

Attachment 1

MSD Phone Screening Procedures

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MSD Phone Screening Procedures

Overview:

The purpose of this research study is to characterize the effects of <insert drug name> on driving performance.

Study Information, Time Commitment and Compensation:

Participating in this study involves 3 visits. One of which is a 45 minute screening visit and two 5-6 hour dosing visits.

Screening Visit:

For this visit you will be required to come to the University Research Park located on Oakdale Blvd in Coralville to participate. At this visit:

- First we will obtain your written consent
- Review the inclusion/exclusion criteria
- Review simulator and complete simulator drive
- Ask you to provide a urine sample for a urine drug screen
- Females: our urine sample will be screened for pregnancy
- Have you complete a survey about your driving experiences and demographic information

Dosing Visits:

These visits are spaced about one week apart and begin at 8 am. We will arrange third party transportation to bring you to our research facility.

- **Are you still interested in participating?**
 - If YES, continue with Inclusion Criteria

Inclusion Criteria ~ General Questions

Overview

Before this list of questions is administered, please communicate the following:

- There are several criteria that must be met for participation in this study. I will need to ask you several questions to determine your eligibility.

Proceed to Closing if an answer does not meet study criteria.

- 1) **Do you possess a valid U.S. Drivers' License?**
- 2) **How long have you been a licensed driver?**
- 3) **What restrictions do you have on your license?**
- 4) **How many miles do you drive per year?**
- 5) **Do you require any special equipment to help you drive such as pedal extensions, hand brake or throttle, spinner wheel knobs or other non-standard equipment?**
- 6) **How old are you?**
- 7) **How far do you live from University of Iowa Research Park which is North of the Coral Ridge Mall?**
- 8) **Are you able to attend three study visits with one being approximately 45 minutes and two visits of approximately 5-6 hours?**

General Questions Inclusion Criteria is met – proceed to Specific Cannabis Inclusion Questions or General Health Exclusion Criteria

Specific Cannabis Inclusion Questions

Proceed to Closing if an answer does not meet study criteria.

- 1) **How frequently do you use cannabis?**

Specific Inclusion Criteria is met – proceed to General Health Exclusion Criteria

General Health Exclusion Criteria

1.1.1 Overview

1.1.2 Before administering this list of questions, please communicate the following:

- Because of pre-existing health conditions, some people are not eligible for participation in this study.
- I need to ask you several health-related questions before you can be scheduled for a study session.
- **Your responses are voluntary and all answers are confidential.**
- You can refuse to answer any questions
- No responses will be recorded.

- If a participant fails to meet one of the following criteria, proceed to the Closing

1) If the subject is female:

- Are you, or is there any possibility that you are pregnant? Or, are you currently breast feeding?

- 1) **2 Do you have or have you been diagnosed with a sleep disorder, or do you have a family history of sleep disorders?**
- 2) **Do you have a neurological or pulmonary disorder or are you taking medications to treat such a disorder?**
- 3) **Have you been diagnosed with a psychiatric disorder or are you taking medications to treat such a disorder?**
- 4) **Do you have an eating disorder?**
- 5) **Do you regularly use prescription pain medication?**
- 6) **Have you had a head injury within the past five years, or are you still experiencing symptoms from a prior head injury?**
- 7) **Do you have a history of high blood pressure, heart disease, diabetes or stroke, or are taking medications to treat these conditions?**
- 8) **Do you have a behavioral or attention disorder or take medications to treat these conditions?**
- 9) **Do you have untreated or untreatable vision or auditory conditions?**
- 10) **Do you have seasonal allergies, or take medication to treat any type of allergies?**
- 11) **Do you smoke cigarettes more than 10 times per day?**
- 12) **Do you have twenty or more alcoholic beverages per week?**
- 13) **Do you consume five or more servings of caffeinated beverages per day?**
- 14) **Do you use illicit drugs or taken prescription medications that are not prescribed for you?**