**Attachment C.1**

Locator Section for Adults

RIViR Study

**RIViR Study**

**Locator Section for Adults (will be inserted after the first instrument administered)**

|  |  |
| --- | --- |
| Name |  |
| Would it be okay if RTI contacts you for another interview after this part of the study is over? You could decide at that time whether you want to participate. | Yes/No |

|  |  |
| --- | --- |
| *If YES: ask for the following information, checking that the study staff may contact the respondent via phone, text, mail or e-mail.* |  |
| What is your preferred phone number that we may call? |  |
| May we text you at this number? | Yes/No |
| Do you have a secondary phone number that we may call? |  |
| May we text you at this number? | Yes/No |
| What is an address that we may mail information to (if it’s okay with you)? |  |
| What is an e-mail address that we may send information to (if it’s okay with you)? |  |

|  |  |
| --- | --- |
| Can we contact someone else in the case that we cannot reach you? | Yes/No |
| *If YES: Please provide their name and phone number* |  |

|  |
| --- |
| The Paperwork Reduction Act Statement: Public reporting burden for this collection of information is estimated to average 6 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: XXX ATTN: XXX (xxxx--xxxx). Do not return the completed form to this address. |