

**HIV/AIDS Risk Reduction Interventions for African-American
Heterosexual Men**

0920-10XX

Attachment 3e

Data Collection: Locator Form – NYBC

HIV/AIDS Risk Reduction Interventions for African-American Heterosexual Men: Locator Form – NYBC (Attachment 3e)

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 persons 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 (0920-09XX)

Locator Form

We want to keep in touch with you

We are going to ask you now to give us your name, address and phone number, if you have one, and the names and addresses of at least 2 people who know you. We will use this information during the time you are taking part in this study to remind you of your appointments, follow-up after study visits and to contact you in case we have some information about this study that you need to know. All information will be kept private. This information can only be seen by the study staff.

- We will always try to reach you first directly. We will try by telephone and mail.
- If we are not be able to reach you directly, we will contact the people who know you whose information you give to us. We will contact them by telephone. We ask you to tell them that we may contact them in the future.

- If we cannot contact you directly or through your contact, we may make a visit to your home or to a contact's home.
- You may refuse to answer any question on this form. However, to be eligible for the study we need your contact information and that of at least 2 people who know you.

Remember that all of this information is confidential.

Evening phone number: (_____)_____ ext.

Cell phone number: (_____)_____

If we leave a message for you, what can we say?

Project ACHIEVE

Health clinic

Friend

Other:

Email:

7. What is the best way to leave you reminders about your appointments for study visits?
- a. Phone (specify: _____) Text message?
 Yes No
- b. Mail
- c. Other (specify: _____)
- d. E-mail (specify: _____)

8. Which of the above is the best way to reach you quickly, if necessary?
Specify: _____

9. May we contact you at work? Yes No
not working

Name of employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

- Can we leave a message at this number? Yes
 No

If yes, what can we say?

Project ACHIEVE Health clinic

Friend

Other:

SECONDARY CONTACT INFORMATION: Parent, sister/brother, other relative, good friend, neighbor, case worker/social worker or counselor. If not in contact with the person within the last month, ask for another contact.

CONTACT #1

10. Name: _____ Refuse to provide

Address: _____

Phone: (_____) _____

What is your relationship to this person?

When did you last see or hear from this person?

_____/_____/_____

If we leave a message with them for you, what can we say?

Project ACHIEVE

Health clinic

Friend

Other:

Signed release?

Yes

No

Staff initials/date:

CONTACT #2

11. Name: _____
provide

Refuse to

Address:

Phone: (____) _____

What is your relationship to this person?

When did you last see or hear from this person?
____/____/____

If we leave a message with them for you, what can we say?

Project ACHIEVE

Health clinic

Friend

Other:

Signed release?

Yes

No

Staff initials/date:

OTHER INFORMATION ABOUT YOU

12. Is there a neighbor we could leave a message with
No
if we visit your home and you are not there?

Yes

What is his/her name and address?

Name: _____

Relationship:

Address: _____

Signed release?

Yes

No

Staff initials/date:

13. What are the last four digits of your social security number? _____

Refuse to provide

14. Type of Photo ID shown:

Driver's license

State ID for _____

Welfare/Food Stamp ID

Job ID

Other: _____

Staff initials/date: _____

15. Photocopy attached? Yes No

We will keep this completed form on file for the duration of the study.

We would also like to keep this information on file after this study so we may contact you future studies. Agreeing to be contacted about future studies does not mean that you have agreed to take part in any future studies or that you will be eligible for any future studies. At the time of those studies, you will be free to choose whether or not to participate, if eligible. If at any time after this study, you do not want us to contact you, you may refuse at any time.

16. May we keep this information on file after this study so we may contact you about future studies?

Yes

No

