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## FOLLOW-UP LOCATOR FORM – PARTICIPANT (FLF-P)

Version: FC 0598

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(Use Preprinted label if available)

Site ID [XSITE]:	_ _ _ _	Local Site Name [XSITEa]:	_ _
Staff ID [XSID]:	_ _ _ _	Staff Initials [XSIN]:	_ _ _
Participant ID [XPID]:	_ _ _ _	Last Name [XPNAM]:	_____
Tx Pr. ID [XTPID]:	_ _ _ _	First Name :_____	M.I. ____
Collateral ID [SCID]:	_ _ _ _	Last Name [XCNAM]:	_____
		First Name :_____	M.I. ____
Initial Date [XOBSDT]:	_ _  /  _ _  /  _ _	v. _____	

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### PRIVACY, CONFIDENTIALITY, & COPYRIGHT NOTICES

The information on this form must be handled in the strictest confidence and will not be released to unauthorized personnel. In accordance with the provisions of the Privacy Act of 1974, unauthorized disclosure can result in fines up to \$5,000 for each violation. All staff with access to the specific answers on this form have signed a statement that they understand this restriction and have agreed to resist sharing your specific answers without your prior written consent.

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## PURPOSE AND INTRODUCTION

The information that you give to us on this form will be used to help us stay in touch with you after you have completed your initial follow-up interview. We will continue to mail you reminders for your follow-up interview. We will continue to contact (and in some cases interviewing) you by phone. Because we are evaluating the outcome of treatment, we need to know what happens to you after you leave treatment. Whether you have relapsed or have recovered, your information is important to this study.

In most cases we are able to reach people at their current address and telephone number, but other people's lives often change after they enter treatment. It isn't always possible to know ahead of time that there will be changes in living situations. Understandably, these same people usually forget to tell us that they have moved.

The information you provide will be used to contact you for your follow-up interviews.

Although it will seem that we are asking a lot of questions that may not be applicable to you, the questions on this form have been shown to be effective in locating people from many different walks of life. Also, keep in mind that although some of the questions may not seem relevant while you are in treatment, the information may be very appropriate at the time we are trying to reach you for your follow-up interviews.

If we need to contact any of the individuals or organizations that you list, we will tell them only that we are trying to find you because you are participating in a health survey. To protect your confidentiality, we will not divulge the exact nature of this follow-up study. We will ask these individuals *only* for information on how to contact you. For some of the contacts that you list we will ask you to sign a label which specifically informs the person or agency to tell us where you are.



FG5. a-m. What is your current address (DO NOT USE THE ADDRESS OF A TREATMENT PROGRAM)?

5a. Street: \_\_\_\_\_ 5b. Apt./Room \_\_\_\_\_

5c. City: \_\_\_\_\_ 5d. State \_\_\_\_\_ 5e. Zip Code \_\_\_\_\_

5f. Whose place is it?

v1. \_\_\_\_\_ v2. \_\_\_\_\_  
Name Relationship

5g. Whose name is on the mailbox?

v1. \_\_\_\_\_ v2. \_\_\_\_\_  
Name Relationship

5h. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Phone #

5j. Whose name is the phone listed under?

v.1 \_\_\_\_\_ v2. \_\_\_\_\_  
Name Relationship

5k. Is there another phone (including neighbor's phone), cellular phone  
or beeper at which you can be reached?

**Yes No**  
1 0 ->If no, go to FG6

5m. What is the number? (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_  
Area Code Phone # Extension/Beeper Number

5n. Whose name is the phone/beeper listed under? v. \_\_\_\_\_

5p. Where is this phone located? v. \_\_\_\_\_

FG6. Is the address in FG5 (page 4) the best address to find or contact you again in 3 months?

Yes No  
1 2 **If yes, go to FG7**

FG6 a-j. What is the best place to find you in the next 3 months?

