

Attachment 11

Model Patient Recruitment Scripts

Model Patient Recruitment Script (Provider/Facility Use Only)

The Patient Recruitment Script should be used after the Health Department has provided you with a list of randomly selected patients.

Script

Name of patient you are calling _____

Hello my name is _____ with **facility name** _____. I am calling to inform you about a project called the Medical Monitoring Project (MMP) that **facility name** _____ is participating in, in collaboration with the Health Department and the Centers for Disease Control and Prevention (CDC).

I am soliciting your voluntary participation in this surveillance activity. Maximum participation of patients is essential for obtaining information that is truly representative of patients in care for HIV locally and nationally. Data will be used for prevention and care planning, the allocation of resources, and policy and decision-making.

If you agree to participate, your participation requires you to give consent to a 45 minute in-person interview and to allow your medical records to be abstracted. Medical record abstraction is a process where selected information from your medical record will be recorded onto a form. You will receive \$25.00. **Your name or any identifying information will not be sent to CDC.**

A representative from the Health Department will contact you to setup an appointment for you to sign the consent form, complete the in-person interview, and receive your \$25.00.

If you have any questions regarding MMP, please call (phone number), and ask for (contact person).

I would like to thank you in advance for your participation in this very important surveillance activity that will positively impact health care service use and illnesses experienced among persons with HIV/AIDS in (project area name).

Model Patient Recruitment Script (Health Department Use Only)

Script

Name of patient you are calling _____

Hello my name is _____ with *the* _____ **Health Department**. I am calling to inform you about a project called the Medical Monitoring Project (MMP) that **facility name** _____ is participating in, in collaboration with the Health Department and the Centers for Disease Control and Prevention (CDC).

I am soliciting your voluntary participation in this surveillance activity. Maximum participation of patients is essential for obtaining information that is truly representative of patients in care for HIV locally and nationally. Data will be used for prevention and care planning, the allocation of resources, and policy and decision-making.

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I would like to set up an appointment for you to sign the consent form, complete the in-person interview, and receive your \$25.00.

If you have any questions regarding MMP, please call (phone number), and ask for (contact person).

I would like to thank you in advance for your participation in this very important surveillance activity that will positively impact health care service use and illnesses experienced among persons with HIV/AIDS in (project area name).