LOCATOR FORM

RESPONDENT ID #: INTERVIEWER ID #:			 			
INTERVIEW DATE:	/_	/	 		_	
	MM	DD	Y	Y	Y	Y

I'd like to start by asking you for some background information that we will use to locate you again for the next interview. When we need to locate you, we will never reveal the purpose of the study, or any information about your involvement in this study. Everything that you tell me will be kept confidential in the ways that I just explained to you when you signed the consent form.

1.	First, please tell me your full legal name:		First: Middle: Last: Maiden:	
	A.	What is your social security number?		
	B.	What is your date of birth?	////////	
2.		1 go by any other names, nicknames, or names?	NO.GO TO Q30 YES1	
	A.	What are they?	Alias #1:	
			Alias #2:	
3.	What address could we use to best locate you?		Address: Apt.: P.O. Box: City: State: Zip:	
	A.	Whose address is this?	Name:	
	B.	How long have you been there?		
	C.	What is the phone number there?	Phone:()
4.	What i	s the next best phone number to reach	Phone:)

Source: Linda B. Cottler, PhD, MPH, FACE,

Dean's Professor, Department of Epidemiology, College of Medicine and College of Public Health and Health Professions, Univer sity of Florida Associate Dean for Research, College of Public Health and Health Professions, University of Florida Professor, Department of Psychiatry, College of Medicine, University of Florida https://phhp.ufl.edu/profile/cottler-linda/

	А.	Whose phone is this?	Name:	
	B.	What is another phone number, beeper, or pager to use to reach you?	Phone:()
	C.	Whose number is this?	Name:	
5.	friends you.	ike the names of some relatives or who would always know how to reach If your parents are still alive, could I heir name, address, and telephone r?	Name: Mom/Dad Address: City: State: Zip: Phone:(- - - -
	A.	Could I have this information for another close friend or relative?	Name: Relationship: Address: City: State: Zip: Phone:(- - - -
	Β.	Could I have the name of another relative or friend who would always know how to reach you?	NO.GO TO Q6 (YES 1 Name: Relationship: Address: City: State: Zip: Phone:(- - - -
	C.	Is there another relative or friend who would always know how to reach you?	NO.GO TO Q60 YES Relationship: Address: City: State: Zip: Phone:()	 - - - -
	D.	Is there another relative or friend who would always know how to	NO.GO TO Q6 (YES	

Source: Linda B. Cottler, PhD, MPH, FACE, Dean's Professor, Department of Epidemiology, College of Medicine and College of Public Health and Health Professions, Univer sity of Florida Associate Dean for Research, College of Public Health and Health Professions, University of Florida Professor, Department of Psychiatry, College of Medicine, University of Florida https://phhp.ufl.edu/profile/cottler-linda/

	reach you?		Name: Relationship: Address: City: State: Zip: Phone:	
6.	Are you planning to move in the next three months?		NO.GO TO Q7 0 YES 1 DK.GO TO Q7 9	
	A. Where are you mov	ing?	Street:	
7.	 7. In the past three years, have you lived in any city other than St. Louis? A. In what cities or towns did you live? CODE THREE MOST RECENT IF MORE THAN 3. CODE CITY/TOWN AND STATE. 		NO.GO TO Q8 0 YES 1	
			CODE	
			CODE	
			CODE	
8.	Do you have any children?		NO.GO TO Q9 0 YES 1	
	Full Name	Year of Birth	School	Address/Phone (if different than R)
1.				
2.				
3.				
4.				
5.				

6.		
9.	Are you presently employed?	NOGO TO Q10 0 YES 1
		Company: Supervisor: Address: Phone: Work hours:
10.	Did you ever serve in the military?	NOGO TO Q11 0 YES 1
		Branch:
		From / to/
		M M Y Y M M Y Y
	A. Do you receive veterans benefits?	NO0 YES1
11.	What is the name of a doctor or community health center who would know how to reach you?	Name/Phone/Location:
12.	Is there a church we could call if we needed to reach you?	NOGO TO Q13 0 YES 1
		Name:Address: Contact Person:
13.	If you were arrested who would be the first person you would contact?	Name:Address:
		Phone:
	A. Do you have a probation/parole officer?	NOGO TO Q14 0 YES 1
		Name:Address:

Source: Linda B. Cottler, PhD, MPH, FACE, Dean's Professor, Department of Epidemiology, College of Medicine and College of Public Health and Health Professions, Univer sity of Florida Associate Dean for Research, College of Public Health and Health Professions, University of Florida Professor, Department of Psychiatry, College of Medicine, University of Florida https://phhp.ufl.edu/profile/cottler-linda/

Source: Linda B. Cottler, PhD, MPH, FACE, Dean's Professor, Department of Epidemiology, College of Medicine and College of Public Health and Health Professions, Univer sity of Florida Associate Dean for Research, College of Public Health and Health Professions, University of Florida Professor, Department of Psychiatry, College of Medicine, University of Florida https://php.ufl.edu/profile/cottler-linda/

Thanks very much for this information. Now I'd like to get a copy of your drivers license, state ID or other identification.

PHOTOCOPY ANY IDS THE RESPONDENT HAS. PUT STUDY ID# ON THE PAGE.

of IDs Copied _____

I understand that the information I have supplied will be used to locate me for future interviews by this research team. This information will remain confidential, and will not be linked to any other information I provide in an interview.

Signature

Interviewer's Signature

Date

Date