

DATE \_\_\_\_\_

INTERVIEWER ID# \_\_\_\_\_

STUDY ID# \_\_\_\_\_

### HEALTH STUDY LOCATOR FORM

On this form we collect information that will help us reach you when it's time for your follow-up interview. The information you give us will be kept in a separate place from your answers on the interview. It will be used only to locate you for your follow-up, and it will not be given to anyone else. We will not tell any contact anything except that you are participating in a health study.

1. Please tell me your full name:

\_\_\_\_\_ (\_\_\_\_\_)  
First Middle Last (Maiden)

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

4. Other names or nicknames: \_\_\_\_\_

5. Where were you born? \_\_\_\_\_  
(City, State)

6. How long have you lived in the local area? \_\_\_\_\_

7. Driver's License or State ID #: \_\_\_\_\_ State: \_\_\_\_\_

8. Do you have car? (If yes) License #: \_\_\_\_\_

9. Military #: \_\_\_\_\_

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10. Residence address: \_\_\_\_\_  
(Street address) (Apt. # or P.O. Box #)

\_\_\_\_\_ (City) (Zip)

11. How long have you lived there? \_\_\_\_\_

12. Do you plan to move anytime soon? \_\_\_\_\_

Do you know where to? \_\_\_\_\_

13. Home Phone: (\_\_\_\_\_) \_\_\_\_\_

14. Who else lives there?

Full Name: \_\_\_\_\_ (First, Middle, Last) \_\_\_\_\_ (Relationship)

Full Name: \_\_\_\_\_ (First, Middle, Last) \_\_\_\_\_ (Relationship)

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15. Cell Phone: (\_\_\_\_\_) \_\_\_\_\_
16. Pager: (\_\_\_\_\_) \_\_\_\_\_
17. E-mail address: \_\_\_\_\_
18. Work phone? (\_\_\_\_\_) \_\_\_\_\_ (Name of Company)
19. Other phone? (\_\_\_\_\_) \_\_\_\_\_ (Whose phone is this?)
20. Do you have a message number? (\_\_\_\_\_) \_\_\_\_\_

21. Who lives there?

Full Name: \_\_\_\_\_ (First, Middle, Last) \_\_\_\_\_ (Relationship)

Full Name: \_\_\_\_\_ (First, Middle, Last) \_\_\_\_\_ (Relationship)

22. Address: \_\_\_\_\_ (Street address) \_\_\_\_\_ (Apt. # or P.O. Box)

\_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

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23. Best mailing address: \_\_\_\_\_ (Street address) \_\_\_\_\_ (Apt. # or P.O. Box)

\_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

24. Phone: (\_\_\_\_\_) \_\_\_\_\_

25. Who lives there?

Full Name: \_\_\_\_\_ (First, Middle, Last) \_\_\_\_\_ (Relationship)

Full Name: \_\_\_\_\_ (First, Middle, Last) \_\_\_\_\_ (Relationship)

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26. Best Contacts: Do you have friends or relatives who usually know how to reach you if you should move or leave the program?

(1) Full Name: \_\_\_\_\_ (First, Middle, Last)

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

Phone? (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work phone? (\_\_\_\_\_) \_\_\_\_\_ (Name of Company)

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Best Contacts: Do you have friends or relatives who usually know how to reach you if you should move or leave the program?

(2) Full Name: \_\_\_\_\_  
(First, Middle, Last)

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

Phone? (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work phone? (\_\_\_\_) \_\_\_\_\_  
(Name of Company)

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(3) Full Name: \_\_\_\_\_  
(First, Middle, Last)

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

Phone? (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work phone? (\_\_\_\_) \_\_\_\_\_  
(Name of Company)

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Now I'd like to ask you about your family. If you don't know their addresses, just the towns would help. (Complete entire family; use extra space if necessary. Don't forget brothers, sisters, spouse, ex-spouse, girlfriend, boyfriend, baby's father/mother, grandparents, cousins, aunts, uncles, foster parents, God parents, and adult children. Include cell phone and pager numbers.)

