condition. Historically, the biopsychosocial model has been used for approximately fifty years.

The benefits of using a biopsychosocial approach in research planning are that it enables the study staff to plan in advance and to formulate reasonable expectations for individuals and study populations. It also is a method to anticipate and meet participants' specific needs. The WDRAST uses a biopsychosocial approach in order to gather information to share with members of the interdisciplinary team and to promote more effective care.

#### **How to Use the Wintering Donnelly Research Assessment and Screening Tool**

The WDRAST identifies needed supports and accommodations, and it includes a message log and five content areas: demographics, social and cultural, physical health, psychological health, and functional capacity.

#### **Supports and Accommodations**

After the completing the form, the interviewer will write a brief

summary in the comment sections and then record areas of support and accommodations that need to be made in order for the participant to have successful participation. This format is a quick way to view the need for different accommodations to be made rather than searching through the entire form.

### **Message Log**

The first section is used to maintain records of all those who have obtained information from the subject on the WDRAST. The date, method of assessment, and contact note are recorded and initialed. The form can be completed through a chart abstraction, a phone interview, or an in-person interview with the participant and/or caregiver.

### **Demographics**

The demographics section includes name, age, date of birth, gender, ethnicity, height and weight, and contact/communication information. This section will determine the primary method of contact for the participant for the duration of the study. This is also an area to identify whether one has a Legally-authorized Representative (LAR) or proxy who will be involved during the study.

### **Social and Cultural**

Social Support evaluations are important to determine an individual's capacity for self-management. Areas of evaluation can include types of social support, impact on family and caregivers, how adaptable the family and individual are, and any specific cultural and social considerations. This section identifies preferences for language and cultural considerations. It also identifies factors that could

affect communication, education, and potential conflicts of commitment and scheduling that could arise in the duration of the study. When this section is completed, it can assist staff to prepare for whether subjects need a translator or need to have documents translated to ensure that participants have been fully-informed about the study. This section can also gather information needed to plan the scheduling of appointments around the participants work schedule or other responsibilities. Research staff can be alerted to whether the participant may move or have a change in living situation during the study, and they can identify transportation needs or barriers to maintaining study appointments.

### **Physiological Health: Physical Health and Functional Capacity**

This section of the form obtains a brief overview of past and current medical history and any immediate concerns. It can be used to determine how the participant's condition is affecting their physical health. It identifies medical conditions for which the participant is being treated, and whether there are any surgeries or other planned events in the near future that could delay their treatments. This section identifies participant's ambulatory limitations, need for accommodations, and fall risks, in order to plan for patient flow and safe navigation and transport throughout the study.

### **Psychological Functioning**

This section of the WDRAST is used to focus on the participant's mental health needs. It can be used to identify current and past psychological and psychiatric conditions and also to address fears or concerns that the participant may have about study procedures. It can also

identify other psychological stressors and past and/or present brain injuries that may interfere with the participant's overall mental capacity and cognitive functioning. During the interview process, the interviewers should check for learning with the interviewee, especially if the participant does not seem to be attentive.

### **Suggestions for Administering the WDRAST:**

- Become familiar with the form and the biopsychosocial framework
- Schedule an adequate amount of time for the screening process
- Practice administering the WDRAST with peers or colleagues before administering it to a subject
- Adapt the language of the form to the interview based upon who is completing the form
- Ask open-ended questions
- Plan debriefing meetings with research colleagues to review completed forms for planning purposes
- Maintain a copy of the completed form for source documentation
- Begin to arrange accommodations and supports based upon information obtained in the WDRAST

## Wintering / Donnelly Research Assessment Screening Tool

### Case Example 1

Ms. Sarah James is a 62-year old Caucasian female currently suffering from macular degeneration. She has complete visual impairment and insomnia. She will be coming in for a screening visit due to interest in participating in an insomnia clinical study. Ms. James originally worked as a first grade teacher, but due to her new visual impairment, she has left on disability. Ms. James relies solely on her husband, Ronald James, to bring her to and from appointments and to assist her while she adapts to using a white cane when walking. Ms. James is excellent at following verbal instructions, but she will need them written down for her husband.

