

Attachment 2c: SSP Contact Form

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SSP Contact Form Version 1.0

STUDY ID NUMBER (IN HOUSE USE ONLY) : _____

Date: _____

Recruiter _____

Location _____

SECTION 1: TO BE COMPLETED AT TIME OF SCREENING:

We appreciate your interest in the study. I'll need your name and phone number so we can reach you to schedule your interview and/or to remind you of your scheduled interview. As noted during the screening, we will not use your name or contact information when identifying your answers to our questions.

1. What is your preferred name?

2. Please provide me with a contact number where we can reach you with a reminder.

Phone 1 _____

- a. Is there another number as well? Phone 2 _____

- b. Is it okay for me to leave a message if you are not available to answer?"

Yes [] No []

- c. Is it okay to text your cell phone if you are not available to answer?"

Yes [] No []

- d. Is it ok to leave a call back number with someone who answers the phone?

Yes [] No []

3. Is there an email address that you would like me to use to contact you?

- a. YES Specify _____

- b. NO

4. What city/area are you calling from? _____

5. If known -An interviewer will be in your area the week of [DATE]. If you are eligible, would you be available then for an interview?

Yes

No

KEEP CONTACT INFORMATION SECURED.
IT IS PRIVATE INFORMATION.

SECTION 2: PHONE SCHEDULING - ONCE RESPONDENT IS DETERMINED TO BE ELIGIBLE

Thank you again for your interest in our study. I am calling back about the research study we are conducting in order to better understand the service needs of clients of syringe service programs (SSPs). You have been selected to participate in the study, if you would still like to.

Points to cover:

- The interview takes about one full hour.
- The interview needs to be in person. We'll have an interviewer in
 - o [AREA] at
 - o [LOCATION] on
 - o [DATES]
- You will receive \$40 cash/gift card following the interview.
- Your participation is completely voluntary and you do not have to answer any questions you do not feel comfortable answering.
- Participation in this research will in no way impact any care or services you may be receiving or are entitled to receive.

Do you have any questions?