

## **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 your email address?**

*Please write your complete email address on the line below.*

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

Check here if you don't have an email address.

**Q4 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*

**Q5 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*

**Q6 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.

**Q7 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"/>