WINTERING DONNELLY RESEARCH ASSESSMENT SCREENING TOOL					
Supports and Accommodations: Indicate if additional support or consideration is needed in these areas.					
<b>Social</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Physiological</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Psychological</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Communication</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Support</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Accommodations</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>Method of Assessment:</b> <input type="checkbox"/> Phone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Self-Administered <input checked="" type="checkbox"/> With family member <input type="checkbox"/> Chart Abstraction					

MESSAGE LOG		
<b>Interviewer:</b> Jamie Lawrence		
<b>Date:</b>	<b>Contact:</b>	<b>Initials or Name of Person(s) Conducting Screening:</b>
08/31/2017	Met in Dr. Henry's office	JL
08/31/2017	Husband (Ronald) came to read and write for subject	JL
<p>Comments: Subject is a 62-year old Caucasian female suffering from macular degeneration. She has complete visual impairment. She is interested in participating in an insomnia clinical study.</p> <p>Physiological: Blindness and problems with sleeping; uses a white cane when walking</p> <p>Communication: Can follow verbal instructions</p> <p>Accommodations: Unable to drive; needs instructions to be verbal or written down for her husband</p>		

### Case Example 2

Mr. John Smith is a 33-year old African American male recently diagnosed with Multiple Sclerosis (MS). He contacted us because he wishes to be involved in a clinical trial. Mr. Smith will be coming in for a screening visit accompanied by his wife, Emma Smith. Mr. Smith coaches youth soccer part-time and has children at his home. Mr. Smith takes oxycodone for pain as needed, but he is on no other daily medications. He recently has been having increased anxiety and memory issues due to his MS.

WINTERING DONNELLY RESEARCH ASSESSMENT SCREENING TOOL					
Supports and Accommodations: Indicate if additional support or consideration is needed in these areas.					
<b>Social</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Physiological</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Psychological</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Communication</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Support</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Accommodations</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>Method of Assessment:</b> <input type="checkbox"/> Phone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Self-Administered <input checked="" type="checkbox"/> With family member <input type="checkbox"/> Chart Abstraction					

MESSAGE LOG		
<b>Interviewer:</b> George Silverman		
<b>Method of Assessment:</b> <input type="checkbox"/> Phone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Self-Administered <input type="checkbox"/> With family member <input type="checkbox"/> Chart Abstraction		
<b>Date:</b>	<b>Contact:</b>	<b>Initials or Name of Person(s) Conducting</b>

## Wintering / Donnelly Research Assessment Screening Tool, Cont'd.

		<b>Screening:</b>
08/30/2017	Subject completed form with wife (Emma) in Dr. Patterson's office	GS
<p><b>Comments:</b> The subject is a 33-year old African American male with recent diagnosis of Multiple Sclerosis. He is interested in a new experimental Multiple Sclerosis clinical trial.</p> <p>Physiological: Multiple Sclerosis and pain due to Multiple Sclerosis</p> <p>Psychological: Anxiety and Memory due to early symptoms of Multiple Sclerosis</p>		

### Case Example 3:

Mr. Kevin Kim is an 88-year old non-English speaking Korean male with progressive cognitive impairment. He will be accompanied by his son, Jake Kim, to his appointments to provide translation. Jake is also Mr. Kim's legally authorized representative due to his father's increase in cognitive impairment. If Jake is unavailable to attend an appointment, a Korean translator will be needed. Aside from cognitive impairment, Mr. Kim also is on medication for hypertension and hyperlipidemia. Mr. Kim also is hard of hearing, wears glasses, and ambulates slowly with assistance from a cane.

### WINTERING DONNELLY RESEARCH ASSESSMENT SCREENING TOOL

**Supports and Accommodations: Indicate if additional support or consideration is needed in these areas.**

<b>Social</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Physiological</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Psychological</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Communication</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Support</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Accommodations</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>Method of Assessment:</b> <input type="checkbox"/> Phone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Self-Administered <input checked="" type="checkbox"/> With family member <input type="checkbox"/> Chart Abstraction					

### MESSAGE LOG

**Interviewer:** Chris Doe

**Method of Assessment:**  Phone  In Person  Self-Administered  With family member  Chart Abstraction

Date:	Contact:	Initials or Name of Person(s) Conducting Screening:
08/31/2017	Met in Dr. Jones's clinic with patient	CD
08/31/2017	Interview conducted with adult son (Jake); Patient was present	CD

**Comments:** Subject moves slowly, widowed elder, Korean male with mild cognitive impairment; provide written instructions for son; the subject is currently being treated for hypertension and hyperlipidemia

