Resources and Services Database of the CDC National Prevention
Information Network

0920-0255

Attachment 3-C

Telephone Verification Script – Revised

Telephone Verification Script

Public reporting burden of this collection of information is estimated to vary from 10-30 minutes per response, with average of 20 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, or respond to a collection of information unless it displays a currently valid 0MB 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 20222; ATTN: PRA (0920-0255).

1. Hello, is this _____ *(name of organization)*? (Make corrections as needed)

2. My name is _____ and I am calling from the CDC National Prevention Information Network. We are updating our database records and I am calling to see if the information we have about your organization is still current and complete.

3. The specific name of your organization is _____.

4. Do you have (use) an acronym for your company name?

5. Is your address still _____?

6. Do you have an e-mail address?   A website?

7. Is your main phone number still _____? Is your fax number still _____? Do you have an 800 number or TTD? _____ Are there any other phone numbers we should have? _____

8. The geographic area that your organization serves is _____.

9. What are the area codes for the regions you serve?

10. Your organization is [non-profit] [governmental] [commercial]? *(Choose whatever the record states)*

11. What are your business (service) hours?

12. Do you have separate hours for particular services, such as HIV testing?

13. Do you require appointments?

14. Are fees charged for services?

15. Is your [key staff title and name] still _____?

16. Do you offer services in any other language other than English?

17. Are there any restrictions on eligibility (for services)? Such as residency, income level, age, etc.

18. I'm going to read the services we have listed for your organization, please tell me if I should delete any of them.

19. What other services do you provide that I didn't mention? (Read headings of categories.)

20. Do you provide HIV-antibody testing? Is it oral or a blood draw? Any rapid testing? If so, what type?

21. Do you offer free HIV, STD, Hepatitis B, or Hepatitis C testing?

22. Do you offer pre- and post-test counseling?

23. What is (are) your main target population(s)? (Audiences)

24. Thank you and please contact us at (800) 458-5231 with any questions or visit our website at www.cdcnpin.org.