

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

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

Attachment 7

Record Locator 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)

PID: _____

Date: ___/___/___

Loyola University Chicago

820 N. Michigan

Chicago, IL 60611

We are going to ask you now to give us your name, address, and preferred contact information, in addition to the names and addresses of at least 2 people who know you. We will use this information during the time you are taking part in this study to remind you of your appointments, follow up after study visits and to contact you in case we have some information about this study that you need to know. Additionally, we will be sending you men's health and wellness messages up to twice per month. By replying to these messages, you will be automatically entered into a raffle for one of the \$150, \$50, or \$25 prizes.

All information will be kept private. This information can only be seen by study staff.

We will always try to reach you first directly. We will try by telephone, mail, e-mail, text message, Facebook message, Twitter message, etc. – whichever method you prefer.

If we are not able to reach you directly, we will contact the people who know you whose information you gave to us. We will contact them by telephone. We ask you to tell them that we may contact them in the future. Please note that if we contact them, we will only refer to this study as the "CTCA Program".

If we cannot contact you directly or through your contact, we may make a visit to your home or to a contact's home.

You may refuse to answer any question on this form. However, for follow-up study visits we need your contact information and that of at least 2 people who know you.

We will keep this completed form on file for the duration of the study. After the study is completed, we will destroy the record.

Remember that all of this information is confidential. Please discuss any concerns or questions you may have with study staff.

Recruitment Location: _____

Date: ___/___/___

Participant Name: _____ Staff Initials: _____ Date: ___/___/___

PID: _____

Date: ___ / ___ / ___

5. Where do you currently live?

Address: _____

_____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Type of Dwelling: _____

Whose place is it? _____

Name

Relationship

6. Is this the best place to send postal mail (e.g., appointment reminder cards)?

Yes (Skip to question 7.)

No (Complete address below.)

Please provide an alternate postal address:

Address: _____

_____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

7. May we mail you: Appointment reminders? Yes No

Project updates? Yes No

General mailings? Yes No

8. Daytime phone number: (_____) _____

Evening phone number: (_____) _____

Cell phone number: (_____) _____

May we send a text to your phone? Yes No

Participant Name: _____ Staff Initials: _____ Date: ___/___/___

PID: _____

Date: ___/___/___

9. If we leave a voice or text message for you, who should we say it is from? (Check all that apply.)

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CTCA Study

Friend

Other: _____

10. On a normal week day, where can we find you or where do you hang out at 9:00 am?

11. On a normal week day, where can we find you or where do you hang out at 5:00 pm?

12. May we visit you at your current address if we are not able to reach you by phone, text or e-mail?

Yes No

13. If we visit your home and you are not there, is there a neighbor we could leave a message with that simply asks you to contact the CTCA study?

Yes No

What is his/her name and address?

Name: _____

Address: _____

_____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Participant Name: _____ Staff Initials: _____ Date: ___/___/___

PID: _____

Date: ___/___/___

SECONDARY CONTACT INFORMATION

Please give us two people who know you and who you would be comfortable with study staff contacting if we cannot reach you first. This could be a parent, sister or brother, other relative, friend, neighbor, case worker/social worker or counselor, etc. This should be someone with whom you have regular contact.

Contact #1 (Emergency Contact)

1. Name: _____

Address: _____

_____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

What is your relationship to this person? _____

When did you last see or hear from this person? : ___/___/___

If we leave a message with them for you, who should we say it is from? (Check all that apply.)

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CTCA Study

Friend

Other: _____

Does this person know you are in the study and what this study is about? Yes
No

Participant Name: _____ Staff Initials: _____ Date: ___/___/___

PID: _____

Date: ___/___/___

Contact #2 (Emergency Contact)

2. Name: _____

Address: _____

_____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

What is your relationship to this person? _____

When did you last see or hear from this person? : ___/___/___

If we leave a message with them for you, who should we say it is from? (Check all that apply.)

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Friend

Other: _____

Does this person know you are in the study and what this study is about?

Yes No

Participant Name: _____ Staff Initials: _____ Date: ___/___/___