

Sleep for Stroke Management and Recovery Trial

Date:

[Date]

Patient’s address:

[Participant’s Address]

Dear ,

[Participant’s Name]

On , you enrolled in the Sleep SMART research study at

[Date]

 .

[Location of enrollment]

The purpose of the study is to determine whether treatment of obstructive sleep apnea (OSA) with continuous positive airway pressure (CPAP) improves recovery from stroke and helps prevent strokes, heart attacks, and death. It is important that we follow your health status while you are enrolled in this study. This is true whether or not you are using CPAP.

We have not been able to reach you to schedule your follow-up assessment. As a reminder, you will receive $75 for completion of this visit. Although an in-person visit is preferable, we can perform the visit over the phone if you prefer.

Please call my office at the number below, so we can discuss follow-up.

I can be reached at .

[trial staff phone number]

If I am not available when you call, please leave a detailed message including phone number and best time to reach you. I will return your call as soon as possible.

I want to personally thank you for your participation in Sleep SMART and I look forward to hearing from you soon.

Sincerely,

[Name of site PI, other investigator, or Research Coordinator]