

<b>PATH For Triples</b>	<b>Michael Blank, Ph.D.</b>
<b>Patient's First Name:</b> _____	<b>Date M:</b> ____ / <b>D:</b> ____ / <b>Yr:</b> _____
<b>Patient's Last Name:</b> _____	
<b>Interviewer Initials:</b> _____	

### **LOCATOR INFORMATION INTERVIEW – Update at Every Contact**

We will want to get in touch with you again for another interview. Also, we may need to get information to you about your next appointment, the study in general, or the results of medical tests. To be able to locate you, we ask for a lot of locator information - names, addresses, phone numbers - that may help us to find you.

It is very important that you give us accurate information although we understand that you may not have information to answer all the questions. And, if there's something you don't want to answer, it would be better if you said "I don't want to answer that", rather than tell us something that's not true.

We understand that this is very private information and will take great care to protect it. Personal information that includes your name and other identifying information will be available only to study staff and will be kept in locked files that are separate from those used to your store lab results, questionnaire and interview data. These data are indexed by an ID # only, and are not directly linked to the answers you give to the questions on this form. As an additional precaution, information we store in the computer can only be accessed by using a special password known only to study staff.

As we try to contact you, we will send letters or leave phone messages but we will not reveal details about the study or why you are in it. We just say that we're calling or writing from the University of Pennsylvania and will ask to speak with you. If you are not home, we will leave a message asking you to call us at the University, and the study staff member will leave his/her first name along with our phone number. If asked, we will not disclose any additional information. If you would prefer us to say or write something other than what is described above, please let us know and we'll note it in our records.

(Ask at first screening visit only) How did you hear about this research study? \_\_\_\_\_

1. Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

1a. Nickname/Street name: \_\_\_\_\_

1b. Do you have any aliases or other names you use?  Yes \_\_\_\_\_  
 No \_\_\_\_\_

2. What is the address where you currently live or stay?

Street \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2a. This address is....

Yours, or your family's house/apt  A friend's house/apt  A shelter

2b. If **shelter** is checked, get contact information.

Name/Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Who lives at the above address with you? (enter names, relationship to Participant, & ages. Best guess of age is fine for adults. If children, get accurate age, if possible). *If asked, would they help you adhere to your treatment and medications?*

<u>Person's Name</u>	<u>Relationship</u>	<u>Age</u>
3a1. _____	3a2. _____	3a3. _____

3a4. **Would help to adhere?**  Yes  No  Unsure

3b1. _____	3b2. _____	3b3. _____
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3b4. **Would help to adhere?**  Yes  No  Unsure

3c1. _____	3c2. _____	3c3. _____
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3c4. **Would help to adhere?**  Yes  No  Unsure

3d. Is this your BEST mailing address  Yes (if "Yes" go to q #4)  No (if "No" skip to q# 3e)

3e. What is your best mailing address?

Street: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of the person whose home this is: \_\_\_\_\_

Name of person who lives at this address: \_\_\_\_\_

4. What are the best phone #'s to contact you over the next 3 months?

Phone #: \_\_\_\_\_  Cell  Land line Whose # is this? \_\_\_\_\_

Phone #: \_\_\_\_\_  Cell  Land line Whose # is this? \_\_\_\_\_

5. Best time to call \_\_\_\_\_ Best phone number to call: \_\_\_\_\_

6. Best phone number to send a text message to remind you about your study visit?

\_\_\_\_\_  I don't want to receive text messages

\_\_\_\_\_ Phone #

\_\_\_\_\_ Phone #

7. Are you presently working? (this includes part-time or occasional jobs, & "under the table" work)

Yes (if "Yes" go to q # 7a)  No (if No skip to q# 8)

7a. Could we leave messages at your place of work?

Yes (if "Yes" complete the contact information for place of employment)

No

Address of place of employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ What name do they know you by? \_\_\_\_\_

Name of boss or person whom should know it's OK to leave message? \_\_\_\_\_

8. Are you currently attending school?  Yes  No (skip to q# 9)

**IF YES:**

8a. Where \_\_\_\_\_ Phone: \_\_\_\_\_

8b. How long will you be in school? \_\_\_\_\_

8c. What are your school hours? \_\_\_\_\_

9. Can we contact you through an internet address?

Yes (if "Yes" select the 2 best internet methods you prefer)

No (if "No" go to question # 10a)

**Check the two most preferred methods from below:**

	Preferred?
Email Address _____	_____
Instant Messenger _____	_____
Twitter _____	_____
Facebook _____	_____
Other: _____	_____

**REGULAR CONTACTS**

Now I'm going to ask you about people who you see & talk to at least once a week. These are people OTHER than the people you live with that you have already told us about. We already have all their names, right? (**go back to #3 to prompt again to make sure they listed everyone**). So, other than the people you live with, can you tell us the names and contact info for OTHER people who would be willing to take messages for you & will definitely be certain to give you the messages. These people can be family members, friends, anyone who you agree to stay in contact with at least for the duration of the study.

10a. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_  
ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
What name does this contact call you? \_\_\_\_\_ When was your last contact with this person? \_\_\_\_\_  
**Would help to adhere?**       Yes       No       Unsure

10b. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_  
ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
What name does this contact call you? \_\_\_\_\_ When was your last contact with this person? \_\_\_\_\_  
**Would help to adhere?**       Yes       No       Unsure

10c. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_  
ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
What name does this contact call you? \_\_\_\_\_ When was your last contact with this person? \_\_\_\_\_  
**Would help to adhere?**       Yes       No       Unsure

**FAMILY**

11. Father's Last Name: \_\_\_\_\_  
Mother's First & Last Name: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_

12. Do you have any children?     Yes       No  
  
    **IF YES**, how many? \_\_\_\_\_

**IF NOT PREVIOUSLY LISTED AS CONTACTS:** What are their names & ages?

13a. Name: \_\_\_\_\_ Age \_\_\_\_\_      13b. Name: \_\_\_\_\_ Age \_\_\_\_\_  
13c. Name: \_\_\_\_\_ Age \_\_\_\_\_      13d. Name: \_\_\_\_\_ Age \_\_\_\_\_  
13e. Name: \_\_\_\_\_ Age \_\_\_\_\_      13f. Name: \_\_\_\_\_ Age \_\_\_\_\_

14. Can any of your children be used as contacts?     Yes       No  
  
    **IF YES**, which one (s)?

14a. Name \_\_\_\_\_  
Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
What name does this contact call you? \_\_\_\_\_ When was your last contact with this person? \_\_\_\_\_  
**Would help to adhere?**       Yes       No       Unsure

14b. Name \_\_\_\_\_  
 Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 What name does this contact call you? \_\_\_\_\_ When was your last contact with this person? \_\_\_\_\_  
**Would help to adhere?**       Yes       No       Unsure

14c. Name \_\_\_\_\_  
 Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 What name does this contact call you? \_\_\_\_\_ When was your last contact with this person? \_\_\_\_\_  
**Would help to adhere?**       Yes       No       Unsure

**ACTIVITIES**

15. Where are the places you spend your time? Examples support groups, clubs/bars, library, organizations, etc.

<u>Name of Place/Organization</u>	<u>Intersection/Address</u>	<u>Day of the Week</u>
_____	_____	<input type="checkbox"/> Day <input type="checkbox"/> Night
_____	_____	<input type="checkbox"/> Day <input type="checkbox"/> Night
_____	_____	<input type="checkbox"/> Day <input type="checkbox"/> Night
_____	_____	<input type="checkbox"/> Day <input type="checkbox"/> Night

**MEDICAL & LEGAL**

16. D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_      16a. SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

17. Driver' License # & State: \_\_\_\_\_

18. P.P/Federal # \_\_\_\_\_

19. Are you currently on active duty or in the reserves for the US Military?    Yes       No  
 IF YES, what branch and where? \_\_\_\_\_

20. Are you a veteran of the US Military?    Yes       No  
 IF YES, what year were you discharged? \_\_\_\_\_

21. Have you received health care services from any VA Medical Centers?    Yes       No  
 IF YES, which ones? \_\_\_\_\_ Name of PCP: \_\_\_\_\_

22. Do you receive disability compensation?    Yes       No  
 IF YES: From where \_\_\_\_\_

23. Do you receive any form of public assistance?  Yes  No

IF YES: District: \_\_\_\_\_

23a. Case Manager's Name \_\_\_\_\_ Phone # \_\_\_\_\_

24. What kind of insurance do you have?

1) Medicaid ---Medicaid # \_\_\_\_\_

2) Medicare --- Medicare # \_\_\_\_\_

3) Private Insurance \_\_\_\_\_

4) VA \_\_\_\_\_

5) Other: \_\_\_\_\_

25. Do you have a lawyer?  Yes

No

IF YES: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

26. What aliases might you use if you were arrested or incarcerated? \_\_\_\_\_

27. Are you currently on parole or probation?  Yes  No

IF YES: Federal, State, or County? (Circle one)

27a. What is the month and year your probation or parole ends? \_\_\_\_ / \_\_\_\_

27b. Name and Address of probation or parole officer: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

28. Have you ever been incarcerated?  Yes  No

28a. If ever incarcerated, name of last facility: \_\_\_\_\_

28b. If previously incarcerated, when were you last released from prison? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

29. Are you currently awaiting charges, trial or sentencing?  Yes  No

IF YES: Next court date: \_\_\_\_\_

30. If by chance you were arrested, detained or incarcerated now whom would you contact?  
(if this person was **not** named as another contact add all contact information for this question)

Person's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Would help to adhere?  Yes  No  Unsure

31. Have you ever been in treatment for a substance abuse?  Yes  No

IF Yes: How many times? \_\_\_\_\_

32. Are you currently in treatment for substance abuse?  Yes  No

IF YES: Where \_\_\_\_\_

Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

32a. May we leave a message or send a letter there?  Yes  No

32b. How long do you anticipate being in that treatment program? \_\_\_\_\_

32c. How many times have you been in that treatment program before? \_\_\_\_\_

33. Have you ever been in treatment for mental health issues?  Yes  No

**IF Yes:** How many times? \_\_\_\_\_

34. Are you currently in a treatment program for mental health issues?  Yes  No

**IF YES:** Where \_\_\_\_\_

Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

34a. May we leave a message or send a letter there?  Yes  No

34b. How long do you anticipate being in that treatment program? \_\_\_\_\_

34c. How many times have you been in that treatment program before? \_\_\_\_\_

35. Have you ever been in treatment for HIV/Infectious Disease?  Yes  No

**IF Yes:** How many times? \_\_\_\_\_

36. Are there other medical or treatment providers – HIV doctor, General Practitioner, or counselor --where we could send a letter addressed to you or leave a message for you?  Yes  No **(skip to q# 37)**

36a. Type of Provider / Name of Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

36b. Type of Provider / Name of Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

37. Do you ever stay at a shelter?  Yes  No

**IF YES,** Name/Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

38. Do you ever use a food line or soup kitchen?  Yes  No

IF YES: How often? \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

39. Do you use a needle exchange?  Yes  No

IF YES, Which site do you use? \_\_\_\_\_

40. Are you currently in any other research studies?  Yes  No

IF YES, which ones and/or with whom? \_\_\_\_\_

40a. Were you **ever** in any other research studies?  Yes  No When? \_\_\_\_\_

IF YES, which ones and/or with whom? \_\_\_\_\_

41. Any other places I could call and leave a message or send a letter? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Visible Marks and other characteristics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes or other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**(For follow-up visits only)**

43. How did we get in contact with you this time? (check & add appropriate information for all that apply)

Received letter in the mail at address: \_\_\_\_\_

Phone call at number: \_\_\_\_\_

Left message with contact person: \_\_\_\_\_

43a. Who do you know that is also participating in this study? \_\_\_\_\_  
First Name, First Initial of Last Name

43b. How is this person related to you? \_\_\_\_\_

43c. Could we contact him/her if we have difficulty locating you?

_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>