

**HIV/AIDS Risk Reduction Interventions for African-American  
Heterosexual Men**

**0920-10CM**

**Attachment 3d  
Data Collection: Locator Form – SUNY**

## HIV/AIDS Risk Reduction Interventions for African-American Heterosexual Men: Locator Form – SUNY (Attachment 3d)

*Public reporting burden of this collection of information is estimated to average 5 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 persons 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: OMB-PRA (0920-09XX)*

### Locator Form

I am now going to ask you some information that will help us schedule your follow-up visit, if you are eligible. This information will be destroyed after the study is completed, and will not be used for any other purpose than to contact you for follow-up.

1. Interviewer Initials: \_\_\_\_ \_\_\_\_ \_\_\_\_
2. Date form completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Date form updated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
4. Participant's Name: \_\_\_\_\_  
\_\_\_\_\_  
(Last) (First) (MI)
5. Other Names Used:  
\_\_\_\_\_
6. Participant's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y
7. Address: \_\_\_\_\_  
\_\_\_\_\_
8. OK to call participant? If yes, complete information below.

\_\_\_ No (skip to 9)

\_\_\_ Yes

Telephone Numbers: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Pager/Beeper) \_\_\_\_\_

(Other, Specify) \_\_\_\_\_

Best days/times to call:

\_\_\_\_\_

9. Does respondent have a computer, or access to a computer?

\_\_\_\_\_

10. OK to email participant? If yes, complete information below

\_\_\_ No

\_\_\_ Yes (Respondent's email: \_\_\_\_\_)

11. How often does respondent check the e-mail account?

\_\_\_\_\_

12. OK to send mailings? If yes, complete mailing address if different from item #7

\_\_\_\_\_

13. Special Instructions: How would participant like research staff to address themselves when making contact?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. We will call you to remind you of your appointments, and also send a written note with directions and other important information for your appointment. This note can either be sent by phone or by email. Which of these would be the best way to contact you?

\_\_\_\_ Phone

\_\_\_\_ Email

**Additional Contact #1:**

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

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

Telephone: (work) \_\_\_\_\_

(home) \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

-----

**Additional Contact #2:**

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

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

Telephone: (work) \_\_\_\_\_

(home) \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Special  
Instructions: \_\_\_\_\_

