

## **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: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Facebook Name: \_\_\_\_\_  
MySpace Name: \_\_\_\_\_

**If participant is homeless, provide additional information below:**

Shelters: \_\_\_\_\_  
Eateries: \_\_\_\_\_  
Liquor Stores: \_\_\_\_\_  
Other list of places or contacts: \_\_\_\_\_

**Do you receive money or food stamps regularly?**

Agency: \_\_\_\_\_ Case Worker: \_\_\_\_\_  
Location: \_\_\_\_\_ When: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Other Agency Contact Info (e.g. agency where services are received regularly)**

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_  
Location: \_\_\_\_\_ When: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**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"/> Work Phone      | <input type="checkbox"/> Voicemail OK? | <input type="checkbox"/> Work 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"/> MySpace         |  | <input type="checkbox"/> MySpace         |  |
| <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  Relative  Friend  Partner  Other  
information for:  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  Voicemail OK?  
Cell Phone: \_\_\_\_\_  Voicemail OK?  
Email Address: \_\_\_\_\_

Contact  Relative  Friend  Partner  Other  
information for:  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  Voicemail OK?  
Cell Phone: \_\_\_\_\_  Voicemail OK?  
Email Address: \_\_\_\_\_

Contact  Relative  Friend  Partner  Other  
information for:  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  Voicemail OK?  
Cell Phone: \_\_\_\_\_  Voicemail OK?  
Email Address: \_\_\_\_\_

**Regular place to hang out?**

Where: \_\_\_\_\_  
Address/Intersection: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Days/Times you might be there: \_\_\_\_\_