Social: Subject had limited understanding of English language; son can translate

Physiological: hypertension, hyperlipidemia, wears glasses, hard of hearing; past smoker

Psychological: Memory problems

Accommodations: Language, walking slowly with cane

Communication: Needs translator if son is not present

## Wintering / Donnelly Research Assessment Screening Tool, Cont'd.

### Case Example 4

Ms. Jennifer Jacobs is a 43-year old Caucasian female presenting for a screening visit for a new breast cancer study due to a recent breast cancer diagnosis. Ms. Jacobs recently lost her husband and is now working full-time as a NICU nurse to provide for her three young children. Ms. Jacobs needs to schedule research appointments around her work, although she is planning to apply for disability and find childcare arrangements. Ms. Jacobs has a penicillin allergy and no other significant past medical history. She now is experiencing mild pain due to her cancer, as well as stress, anxiety, and depression due to the loss of her husband and her recent cancer diagnosis.

### WINTERING DONNELLY RESEARCH ASSESSMENT SCREENING TOOL

**Supports and Accommodations: Indicate if additional support or consideration is needed in these areas.**

<b>Social</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Physiological</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Psychological</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Communication</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Support</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Accommodations</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>Method of Assessment:</b> <input type="checkbox"/> Phone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Self-Administered <input checked="" type="checkbox"/> With family member <input type="checkbox"/> Chart Abstraction					

### MESSAGE LOG

**Interviewer:** Megan O'Malley

**Method of Assessment:**  Phone  In Person  Self-Administered  With family member  Chart Abstraction

<b>Date:</b>	<b>Contact:</b>	<b>Initials or Name of Person(s) Conducting Screening:</b>
	<b>Name:</b> <span style="float: right;"><b>Location:</b></span>	
08/31/2017	In person, in Dr. Smith's Office	MO

**Comments:** Subject is a recent widowed, middle-aged, caucasian female with a recent breast cancer diagnosis. She is determining whether to enroll in a breast cancer trial or follow a traditional treatment plan.

Physiological: Breast Cancer, Penicillin allergy, and some pain due to Breast CA

Psychological: Anxiety, Depression, Stress, recent loss of husband, three young children to provide for, recent cancer diagnosis

Accommodations: Scheduling appointments while children are in school and around work schedule

### DEMOGRAPHICS

<b>Name: First:</b> Jennifer (JJ for short) <b>Middle:</b> <b>Last:</b> Jacobs		
<b>Address:</b> 123 Apple Butter Rd. Philadelphia, PA 19104		
<b>Date of Birth:</b> 05/01/1974	<b>Age:</b> 43 (at interview)	<b>Ethnicity:</b> Caucasian
<b>Gender:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<b>Height:</b> 5'6"	<b>Weight:</b> 130lbs
<b>If female: Of childbearing potential?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Pregnant?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>Breastfeeding?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>Cell Phone:</b> 123-456-7890		<b>Home Phone:</b> 098-765-4321
<b>E-Mail Address:</b> jj45@gmail.com		

**Wintering / Donnelly Research Assessment Screening Tool, Cont'd.**

**Preferred method of communication:**  Phone (Cell)  Mail  Email  With family member

**Do subject have a legally authorized representative or proxy who will provide informed consent?**  
 YES  NO

**SOCIAL AND CULTURAL**

<b>Primary Language spoken by subject:</b> English	<b>Do you need a translator for speaking?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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**Are there any cultural considerations that may enhance or otherwise effect your research participation?**  
 YES  NO **If yes, please explain:**

**Occupation:** NICU Nurse  
 Currently employed  Full time  Part time  Retired  Unemployed  Other:

**Highest level of Education completed:** BSN

**Do you have other commitments that could affect your participation in the study?**  
 Childcare  Eldercare  Caregiver  Transportation for others

**Will someone be assisting you to your appointments?**  
 YES  NO **If Yes, Please explain:**

**Do you anticipate problems with transportation to attend your research appointments?**  
 YES  NO **If Yes, Please explain:**

**Do you anticipate any changes in your living situation, residence or do you have travel plans?**  
 YES  NO **If Yes, Please explain:**

**CONTACT INFORMATION**

<b>Primary emergency contact name and relationship:</b> <b>First:</b> Scott <b>Last:</b> Jefferson <b>Relationship:</b> brother	<b>Phone:</b> <b>Home:</b> 753-471-9979 <b>Cell:</b> 135-790-2468 <b>Email:</b> sxj42@gmail.com
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**PHYSIOLOGICAL HEALTH: PHYSICAL HEALTH**

