

Attachment 4d
Model Patient Recruitment Script-Text and E-mail
Medical Monitoring Project
0920-0740

MMP Text and E-mail Recruitment Scripts

Before attempting to contact sampled persons via text or e-mail, MMP staff should review the privacy policy of the internet sites used for text and e-mail and ensure that, in the event that others gain access to the text or email messages, the phone numbers and email addresses used by MMP staff cannot be linked back through caller IDs, cookies, IP addresses, etc. to HIV surveillance or any other entity that might raise suspicions about a sampled person's HIV status. For example, caller IDs for phone numbers should not be linked to HIV Surveillance or other HIV-related public health activities.

Text Messages for PERSONS SAMPLED FOR MMP

The purpose of communicating with patients via text is to initiate a voice or face-to-face conversation to confirm identity and recruit the person for interview.

Before you send a text message, validate that the number you have is a cell-phone by checking on www.reversemobile.com or a similar site.

Staff must adhere to the following templates when sending text messages to sampled patients. The full name of the staff member should not be used, because of the risk that it can be traced back to HIV-related activities.

The first text message should simply identify the MMP staff member and provide a brief message and contact phone number. This text message must read:

Text 1	I am [FIRST NAME ONLY] with the [JURISDICTION] health department. You were randomly selected to participate in a confidential survey to improve health services. You will receive [TOKEN OF APPRECIATION AMOUNT AND FORMAT (e.g., \$25 check)] for your participation. Please call me at ___-___-_____
---------------	---

If the person does not respond to your initial text within 2-3 business days, a second message urging the person to call you may be sent. This text message must read:

Text 2	This is [FIRST NAME] again with the [JURISDICTION] Department of Health. I need to talk with you privately about participating in a health survey for which you will receive (token of appreciation amount). Please call me at ___-___-____ --
---------------	---

If the person does not respond to either of your first two messages, a final text may be sent 2-3 days after the initial text and it should read:

Text 3	I have been trying to contact you about participating in a health survey for which you will receive (token of appreciation amount). Please call me at ___-___-_____. This may be the last attempt to contact you.
---------------	---

If patient fails to respond to texts 1-3, STOP text contact.

If sampled patient responds with a text message, they have a working phone. If staff receives the message in real time, respond to their message with the following text message:

Text 4
(Response)

You've been chosen to take part in a private survey about your health care. I am calling you now.

E-mail or Short Message Service (SMS) Messages for Sampled Patients

The following are sample e-mail and SMS messages to sampled patients. The full name of the staff member should not be used, because of the risk that it can be traced back to HIV-related activities:

Email #1 to Patient

My name is [FIRST NAME] and I work for the JURISDICTION Department of Health. You were randomly selected to take part in a special project about health care. The project is being conducted by the JURISDICTION Department of Health and is funded by the U.S. Centers for Disease Control and Prevention (CDC).

If you agree to participate:

- You will complete a 45-minute interview that can be given via phone or in person at a place and time of your choosing.
- **You will get [TOKEN OF APPRECIATION AMOUNT AND FORMAT] for your participation.**
- You will be asked questions that include: 1) What medical services are you getting? and 2) What services do you need that you are not getting? The interview covers a variety of health care issues. You can refuse to answer any question. All the information collected about you will be completely private and your name will not be linked to any of your answers.
- Nothing will happen if you do not take part - it will not change the services that are available to you.

Your responses may help to improve health services for your community. It is important that you call me at PHONE NUMBER so that I can speak with you privately about this project.

Thank you for your prompt response to this request.

[FIRST NAME AND CONTACT INFORMATION]

Email #2 to Patient

My name is [FIRST NAME] and I work for the JURISDICTION Department of Health. You were randomly selected to participate in a special project about health care. The project is being conducted by the JURISDICTION Department of Health and is funded by the U.S. Centers for Disease Control and Prevention (CDC).

If you agree to participate:

- You will complete a 45-minute interview that can be conducted on the phone or at a place and time of your choosing.
- **You will get [TOKEN OF APPRECIATION AMOUNT AND FORMAT] for your participation.**

- You will be asked questions that include: 1) What medical services are you getting? 2) What services do you need that you are not getting? The interview covers a variety of health care issues. You can refuse to answer any question. All the information collected about you will be completely private and your name will not be linked to any of your answers.
- Nothing will happen if you do not take part - it will not change the services that are available to you.

If you are interested in participating, please call me at [phone]. To confirm that this e-mail is authentic and legitimate, feel free to call PHONE NUMBER and ask to speak to my supervisor, [FIRST NAME]. Thank you for your prompt response.

[FIRST NAME AND CONTACT INFORMATION]

Email #3 to Patient

My name is [FIRST NAME] and I work for the [JURISDICTION] Department of Health. You were randomly selected to participate in a special project about health care. The project is being conducted by the JURISDICTION Department of Health and is funded by the U.S. Centers for Disease Control and Prevention (CDC).

If you agree to participate:

- You will complete a 45-minute interview that can be conducted via phone or at a place and time of your choosing.
- **You will receive TOKEN OF APPRECIATION AMOUNT AND FORMAT for your participation.**
- You will be asked questions that include: 1) What medical services are you getting? 2) What services do you need that you are not getting? The interview covers a variety of health care issues. You can refuse to answer any question. All the information collected about you will be completely private and your name will not be linked to any of your answers.
- Nothing will happen if you do not take part - it will not change the services that are available to you.

Regards,

[FIRST NAME AND CONTACT INFORMATION]