Attachment 13a

Model Patient Recruitment Scripts for In-person Interviews

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	t a project called the Medical Monitoring Proje	ect (MMP)
that facilit y name	is participating in, in collaboration with	the Health
Department and the Centers for	Disease Control and Prevention (CDC).	
participation of patients is essent of patients in care for HIV location of the care planning, the allocation of the If you agree to participate, your in-person interview and to allow abstraction is a process where	y participation in this surveillance activity. Intial for obtaining information that is truly repeally and nationally. Data will be used for prevesources, and policy and decision-making. In participation requires you to give consent to a weyour medical records to be abstracted. Med a selected information from your medical records will receive \$25.00. Your name or any in CDC.	resentative vention and 45 minute lical record ord will be
A representative from the Heal	lth Department will contact you to setup an ar	ppointment

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 ab		
Project (MMP) that facility name	is participating	in, in collaboration
with the Health Department and the Centers		
•		` ,
I am soliciting your voluntary participation	on in this surveillance	activity. Maximum
participation of patients is essential for obta	aining information that is	s truly representative
of patients in care for HIV locally and nati	9	5 I
care planning, the allocation of resources, ar	nd policy and decision-ma	aking.
If you agree to participate, your participatio	n requires you to give co	onsent to a 45 minute
in-person interview and to allow your medi	ical records to be abstrac	ted. Medical record
abstraction is a process where selected inf	formation from your me	edical record will be
recorded onto a form. You will receive	\$25.00. Your name	or any identifying
information will not be sent to CDC.		
I would like to set up an appointment for y	ou to sign the consent fo	rm, complete the in-
person interview, and receive your \$25.00.		
If you have any questions regarding MM	P, please call (phone no	umber), 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).