<b>Do you have any known drug allergies?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>List:</b> Penicillin	<b>How is your appetite?</b> <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <b>Comment:</b>
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<b>Do you have any vision problems?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>Do you wear glasses?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>Do you have any problems with hearing?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>Do you have any vision problems?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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**On average, how many hours of sleep do you get per night?** 4-6

<b>Do you have any problems sleeping?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>If yes, do they affect your concentration?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>If yes, do they affect your energy level?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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**Are you currently being treated for any medical condition? If Yes, Please explain.**  
 YES  NO Anxiety-Xanax Depression- Effexor Breast Cancer-TBD

**Do you have any pending surgeries?**  YES  NO  
 If yes, please explain.

**Wintering / Donnelly Research Assessment Screening Tool, Cont'd.**

**PHYSIOLOGICAL HEALTH: PHYSICAL HEALTH (continued)**

<p><b>Do you have any of the following conditions?</b></p> <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetes <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genetic <input type="checkbox"/> Lung/Pulmonary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurodegenerative <input type="checkbox"/> Urinary Frequency <input type="checkbox"/> Other: <input type="checkbox"/> None	<p><b>Do you have pain?</b></p> <input checked="" type="checkbox"/> YES-explain: mild breast tenderness <input type="checkbox"/> NO <p><b>On average, rate your pain on a scale of 1-10 (10 being the worst).</b></p> <p align="center">4</p> <p><b>Are you taking anything for pain?</b></p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <p><b>List:</b></p>
--	--

<p><b>Have you ever had a head injury or concussion?</b></p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <p>If yes, please explain:</p>	<p><b>If yes, did you have loss of consciousness?</b></p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <p><b>IF yes, how long?</b></p> <p>_____</p>
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<p><b>Any problems with balance?</b></p> <input type="checkbox"/> YES- Explain: <input checked="" type="checkbox"/> NO	<p><b>Are you able to walk independently?</b></p> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO- Explain:
---	--

<p><b>Any Risk of falling?</b></p> <p><b>If yes, how many falls?</b></p> <input type="checkbox"/> YES-Explain: <input checked="" type="checkbox"/> NO	<p><b>Any recent falls?</b></p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <p>Dates:</p>
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<p><b>Do you have shortness of breath after walking?</b> For example:          Walking down a long hallway  <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p> <p><b>Have you ever smoked?</b> <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO  <b>If yes, answer the following.</b></p> <input type="checkbox"/> Current <input type="checkbox"/> Past Packs per day: _____	<p><b>Do you use or need any of the following?</b></p> <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> PIC line <input type="checkbox"/> Oxygen Tank <input type="checkbox"/> Other: <input checked="" type="checkbox"/> None
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**PSYCHOLOGICAL FUNCTIONING**

<p><b>Do you have any problems with:</b></p> <input type="checkbox"/> Receiving shots/needles <input type="checkbox"/> Blood draws <input type="checkbox"/> Claustrophobia <input checked="" type="checkbox"/> None
<p><b>Do you currently have any major life stressors?</b> <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO  <b>If Yes, please explain:</b> Recently loss of husband, three young children at home, works full-time to provide for family, recent breast cancer diagnosis       </p>

**Wintering / Donnelly Research Assessment Screening Tool, Cont'd.**

<b>Have you had any problems with the following? Please select all that apply. If none or not applicable, select none.</b>	<b>Currently Experiencing:</b> <input type="checkbox"/> Memory Loss <input checked="" type="checkbox"/> Anxiety <input checked="" type="checkbox"/> Depression <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Post-Traumatic Stress Disorder <input checked="" type="checkbox"/> Other: Stress <input type="checkbox"/> None	<b>Past Experiences:</b> <input type="checkbox"/> Memory Loss <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Post-Traumatic Stress Disorder <input type="checkbox"/> Other: <input checked="" type="checkbox"/> None
	<b>Thank You (Complete the Supports and Accommodations Section and Comments Above)</b>	

**WINTERING DONNELLY RESEARCH ASSESSMENT SCREENING TOOL**

**Supports and Accommodations: Indicate if additional support or consideration is needed in these areas.**

<b>Social</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Physiological</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Psychological</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Communication</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Support</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Accommodations</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Method of Assessment:</b> <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Self-Administered <input type="checkbox"/> With family member <input type="checkbox"/> Chart Abstraction					

