

APPENDIX D: STUDENT LOCATOR QUESTIONS

Contact Information (for Student Questionnaire)

In this last section, we would like some additional information that will help us contact you in the future for a follow-up study. This information will be kept separate from the answers you have provided to the rest of the questionnaire and to the assessment you are taking today.

Q1 What is your complete home address?

Be sure to include any apartment number or P.O. Box number.

_____ *Address 1*

_____ *Address 2*

_____ *City* *State* *ZIP code*

Q2 What are your home and cell phone numbers?

Please provide the complete 10-digit number that includes the area code (XXX-XXX-XXXX).

Home Phone Number: _____ Check here if you don't have a home phone number.

Cell Phone Number: _____ Check here if you don't have a cell phone number.

Q3 What is the name of a relative or close friend who will know how to contact you within the next two years?

_____ *First* *Middle* *Last*

Q4 What is this person's complete home address?

Be sure to include any apartment number or P.O. Box number.

Check here if this person lives with you at the address you provided in Q1 and skip to Q5.

_____ *Address 1*

_____ *Address 2*

_____ *City*

_____ *State*

_____ *ZIP code*

Q5 What are the home, cell, and work phone numbers for this person?

Please provide the complete 10-digit number that includes the area code (XXX-XXX-XXXX).

Home Phone Number: _____

Check here if you don't know, or they don't have, a home phone number.

Cell Phone Number: _____

Check here if you don't know, or they don't have, a cell phone number.

Work Phone Number: _____

Check here if you don't know, or they don't have, a work phone number.

Q6 What is this person's relationship to you?

(Please check one box in each row.)

| | Yes | No |
|------------------------|--------------------------|--------------------------|
| a. a parent | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a grandparent | <input type="checkbox"/> | <input type="checkbox"/> |
| c. an aunt or uncle | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a brother or sister | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a friend | <input type="checkbox"/> | <input type="checkbox"/> |
| f. someone else | <input type="checkbox"/> | <input type="checkbox"/> |