

Request for Sub-collection Under the  
Approved Generic ICR: Formative Research and Tool Development

OMB No. 0920-0840,  
Expiration 31 January 2013

Minority HIV/AIDS Research Initiative (MARI) Project:

Sexual risk-taking among young black men who have sex with men:  
exploring the social and situational contexts of HIV risk,  
prevention, and treatment (BROTHERS CONNECT STUDY)

**Attachment 1a. Screening and Contact Info Forms**

**Form Approved  
OMB No. 0920-0840  
Expiration Date 01/31/2013**

**“Sexual risk-taking among young black men who have sex with men:  
exploring the social and situational contexts of HIV risk, prevention, and  
treatment (BROTHERS CONNECT STUDY)”**

**Screening and Contact Info Forms**

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

**BCS SCREENING FORM**



Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

1. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2. What is your gender? **Male** Female Transgender

3. Do you have a private email address that you check regularly?

Yes No

4. Do you have access to a private computer that is connected to the Internet that you use regularly?

Yes No

5. Have you engaged in sexual activity (sexual intercourse, oral sex) with another man in the past two months?

Yes No

6. How would you describe your race/ethnicity?

---

7. How did you find out about the Brothers Connect Study?

---

*For screener to answer:*

A. *Based on the phone conversation, was the potential participant English proficient?*

Yes

No

B. *Person eligible? (over 18 yrs old; for items 2 & 5 **BOLD** response option selected; for item 6, noted **Black, African-American, Black Latino, Caribbean/West Indian, mixed-race Black/African-American** )*

Yes

No

C. *If yes, orientation scheduled?*

Yes

No

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff: \_\_\_\_\_

**BCS PARTICIPANT CONTACT INFO FORM**



\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**LAST NAME**

\_\_\_\_\_  
**Month / Day / Year  
DATE OF BIRTH**

\_\_\_\_\_ @ \_\_\_\_\_  
**EMAIL ADDRESS**

*Please provide an email address that you check frequently (every day)*

\_\_\_\_ - \_\_\_\_\_  
**PHONE NUMBER 1**

Home Cell Work  
*Please circle one*

Can call? Leave message?  
*Please circle if OK*

\_\_\_\_ - \_\_\_\_\_  
**PHONE NUMBER 2**

Home Cell Work  
*Please circle one*

Can call? Leave message?  
*Please circle if OK*

\_\_\_\_\_  
**House Number & Street  
HOME ADDRESS**

\_\_\_\_\_  
**Apt/Unit**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**HOW DID YOU FIND OUT ABOUT BROTHERS CONNECT STUDY?**

\_\_\_\_\_

**MAY WE CONTACT YOU IN THE FUTURE FOR STUDIES THAT YOU MAY BE ELIGIBLE TO PARTICIPATE IN?**

Yes No

**DO YOU KNOW OTHER YOUNG BLACK MEN (18-30 YRS. OLD) WHO WOULD BE INTERESTED IN PARTICIPATING IN THIS STUDY?**

Yes No

*If yes, please see a member of the research team to find out how we can contact the person, or have them contact us.*

FOR BROTHERS CONNECT STAFF TO COMPLETE:

ID number assigned: \_\_\_\_\_ Token: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Cross-sectional survey participant YES NO

Sex diary participant YES NO

Interview participant YES NO

BCS STAFF TO COMPLETE FOR SEX DIARY PARTICIPANTS:

WEEK 1: REMINDER 1 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 2 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 3 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 ASSMT COMPLETED: YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

WEEK 2: REMINDER 1 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 2 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 3 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 ASSMT COMPLETED: YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

WEEK 3: REMINDER 1 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 2 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 3 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 ASSMT COMPLETED: YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

WEEK 4: REMINDER 1 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 2 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 3 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 ASSMT COMPLETED: YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

WEEK 5: REMINDER 1 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 2 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 3 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 ASSMT COMPLETED: YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

WEEK 6: REMINDER 1 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 2 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 3 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 ASSMT COMPLETED: YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

WEEK 7: REMINDER 1 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 2 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 3 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 ASSMT COMPLETED: YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

WEEK 8: REMINDER 1 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 2 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 REMINDER 3 SENT? YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 ASSMT COMPLETED: YES NO Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_