GUIDE

Clinical trial preparation checklist

Finding a trial is the easy half. The hard half is the first conversation with the site running it, which usually starts with a phone screen and goes badly when you have to answer from memory.

This is what to have written down before you make that call, what to ask them, and what these trials most often rule out. It is free, there is nothing to sign up for, and the download asks you for nothing at all.

Last updated September 2026

What this is not

It is **not an application**. There is no such thing as a universal application to a clinical trial: every trial screens people against its own criteria, approved by its own ethics board, through its own process. Anything that called itself one would be ignored by the sites you sent it to.

It also does not tell you whether you qualify, and deliberately cannot. Only the trial can decide that, after a screening visit. What it does is make sure you arrive at that conversation with the answers already to hand.

Have these written down before you call

Your diagnosis, and who made it. The name of the condition, roughly when it was diagnosed, and by whom. A trial will usually want it confirmed by a clinician rather

than self-reported.

Every medication you currently take, with the dose and how long you have been on it. Include anything psychiatric, and say so if you are unsure of a dose. This is the item people most often have to go away and find, and it is the one most likely to decide the conversation.

What you have already tried for this condition, and what happened. Many trials are specifically for people who have tried a certain number of other treatments without success, so this can be the thing that qualifies you rather than the thing that rules you out.

Your other diagnoses, physical as well as psychiatric, and any hospital admissions.

Whether anyone in your immediate family has had psychosis, schizophrenia or bipolar disorder. You will be asked, and it is not a question most people can answer on the spot.

How far you can travel, and how often. Dosing days in these trials can run eight hours or more, and there are usually several of them plus follow-ups.

What recruiting trials most often rule out

Counted from the exclusion criteria of the 218 trials currently recruiting. This describes what trials ask about, not a verdict on you: a criterion that appears in most trials still leaves the rest, and exclusions are usually about safety for a specific drug rather than a judgement about your condition.

CRITERION	TRIALS	SHARE
A personal or family history of psychosis or schizophrenia	160	73%
Being pregnant, breastfeeding, or trying to conceive	148	68%
Heart disease, or blood pressure that is not controlled	128	59%
A bipolar diagnosis	121	56%
Current suicidal thoughts, or a recent attempt	95	44%
A substance or alcohol use disorder	94	43%

CRITERION	TRIALS	SHARE
Liver or kidney impairment	93	43%
Epilepsy or a seizure history	86	39%
Psychiatric medication you are already taking Counted from both halves of the criteria: some trials exclude a drug class outright, others ask you to taper off first.	72	33%

The medication line is the one worth dwelling on, because it is the one that surprises people. A third of recruiting trials say something about the psychiatric medication you are already on: some exclude a drug class outright, others will take you but ask you to come off it first, under supervision, before you start. Neither is a reason not to call. It is a reason to know the name and dose of what you take before you do.

Questions worth asking them

What phase is this, and is there a placebo arm? If there is, ask what your chance of receiving the active drug is, and what happens if you are in the control group when the trial ends.

How many visits, over how long, and how long is each one?

Is travel, parking or accommodation reimbursed? Is there payment for participation, and if so when is it paid?

Who is with me during dosing, and what are their qualifications?

What happens after the trial finishes? Is there any continued access to the drug, and who takes over my care?

What would disqualify me, and can I be reconsidered later if it changes?

Can I see the consent form before the screening visit? You are entitled to read it, and to take it away and think about it.

Two things that should never happen

You should never be asked to pay to take part in a trial. Participation is free. If someone asks you for money to be enrolled, screened or put on a list, that is not a clinical trial.

You can withdraw at any time, for any reason, without giving one, and without it affecting your ordinary medical care. That is not a courtesy, it is a condition of the trial being allowed to run at all.

The worksheet

Space to write the answers down, so the call is not the first time you try to remember them. Print it, or write on the PDF, or copy the headings onto paper of your own. Nothing you write goes anywhere near this site.

CONDITION, AND ROUGHLY WHEN IT WAS DIAGNOSED

WHO DIAGNOSED IT, AND WHERE

EVERY MEDICATION I TAKE NOW, WITH THE DOSE

A third of recruiting trials ask about this one.

WHAT I HAVE TRIED BEFORE, AND WHAT HAPPENED

OTHER DIAGNOSES, PHYSICAL AND PSYCHIATRIC

FAMILY HISTORY OF PSYCHOSIS, SCHIZOPHRENIA OR BIPOLAR DISORDER

HOW FAR I CAN TRAVEL, AND HOW OFTEN

TRIALS I AM CONTACTING (NCT NUMBER AND SITE)

QUESTIONS I WANT TO ASK THEM

WHAT THEY TOLD ME, AND THE DATE

Where these figures come from

Exclusion criteria as recorded by sponsors on ClinicalTrials.gov API v2, for the 218 trials listed as recruiting in the registry build of 2026-08-25. Criteria are matched on the exclusion half of each trial's eligibility text; counting the whole field would credit inclusion criteria as exclusions, which inverts the meaning for any trial recruiting *for* a condition. Full method on the data page.