

Development and Testing of an HIV Prevention Intervention
Targeting Black Bisexually-Active Men

Attachment 3B

Locator Forms by Site

3B.1: PHMC: Locator Form

Public reporting burden of this collection of information is estimated to average 10 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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

(Interviewer: Read the following introduction to the participant)

It is important that you and the survey staff remain in regular contact. It is also important for your counselor to know how to contact you in case of a missed appointment or if an appointment needs to be rescheduled. This interview is designed to help you and the study staff determine how we will locate you for the next three months.

We ask for a lot of locator information- names, addresses, phone numbers- that may help us find you to remind you of your next appointment. We do this because we want to make sure we can find you when it is time for your next interviews. We understand that you may not have information to answer all the questions, but we ask that you give the best information you have so we can easily contact you to remind you about your next appointment.

We understand that this is very private information and take a lot of care to protect it. This information is available only to the Connections Team so we can call you or send you a message about your next visit. The information is kept in locked files. These files are separate from those used to store other data, which are labeled by an ID number

only. Information we store in the computer can only be accessed by using a special password.

It is very important that you give us accurate information. 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.

When we send letters or leave phone messages, we don't reveal your personal information. We just say that we're calling or writing from the Connections Program. If you would prefer us to say or write something else, please let us know and we'll note it in our records. If you belong to any social networking sites, such as MySpace or Facebook and provide us with your member information, we will only contact you through personal messaging. Please remember that you are not required to provide this information, but the information you give us is very helpful to our project.

Address _____ APT# _____ City _____ ZIP _____
Phone _____, _____

What name does this contact call you? _____ When was your last contact with this person? _____

Secondary Contact (these are people you have regular contact with)

6b. Name _____ Relationship _____

Address _____ APT# _____ City _____ ZIP _____
Phone _____, _____

What name does this contact call you? _____ When was your last contact with this person? _____

7. What is the best mailing address to contact you at over the next 3 months? (**skip:** if best mailing address above)

Address: _____ APT# _____ City, State: _____
Zip _____

Who lives there? (enter name(s) & relationship to participant) _____

8. What is the best phone # to contact you at over the next 3 months? (**skip:** if best contact # above)

Phone # _____ Whose phone # is this? _____ Best day/time to call _____

9. Do you have an email address that only you have access to? Yes No

if yes: _____

10. Are you a member of Myspace? Yes No

If yes: Can we send you a message through your MySpace page? Yes No

If yes: Myspace screen name: _____ and/or email _____

11. Are you a member of Facebook? Yes No

If yes: Can we send you a message through your Facebook page? Yes No

If yes: Facebook screen name: _____ and/or email _____

12. Do you have an AIM and/or YIM account where we could contact you? Yes No

AIM screen name: _____ and/or YIM screen name:

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

yes no

If yes: could we leave messages at your place of work? yes

no

Address of place of work: _____

Phone Number: _____ What name do they know you by: _____

(For follow-up visits only)

How did we get in contact with you this time? (mail, phone, home visit, etc.) _____
(if contacted by letter, at which address did participant receive letter):

Address: _____

Name of Person who resides at the above address: _____

Phone # Connected with above address: _____

Who do you know that is also participating in this study?

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

First Name, First Initial of Last Name

How is person related to you

Yes No

Yes No

Yes No

When you're not at home or where you primarily stay where could we find you during the day or night?:

Intersection & Time you Are There
library, neighbors etc)

Name of Place (i.e. bar , food shop,

_____ Time : _____

Night

Day

_____ Time : _____

Night

Day

_____ Time : _____

Night

Day

14. Do you have a caseworker? May we contact them if we have difficulty locating you?

yes no

yes no

Case workers name: _____ Phone #: _____

Program / organizations name: _____ Address: _____

Floor: _____ City: _____ State: _____ Zip code: _____

15. Do you have a support group, such as AA, NA? May we contact them if we have difficulty locating you?

yes no yes no

Support Group Contact: _____ Phone #: _____

Program / organizations name: _____ Address: _____

Floor: _____ City: _____ State: _____ Zip code: _____

Have you ever stayed at a shelter? <input type="checkbox"/> yes <input type="checkbox"/> no (if NO skip to q# 16)
Has it been within the past three years? <input type="checkbox"/> yes <input type="checkbox"/> no (if NO skip to q# 16)
If you were staying in a shelter could we send a letter or leave you a message? <input type="checkbox"/> yes <input type="checkbox"/> no
If "Yes" which one: _____ Name
If you needed to stay at a Shelter again which one would you go to? _____ Name

16. Do you go anywhere for meals?? May we contact them if we have difficulty locating you?

yes no yes no

Contact name: _____ Phone #: _____

Program / organizations name: _____ Address: _____

Floor: _____ City: _____ State: _____ Zip code: _____

17. Have you ever been arrested? Yes No (if **NO** skip to q# 19)

18. What aliases or other names might you use if you were arrested and/or incarcerated? _____

19. If you were arrested, detained or incarcerated whom would you contact?
Person's Name: _____ Relationship to you: _____ Phone # _____
Address: _____ City: _____ Zip: _____

Any other places I could call and leave a message or send a letter? _____

Notes or other Comments: _____

THANK YOU FOR YOUR TIME AND HELP.

