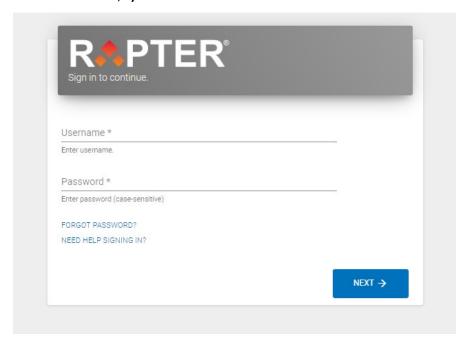
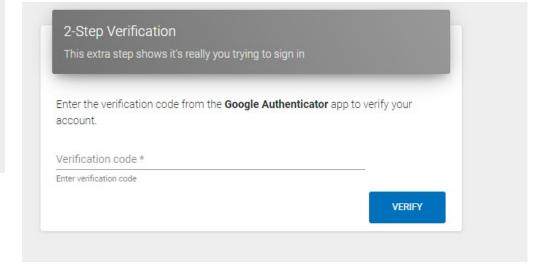
Instrument 2. Identifying and contact information

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 25 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This includes the time it takes to complete the baseline survey. Send comments regarding this burden estimate to XXX. OMB expiration date xx/xx/xxxx.

Identifying and Contact Information Data Collection - Screens in the Random Assignment, Participant Tracking Enrollment, and Reporting, or RAPTER®, system

