**Instructions:** Complete staff initials next to items completed. If an item listed on the checklist is not performed, enter “ND” for “Not Done” or “NA” for “Not Applicable” beside the item and record the reason why (if not self-explanatory); initial and date this entry. If any items are not completed on the date recorded above, ensure that the procedure date is included in the comments section.

| **Procedure** | | **Staff Initials** | **Comments** |
| --- | --- | --- | --- |
|  | Complete participant registration, including confirmation of participant identity and age, per site SOP |  |  |
|  | Explain, conduct, and document informed consent process per site SOPs. Complete the **Informed Consent Coversheet** and **Informed Consent Comprehension Checklist.**   * Willing and able to provide written informed consent 🡪 CONTINUE. Have participant sign ICF, collect signed form, and offer a copy to participant   **OR**   * NOT willing and/or able to provide written informed consent 🡪 STOP. Thank and *[insert site protocol for reimbursement if IC not completed]*. Record “N/A” as their PTID at the top of this checklist. |  |  |
|  | Assign a unique Participant Identification (PTID) Number. Complete new entry on **Screening and Enrollment Log.** |  |  |
|  | Obtain locator information and record on [site-specific source document] |  |  |
|  | Confirm individual’s eligibility. Complete appropriate (male or female) Eligibility Checklist.   * Individual is ELIGIBLE 🡪 CONTINUE * Individual is NOT ELIGIBLE 🡪 STOP. Thank and provide reimbursement to participant. Document in **PSF**, **Screening and Enrollment Log** and participant file notes. |  |  |
| **Return to Joint Visit Checklist item 3** | | | |
|  | Explain the upcoming procedures (video, Individual DCE and BDQ, rejoin partner, joint DCE) |  |  |
|  | **Provide introduction to DPP products via standardized materials:**   * Show **video** * Allow opportunity for questions or re-watch any portion of the video * Show placebo products |  |  |
|  | Introduce DCE & administer **Individual DCE** |  |  |
|  | Administer **Behavioral/Dem Questionnaire** |  |  |
|  | Remind participant that responses from individual portion are confidential |  |  |
| Checklist complete. **Return to Joint Visit Checklist item 5 to complete the next section** | | | |