

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 (0920-0913)

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: _____