27. **Mother:** \_\_\_\_\_  
(Full Name: First, Middle, Last)

\_\_\_\_\_  
(Address)

Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_

Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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28. **Father:** \_\_\_\_\_  
(Full Name: First, Middle, Last)  
\_\_\_\_\_  
(Address)  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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29. **Relative:** \_\_\_\_\_  
(Full Name: First, Middle, Last) (Relationship)  
\_\_\_\_\_  
(Address)  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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30. **Relative:** \_\_\_\_\_  
(Full Name: First, Middle, Last) (Relationship)  
\_\_\_\_\_  
(Address)  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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31. **Relative:** \_\_\_\_\_  
(Full Name: First, Middle, Last) (Relationship)  
\_\_\_\_\_  
(Address)  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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32. **Relative:** \_\_\_\_\_  
(Full Name: First, Middle, Last) (Relationship)  
\_\_\_\_\_  
(Address)  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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33. **Relative:** \_\_\_\_\_  
(Full Name: First, Middle, Last) (Relationship)  
\_\_\_\_\_  
(Address)  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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34. **Relative:** \_\_\_\_\_  
(Full Name: First, Middle, Last) (Relationship)  
\_\_\_\_\_  
(Address)  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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35. **Relative:** \_\_\_\_\_  
(Full Name: First, Middle, Last) (Relationship)  
\_\_\_\_\_  
(Address)  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ In touch? \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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36. Is there a case worker, doctor, community clinic, religious institution or other contact that you see regularly?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone? (\_\_\_\_) \_\_\_\_\_ Agency: \_\_\_\_\_  
Other phone/contact info? (\_\_\_\_) \_\_\_\_\_  
(Whose phone is this?)

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37. Do you receive money or foodstamps regularly from an agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes) Agency \_\_\_\_\_

When is it paid? \_\_\_\_\_

Where is the check sent? \_\_\_\_\_

Where do you cash the check? \_\_\_\_\_

Case worker: \_\_\_\_\_ File #: \_\_\_\_\_

Who is your Representative Payee? \_\_\_\_\_

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

Phone? (\_\_\_\_\_) \_\_\_\_\_ Agency: \_\_\_\_\_

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38. Is there any place you go regularly to hang out or to meet with friends?

Place: \_\_\_\_\_

Address or Intersection: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Times you might be there: \_\_\_\_\_

\_\_\_\_\_

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39. Are you on probation, parole, or have an active court case? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes) Agency \_\_\_\_\_

I.D. Number (Department of Probation/Corrections, Case Number): \_\_\_\_\_

Probation/Parole Officer Name \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

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40. INTERVIEWER: IF RESPONDENT (R) IS HOMELESS, OR HAS OFTEN BEEN HOMELESS, GET INFORMATION ON:

Shelters, SRO hotels: which ones does R tend to use? Where did R sleep last night?

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What soup kitchen, restaurant, etc. does R like to use? Where did R eat today, yesterday?

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Where does R like to buy liquor or other necessities? (Store owners who give credit may know where R tends to hang out.)

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Does R know any service workers in the area R usually hangs out? Get agency and names.

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Does R stay in different places in the winter vs. summer? Get list.

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41. INTERVIEWER: IF R IS INCARCERATED, RECORD EXPECTED RELEASE OR TRANSFER DATE AND TRANSFER DESTINATION.

Release/transfer date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Prison/Jail Inmate Number: \_\_\_\_\_

Destination: \_\_\_\_\_

Comments: \_\_\_\_\_

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42. INTERVIEWER: PLEASE NOTE:

APPROXIMATE HEIGHT: \_\_\_\_' \_\_\_\_" HAIR COLOR: \_\_\_\_\_ EYE COLOR \_\_\_\_\_

ETHNICITY \_\_\_\_\_

43. INTERVIEWER: PLEASE NOTE ANY PERMANENT IDENTIFYING PHYSICAL CHARACTERISTICS, SUCH AS SCARS OR TATTOOS.

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