

**Tab 10**  
**CONTACT/LOCATOR INFORMATION FORM (Phase 2 Study)**

**Contact Information for Tracking Enrolled Participants**

**THIS INFORMATION IS CONFIDENTIAL. IT WILL BE KEPT IN A LOCKED FILE AND WILL BE DESTROYED UPON COMPLETION OF THIS PROJECT.**

**Only Retention project staff will have access to your contact information.**

**We will use this information only to contact you if necessary while you are taking part in this project.**

**Interview Date:**     \_\_\_ / \_\_\_ / \_\_\_\_ (MM/DD/YYYY)

<b>Participant Study ID Number</b>	
<b>Participant Medical Record Number</b>	
<b>Last Name</b>	
<b>First Name</b>	
<b>Middle Initial</b>	
<b>Do you go by any other names? (list aliases)</b>	_____ _____ _____ _____
<b>What is your address?</b>	Street: _____ Apt. #: _____ City: _____ Zip Code: _____
Is it OK to send a reminder card to you at this address?	<input type="checkbox"/> Yes, it is OK <input type="checkbox"/> <b>No, it is not</b> <div style="text-align: center;">OK</div>
Is it OK for one of the Retention Specialists to make a visit to your home if we don't see you at clinic for awhile?	<input type="checkbox"/> Yes, it is OK <input type="checkbox"/> <b>No, it is not</b>

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 0.33 hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

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<p><b>What is your home phone number</b></p> <p>_____</p> <p>Is it OK to call you at this number?</p> <p>Is it OK to leave a voicemail message for you at this number?</p> <p>Is it OK to leave a message with anyone that might answer the phone at this number?</p> <p>What is the best time to call you?</p>	<p>_____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p>Days of week _____</p> <p>Time of day _____</p>
<p><b>What is your cell phone number?</b></p> <p>_____</p> <p>Is it OK to call you at this number?</p> <p>Is it OK to leave a voicemail message for you at this number?</p> <p>Is it OK to leave a message with anyone that might answer the phone at this number?</p> <p>What is the best time to call you?</p> <p><b>Do you have an email address? What is it?</b></p> <p>_____</p> <p>Is it OK to send you an email message?</p>	<p>_____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p>Days of week _____</p> <p>Time of day _____</p> <p>_____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p>

<b>Is there someone who always knows how</b>	Name _____ Relationship: _____
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<p><b>to reach you?</b></p> <p><b>Who is that person?</b></p> <p>Is it OK to write to this person and ask how to reach you?</p> <p>Is it OK to call this person and ask how to reach you?</p>	<p>Address _____</p> <p>Apt. #: _____</p> <p>City: _____</p> <p>Zip Code: _____</p> <p>Home Phone#: _____</p> <p>Cell Phone #: _____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p>
<p><b>Is there another person who always knows how to reach you?</b></p> <p>Is it OK to write to this person and ask how to reach you?</p> <p>Is it OK to call this person and ask how to reach you?</p>	<p>Name _____</p> <p>Relationship: _____</p> <p>Address _____</p> <p>Apt. #: _____</p> <p>City: _____</p> <p>Zip Code: _____</p> <p>Home Phone#: _____</p> <p>Cell Phone #: _____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p>
<p><b>Is there a person at a local community-based organization or AIDS service organization who always knows how to reach you?</b></p> <p>Is it OK to call this person and ask how to reach you?</p> <p>Is it OK to write to this person and ask how to reach you?</p>	<p>Agency name: _____</p> <p>_____</p> <p>Contact person: _____</p> <p>Relationship: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Zip Code: _____</p> <p>Office Phone#: _____</p> <p>Cell Phone #: _____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> <b>No, it is not OK</b></p>

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