**MESSAGE LOG**

<b>Interviewer:</b>		
<b>Method of Assessment:</b> <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Self-Administered <input type="checkbox"/> With family member <input type="checkbox"/> Chart Abstraction		
<b>Date:</b>	<b>Contact:</b> <b>Name:</b> _____ <b>Location:</b> _____	<b>Initials or Name of Person(s) Conducting Screening:</b>
<b>Comments:</b>		

**DEMOGRAPHICS**

<b>Name: (First)</b> _____ <b>(Middle)</b> _____ <b>(Last)</b> _____		
<b>Address:</b>		
<b>Date of Birth:</b>	<b>Age:</b> (at interview)	<b>Ethnicity:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Height:</b> _____ <b>Weight:</b> _____



**Wintering / Donnelly Research Assessment Screening Tool, Cont'd.**

<b>Do you have any problems sleeping?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes, do they affect your concentration?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes, do they affect your energy level?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are you currently being treated for any medical condition? If Yes, Please explain.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Do you have any pending surgeries?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.		

**PHYSIOLOGICAL HEALTH: PHYSICAL HEALTH AND FUNCTIONAL CAPACITY (continued)**

<b>Do you have any of the following conditions?</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetes <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genetic <input type="checkbox"/> Lung/Pulmonary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurodegenerative <input type="checkbox"/> Urinary Frequency <input type="checkbox"/> Other: <input type="checkbox"/> None	<b>Do you have pain?</b> <input type="checkbox"/> YES-Explain: <input type="checkbox"/> NO <b>On average, rate your pain on a scale of 1-10 (10 being the worst).</b>  _____
<b>Have you ever had a head injury or concussion?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	<b>If yes, did you have loss of consciousness?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF yes, how long?</b>  _____
<b>Any problems with balance?</b> <input type="checkbox"/> YES-Explain: <input type="checkbox"/> NO	<b>Are you able to walk independently?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO-Explain:
<b>Any Risk of falling?</b> <b>If yes, how many falls have you had?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Any recent falls?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Dates:
<b>Do you have shortness of breath after walking?</b> For example: Walking down a long hallway <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>Have you ever smoked?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, answer the following.</b>  <input type="checkbox"/> Current <input type="checkbox"/> Past Packs per day:  _____	<b>Do you use or need any of the following of these?</b> <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> PIC line <input type="checkbox"/> Oxygen Tank <input type="checkbox"/> Other: <input type="checkbox"/> None

**PSYCHOLOGICAL FUNCTIONING**

<b>Do you have any problems with:</b> <input type="checkbox"/> Receiving shots/needles <input type="checkbox"/> Blood draws <input type="checkbox"/> Claustrophobia <input type="checkbox"/> None
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**Wintering / Donnelly Research Assessment Screening Tool, Cont'd.**

**Do you currently have any major life stressors?**  YES  NO

**If Yes, Please explain:**

**Have you had any problems with the following? Please select all that apply. If none or not applicable, select none.**

**Currently Experiencing:**

- Memory Loss
- Anxiety
- Depression
- Alcohol Abuse
- Substance Abuse
- Post-Traumatic Stress Disorder
- Other:
- None

**Past:**

- Memory Loss
- Anxiety
- Depression
- Alcohol Abuse
- Substance Abuse
- Post-Traumatic Stress Disorder
- Other:
- None

**Thank You (Complete the Supports and Accommodations Section and Comments Above)**

**Conclusion**

The WDRAST provides a comprehensive review of health conditions, but also provides other sociological, cultural, and psychological factors that may affect a subject's participation in a study. This form can be adapted in various ways to be used with a multitude

of studies, medical conditions and treatments, clinical populations, and clinical settings. This form serves as a way to make clinical research more personalized and patient-centered as well as to improve communication between the subject and the research team. It allows staff to be prepared, which results in improved quality

of care and support for research participants that will make their experience more effective.

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**References**

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4. Crisis Prevention Institute. "Behavior Management Techniques and Strategies." Crisis Prevention Institute (CPI), Crisis Prevention Institute, 7 May 2018, [www.crisisprevention.com/Blog/August-2012/Behavior-Management-Strategies](http://www.crisisprevention.com/Blog/August-2012/Behavior-Management-Strategies).