Form Approved:
OMB No. 0920-xxxx
Expiration Date: xx/xx/xxx

Critical Thinking and Cultural Affirmation (CTCA): Evaluation of a Locally Developed HIV Prevention

Attachment 5

Brief Locator Information Form

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 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)

Brief Locator Information Form

Pla	ace of Contact:			
Int	ervention Staff Name:			
			Date:	//
1	Nama			
⊥.	Name:	MI	First	
2.	What is your preferred method of contact for the twice monthly men's health messages that, upon your reply, automatically enter you in a raffle to win a \$150, \$50, or \$25 prize? (Check all that apply.)			
	☐ Phone – voice message		Facebook message (private))
	☐ Text message		Twitter message (private)	
	□ E-mail		Other:	_
	□ Mail			
3.	What is your preferred method of contact for appointment reminders and other study-related communication? (Check all that apply.)			
	☐ Phone – voice message		Facebook message (private))
	☐ Text message		Twitter message (private)	
	□ E-mail		Other:	_
	□ Mail			
4.	Daytime phone number: ()			
	Evening phone number: ()			
	Cell phone number: ()		
	Electronic (e-mail, Facebook, Twitter) preferred contact			
	May we send a text to your phone?	□ Yes	□ No	