

**Attachment 8c**  
**Model Patient Recruitment Script-Facility**  
**Medical Monitoring Project**  
**0920-0740**

OMB No: 0920-0740 Expiration: xx/xx/xx

Public reporting burden of this collection of information is estimated to average 5 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: CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA (0920-0740). Do not send the completed form to this address.

This activity consists of facility office staff approaching sampled persons for enrollment. The following is a model recruitment script that can be used for these purposes.

### **Model Patient Recruitment Script Provider/Facility Makes First Contact**

*Please use this Patient Recruitment Script to contact patients for participating in the Medical Monitoring Project after receiving a list of randomly selected patients from the Health Department.*

#### **Script**

*Name of patient you are calling* \_\_\_\_\_

Hello my name is \_\_\_\_\_ with [insert facility name]. I am calling to let you know about a project called [insert local project name], in collaboration with the Health Department and the Centers for Disease Control and Prevention (CDC) and [facility name if applicable].

I am asking for your voluntary participation in this health department project. Your experiences and opinions are really important for guiding care for HIV patients both here in [insert project area name] and around the country. Hearing from patients like you will help us serve you better.

If you agree to participate, you will be asked to complete a 40 minute in-person, videoconference, or telephone interview and allow your medical records to be abstracted. Medical record abstraction is a process where selected information from your medical record will be looked over and recorded onto a form. You will receive \$\_\_\_\_\_ as a token of appreciation. This survey is completely confidential. **Neither your name nor any other information that identifies you will be recorded with the interview and medical record information we collect for this project.**

A representative from the Health Department will contact you to set up an appointment for you to provide consent, complete the interview, and receive your \$\_\_\_\_\_.

If you have any questions regarding [insert local project name], please call [insert phone number], and ask for [MMP Project Area staff contact].

I would like to thank you in advance for your participation in this very important activity that will positively impact health care and reduce illnesses among persons living with HIV/AIDS in [insert project area name].