

**“Exploring HIV Prevention Communication Among Black Men Who Have
Sex with Men in New York City: Project BROTHA”**

Attachment 5b/ Locator Form

BMSM

BMSM: Locator Information

Today's Date : ___/___/____ ID Number: _____

Last name _____ First name _____ MI _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Day # () _____ Evening # () _____

Cell/Pager () _____ Email _____

Best time to call _____

Preferred way to identify project (circle one):

- City University of New York/CUNY
- CHEST
- GMAD
- Other _____

Discretion when contacting? YES NO

Messages OK? YES NO

CONTACT PERSON (someone with whom there is regular contact in the case that the current address and phone numbers are no longer valid)

Last name _____ First name _____ MI _____

Relationship to person _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Day # () _____ Evening # () _____

Cell/Pager () _____ Email _____