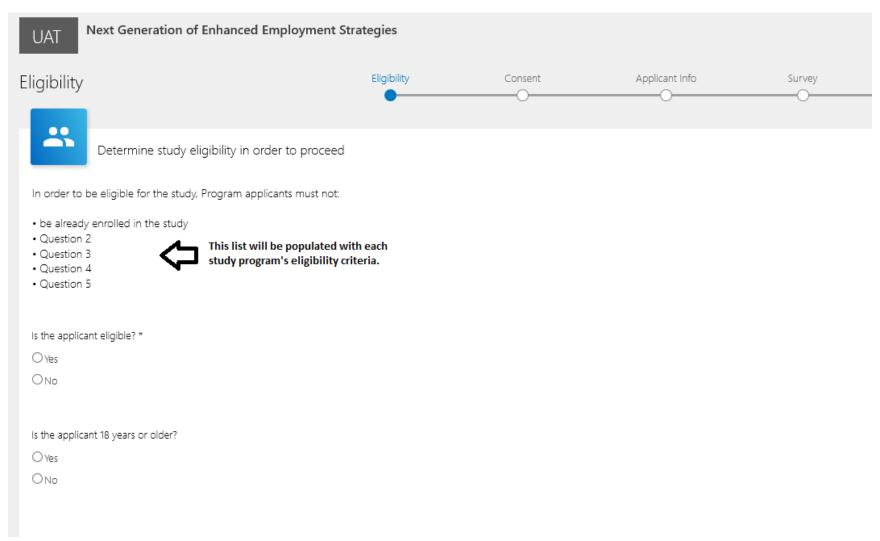


A1. Login screens

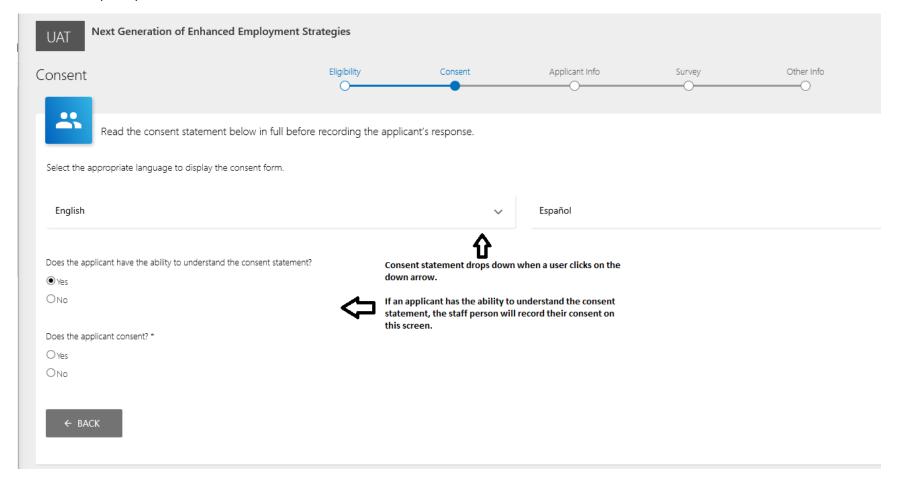


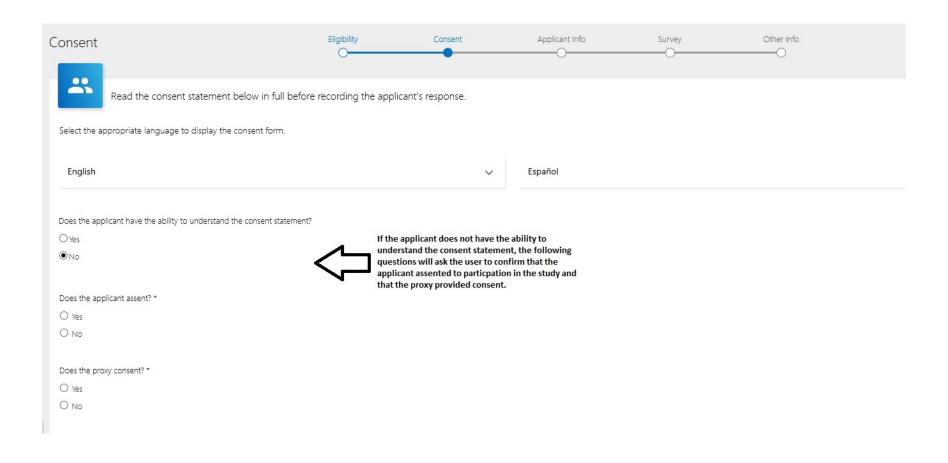
Intake Screens

B1. Study Eligibility

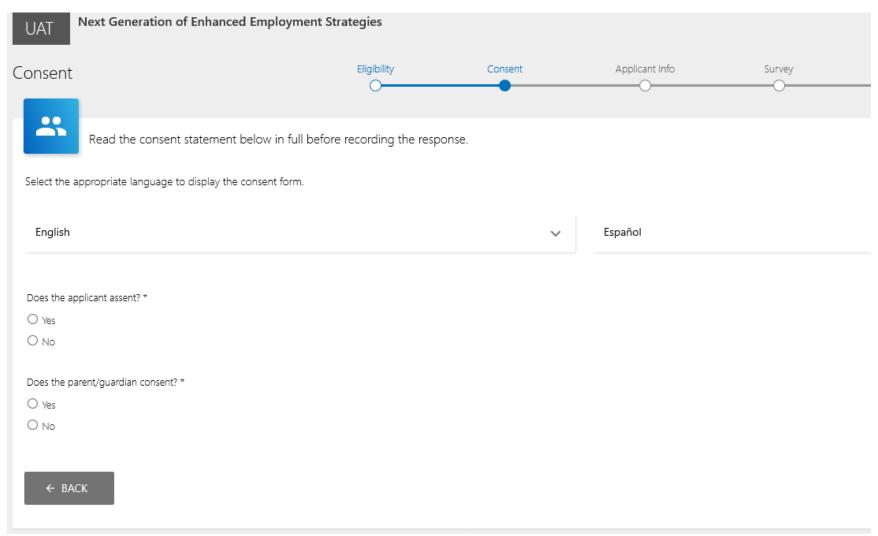


B2. Consent by Sample Member

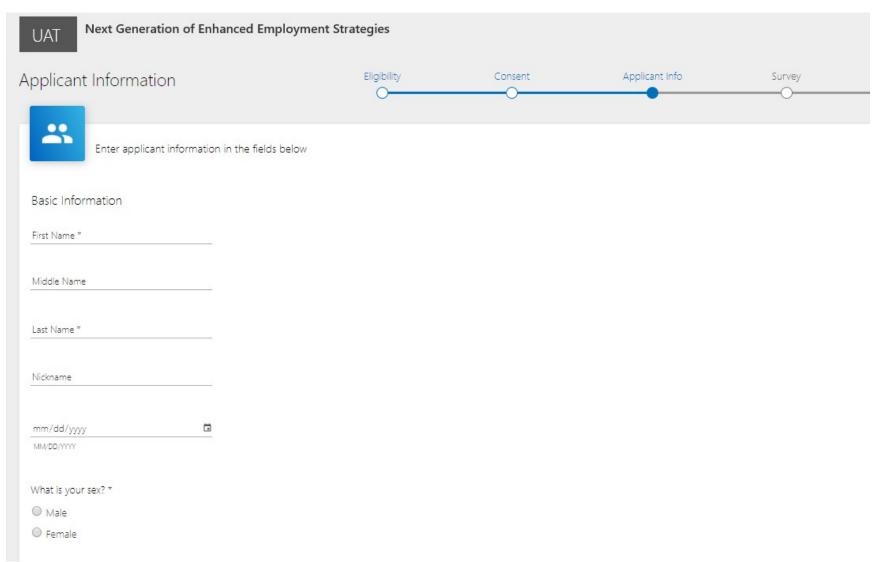