Form Approved:
OMB No. 0920-XXXX
Expiration Date:

3B.2 NOVA: Locator Form

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INSTRUCTIONS: This form should be completed by a staff member with the help of the participant. Tell the participant: ***“The information you provide will help us get in touch with you later. This information is only to help us find you so that we can confirm or schedule an appointment.”***

1. Name

First Middle Last

2. What do your friends/acquaintances call you?

3. Address: _____

Street Address Apt. #

City State Zip

Code

4. E-mail addresses: 1) _____

2) _____

5. Home Telephone Number: _____ Can we leave a message?

Yes No

6. Work Telephone Number: _____ Can we leave a message?

Yes No

7. Cell Phone Number: _____ Can we leave a message?

Yes

8. Can we leave a text message on your cell phone? Yes No

9. How do you prefer to be contacted? *(Circle the # of your preference 4-8 on this page)*

10. Best times to call:

Su M T W Th F S Between : a.m./ p.m. and : a.m./ p.m.

Su M T W Th F S Between : a.m./ p.m. and : a.m./ p.m.

Su M T W Th F S Between : a.m./ p.m. and : a.m./ p.m.

11. If someone besides you answers the phone, what should we say?

12. What message (if any) should we leave on voicemail?

13. May we send you items through the mail, such as reminder cards?

Yes No

Form Approved:
OMB No. 0920-XXXX
Expiration Date:

3B.3 CSU: Locator Form

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On this form we collect information that will help us reach you. 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 study-related activities, and it will not be given to anyone else. We will not tell any contact person anything about you, except that you are participating in a health study.

1. Please tell me your full name:

_____ / ____ / _____

First

Middle Initial

Last

2. Nickname(s): _____

3. Month/Day/Year of birth: _____ / _____ / _____

4. Where were you born? _____
(City, State)

5. How long have you lived in your neighborhood? _____

6. Residence Address

Street Address Apt #

City State Zip Code

7. Who else lives there?

Full Name:

(First, Middle, Last)
(Relationship)

Full Name:

(First, Middle, Last)
(Relationship)

8. How long have you lived there? _____

9. Do you plan to move anytime soon?

Do you know where to?

10. Primary Phone: (_____) _____

Is this one of the following? Cell Number _____ Home Number

Best time to call this number (**circle one**) Morning Afternoon Evening Anytime

Ok to leave message on answering machine (**circle one**) Yes No

11. Alternate Number: _____

Is this one of the following? Cell Number _____ Home Number

Best time to call this number (**circle one**) Morning Afternoon Evening
Anytime

Ok to leave message on answering machine (**circle one**) Yes No

12. Any Other number: _____

13. Work phone? (_____) _____

(Name of Company)

14. Do you have a number where you can receive messages? (_____) _____

15. Who lives there?

Full Name:

_____ (First, Middle, Last) (Relationship)

Full Name:

_____ (First, Middle, Last)
(Relationship)

16. Address of the place where you can receive messages:

P.O. Box) (Street address) (Apt. # or

(City) (Zip)

17. Best mailing address:

(Street address) (Apt. # or P.O. Box)

(City) (Zip)

18. Who lives there?

Full Name: _____

(First, Middle, Last)
(Relationship)
Full Name: _____

(First, Middle, Last)
(Relationship)

19. Do you have an E-mail address? (Circle one) Yes No

If **YES** can you please provide: _____

20. Do you have a website/Facebook/MySpace page (etc.)

If YES can you please provide: _____

21. Best Contacts: Do you have friends who usually know how to reach you if you should move or leave the program? Please include information about friends who may not live in Los Angeles, but will still be able to help us reach you. (If you are currently on parole or probation you may also use your Parole/Probation Officer as a contact.)

(1)

Name

Phone Alternate Number

Relationship Best time to call

(2)
Name

Phone Alternate
Number

Relationship Best time to call

(3)
Name

Phone Alternate
Number

Relationship Best time
to call

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.)

22. Mother:

_____ (Full Name: First, Middle, Last)

_____ (Address)
Phone: (____) _____ In touch & how often? _____

Other phone/ contact info? (____) _____

is this? (Whose phone

23. Father:

(Full Name: First, Middle, Last)

(Address)
Phone: (_____) _____ In touch & how often? _____

Other phone/ contact info? (_____) _____

(Whose phone
is this?)

24. Relative#1:

(Full Name: First, Middle, Last)

(Address)
Phone: (_____) _____ In touch & how often? _____

Other phone/contact info? (_____) _____

(Whose
phone is this?)

25. Relative #2:

(Full Name: First, Middle, Last)

(Address)
Phone: (_____) _____ DOB: _____ In touch? _____

Other phone/contact info? (_____) _____

(Whose
phone is this?)

26. Relative #3:

(Full Name: First, Middle, Last)

(Address)
Phone: (_____) _____ In touch & how often? _____

Other phone/contact info? (____)

phone is this?)

(Whose

27. Is there a case worker, doctor, community clinic, religious institution or other contact that you see or visit regularly?

Name:

Address:

Phone? (____) _____ Agency:

Other phone/contact info? (____) _____

phone is this?)

(Whose

28. Do you receive money or food stamps from an agency or go to a food bank regularly?

_____ Yes _____ No (If yes) Agency

When do you receive your food stamps?

Where do you receive them? _____

Who is your Case worker: _____

File #: _____

Who is your Representative Payee?

Phone? (____) _____

Agency: _____

29. Is there any place you go regularly to hang out or to meet with friends (e.g., coffee house, liquor store, basketball court, gym)?

Place(s):

Address or

Intersection: _____

Phone: (____) _____

Phone: (____) _____

Times you might be there:

30. 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?

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

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

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

Place(s):

Location(s): _____

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