**Form Approved**

**OMB No. 0920-New**

**Expiration Date: XX/XX/XXXX**

**HIV Outpatient Study (HOPS)**

**Attachment 5**

**Behavioral Survey Instruction Card**

Each HOPS study site provides a similar information card for study participants to complete the

TACASI or web-based CASI assessment.

**Patient Information Card**

**My ID number is : \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**Please dial 1-888-270-7809 to begin.**

**Responses:**

**1=yes**

**2= no**

**\* = repeat question**

**# = skip to next question**

**To access the internet version of the survey go to:**

**http://hops.brightoutcome.com**

**Please use your ID number for both the Username and Password**