

Sleep for Stroke Management and Recovery Trial

Date:

Dear

(Participant’s name)

This is a reminder about your upcoming follow-up visit for the Sleep SMART trial.

Your Sleep SMART follow up appointment with at

(Trial staff name)

(Location)

is scheduled on at **. Upon completion of this assessment, you will receive $75.**

The address and directions are attached to this letter.

Call our office at if you have any questions or if you

(Phone number for trial staff)

need to reschedule this visit. It is important that we follow your health status while you are enrolled in this study.

Sincerely,

Name of PI or Research Coordinator