**0920-1019**

Integrating Community Pharmacists and

Clinical Sites for Patient-Centered HIV Care

**Justification for the Change Request**

RE: Request to use web-based survey instead of paper survey.

Attachment 7a: Quarterly Patient Information Form

In the previously approved information collection, the *Quarterly Patient Information forms* (**Attachment 7a**) were to be filled out by hand, on a paper form, and sent to the grantee for quality assurance checks and data entry. We currently request that the Quarterly Patient Information forms be completed and submitted electronically.

The change is requested in order to improve the quality of the Quarterly Patient Information form data by reducing the amount of illegible data entries, data entered into incorrect sections of the form or in the incorrect format. It is not anticipated that the change from completion of paper forms to completion of electronic forms will change the burden time on project sites. However, improvement in initial data quality will likely result in a reduction of time spent by project sites, on verifying data entries.

Page 2 of the (**Attachment 7a**) paper survey was not incorporated into the new electronic form because CDC does not receive that information.

Neither the purpose of the project, the methodology, nor the interpretation of results will be affected by the requested change.