B3. Consent by parent/guardian



B4. Applicant information

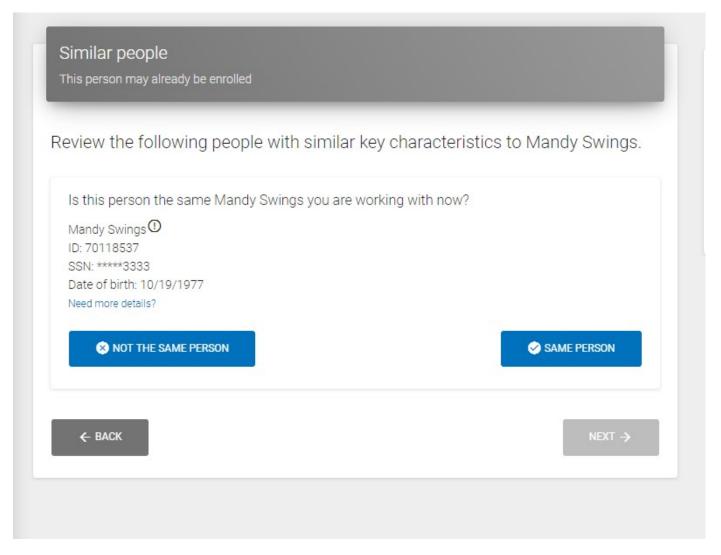


Social Security number *
1007-107-10000
☐ This participant does not have a Social Security number
Contact Information
Address Line 1 *
Address Line 2
City *
State * V
Zip*
X0000K-X000K
ADD ADDRESS REMOVE ADDRESS

