

Evaluating Locally-Developed HIV Prevention Interventions for African-American MSM in Los Angeles

Attachment 3e

Participant Contact Information Form

Public reporting burden of this collection of information is estimated to average 10 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-New)

MyLife MyStyle
Participant Contact Information Form

We want to call you once a month before your 3 and 6 month follow-up interviews. Please complete the following contact information so we know how to best reach you.

Contact Information:

Name: _____
Home Address: _____ City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____
Facebook Name: _____
MySpace Name: _____

What is the best way to reach you? (Check one)

If we can't reach you by the first method, what other ways can we reach you? (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Voicemail OK? | <input type="checkbox"/> Home Phone | <input type="checkbox"/> Voicemail OK? |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Voicemail OK? | <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Voicemail OK? |
| <input type="checkbox"/> Email | | <input type="checkbox"/> Email | |
| <input type="checkbox"/> Letter/Postcard | | <input type="checkbox"/> Letter/Postcard | |
| <input type="checkbox"/> Facebook | | <input type="checkbox"/> Facebook | |
| <input type="checkbox"/> My Space | | <input type="checkbox"/> My Space | |
| <input type="checkbox"/> Relative | | <input type="checkbox"/> Relative | |
| <input type="checkbox"/> Friend | | <input type="checkbox"/> Friend | |
| <input type="checkbox"/> Partner | | <input type="checkbox"/> Partner | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |

If you checked Relative, Friend, Partner or Other, please complete the contact information for the person below.

Contact information for: Relative Friend Partner Other

Name: _____
Home Phone: _____ Voicemail OK?
Cell Phone: _____ Voicemail OK?
Email Address: _____

Contact information for: Relative Friend Partner Other

Name: _____
Home Phone: _____ Voicemail OK?
Cell Phone: _____ Voicemail OK?

Email Address:
