

# PARTICIPANT SCREENING FORM

**When to Use:** During participant recruitment

**Administered by:** Screener

**Completed by:** Screener

**Instructions:** Use this form to determine whether someone is eligible and able to participate in your Many Men, Many Voices (3MV) sessions. You may modify this form to fit your agency's needs. At a minimum, participants must be black men who have sex with men (MSM) who are HIV-negative. You will need to develop and follow protocols for how the screening should be conducted and how you will inform participants about their eligibility.



## PARTICIPANT SCREENING FORM

Screener's Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location: \_\_\_\_\_

Read the following statement to the person you are screening:

*I will be asking you a few questions to make sure that our program can best meet your needs. Some of the questions can be personal. All of the information you provide will remain confidential, but if there is a question you are not comfortable answering, just say so.*

1. What is your name? \_\_\_\_\_

2. What is your age? \_\_\_\_\_

3. What best describes your race?

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American\*
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Don't know
- ☐ Refused to answer
- ☐ Did not ask

4. What is your current HIV status (i.e., HIV-positive or HIV-negative)?

- ☐ HIV-positive (HIV+)
- ☐ HIV-negative (HIV-)\*
- ☐ Don't know
- ☐ Refused to answer
- ☐ Did not ask

5. In the past year, have you engaged in any sexual activity (e.g., kissing; fondling; oral sex; anal sex) with another man?

- ☐ Yes\*
- ☐ No
- ☐ Refused to answer
- ☐ Did not ask

6. Our Many Men, Many Voices group meets (state information on time, dates, number of sessions, location, etc.). In order to get the most out of it, you should attend the entire intervention. Do you think you will be able to make all the sessions (or participate in the retreat)?

☐ Yes\*

☐ No, but would like attend at a different time/date\*

*Specific dates, days of the weeks, times that work:* \_\_\_\_\_

\_\_\_\_\_

☐ No

☐ Don't know

☐ Refused to answer

☐ Did not ask

7. Is there a phone number where we can reach you?

☐ Yes ➡ Phone number: \_\_\_\_\_

☐ No

☐ Refused to answer

☐ Did not ask

8. Can we send you information about Many Man, Many Voices to your e-mail account?

☐ Yes ➡ E-mail address: \_\_\_\_\_

☐ No

☐ Did not ask

*Thank you. That is all the information I need to collect. Do you have any questions?*

---

Complete After Screening

Is this person eligible?: ☐ Yes (all \* responses checked) ☐ No

When can he attend a 3MV cycle?: \_\_\_\_\_

---