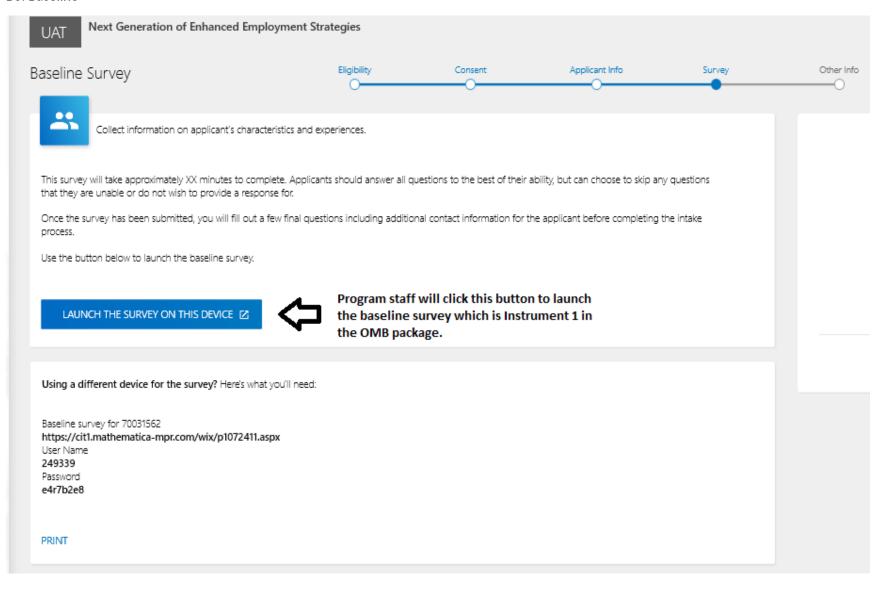
Email address *	
☐This person does not h	nave an email.
ADD E-MAIL	REMOVE E-MAIL
Phone *	
(xaar) xxxx - xaaar	
☐ This person does not h	ave a phone.
Personal or work? *	
O Personal	
OWork	
5 II I II 34	
Cell or landline? *	
O Cell	
OLandline	
OK to text? (Message ar	nd data rates may apply.) *
○Yes	
ONo	
ADD PHONE	REMOVE PHONE

Can we contact you through Facebook? *	
○Yes	
Ono	
Name used on Facebook	
Facebook URL	
Can we contact you through LinkedIn? *	
● Yes	
Омо	
Name used on LinkedIn	
Random assignment stratification characteristic	This is to collect information to stratify random assignment.
Response 🗸	Examples could include referral source, staff, etc. The variables will be populated for each program as needed.
School	
School Name	This will only be used for for programs that enroll participants in schools.

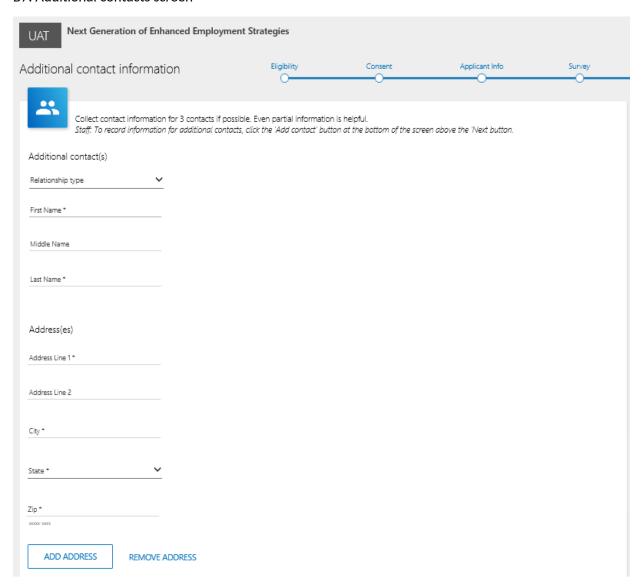
B5. Duplicate check



B6. Baseline



B7. Additional contacts screen



Email(s)	
Email address *	
This person does not	have an email.
ADD E-MAIL	REMOVE E-MAIL
Phone number(s)	
(xior) xior – xiorx	
☐This person does not h	nave a phone.
Personal or work? *	
O Work	

Cell or landline? *	
● Cell	
OLandline	
OK to text? (Message and data rates may apply.) *	
○Yes	
ONo	
ADD PHONE REMOVE PHONE Applicant does not have any contacts	
ADD CONTACT	
← BACK	NEXT →