6a. Street: \_\_\_\_\_ 6b. Apt. No. \_\_\_\_\_

6c. City \_\_\_\_\_ 6d. State \_\_\_\_\_ 6e. Zip Code \_\_\_\_\_

6f. Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 6g. County \_\_\_\_\_

6h. Whose place is it?

v1. \_\_\_\_\_ v2. \_\_\_\_\_

Name

Relationship

6j. What name is on the mailbox?

v.1 \_\_\_\_\_ v2. \_\_\_\_\_

Name

Relationship

FG7. Where is the best address to find or contact you again 3 to 12 months from now? **(Check One)**

Same address (as F5).....  1 -> **Go to FG8**

Second address above (as FG6).....  2 -> **Go to FG8**

Different address in the same city.....  3

With friends or relatives **(Specify below)** .....  4

Different city **(Specify below)**.....  5

Other **(Specify below)** .....  99

v. \_\_\_\_\_

FG7a-g If you were to move within the next six months, who would know where you were living?

7a. Name: \_\_\_\_\_

7b. Street: \_\_\_\_\_

7c. City: \_\_\_\_\_ 7d. \_\_\_\_\_ 7e. \_\_\_\_\_

7f. Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ 7g. County: \_\_\_\_\_

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**PERSONAL CONTACTS**

People often need to move and then forget to send us a forwarding address. In this section there is a list of other people who might help us find you if you move.

FP1. Please provide names, addresses, and phone numbers of at least two family members and at least two friends who would know where you will be in the next 3 to 12 months:

**Relatives (Ex. mother, father, grandparents, siblings(s), cousin(s), step-parent(s), aunt, uncle, or other relatives).**

(101) 1a. Relationship \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

(102) 1a. Relationship \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

(103) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

**Counselor (Ex. School counselor, school psychologist, teacher, etc.)**

(104) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

(105) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

(106) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

**Social Service Workers (Ex. Social service case worker, probation/parole officer, youth worker, case manager)**

(107) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

- (108) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

**Friends (Ex. Best friend(s), girl friend(s), boy friend(s), neighbor(s))**

- (109) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

- (110) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

- (111) 1a. Relationship: \_\_\_\_\_  
1b. Name: \_\_\_\_\_  
1c. Street Address or P.O. Box: \_\_\_\_\_ 1d. Apt./Room: \_\_\_\_\_  
1e. City: \_\_\_\_\_ 1f. State: \_\_\_\_\_ 1g. Zip Code \_\_\_\_\_  
1h. Name on mail box if different than above: \_\_\_\_\_  
1j. Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
1k. Name on phone listing if different than above: \_\_\_\_\_

If we have missed a relative, social worker, counselor, or friend who would know how to contact you, please use one of the uncompleted section(s) above to give us the information. Also, take special care to tell us what your relationship is with this other person. For instance, if you do not have a spouse, but have a second cousin who knows how to reach you write in "Second Cousin".

FP2. Where would you go/who would you turn to if you were to run away from home, treatment or placement in the next 3 months?

2a. Relationship: \_\_\_\_\_

2b. Name: \_\_\_\_\_

2c. Location: \_\_\_\_\_

2d. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2a. Relationship: \_\_\_\_\_

2b. Name: \_\_\_\_\_

2c. Location: \_\_\_\_\_

2d. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

FP3. Where would you go if your parents/guardian locked you out of the house in the next 3 months?

3a. Relationship: \_\_\_\_\_

3b. Name: \_\_\_\_\_

3c. Location: \_\_\_\_\_

3d. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3a. Relationship: \_\_\_\_\_

3b. Name: \_\_\_\_\_

3c. Location: \_\_\_\_\_

3d. Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

FP4. Have you ever run away before?

Yes   No

1    0 **If no, go to next page**

4a. Where did you go?

v1. Name: \_\_\_\_\_ v2. Location: \_\_\_\_\_

4b. Who did you contact?

v1. Name: \_\_\_\_\_ v2. Location: \_\_\_\_\_

4c. How long were you gone? \_\_\_\_\_

**OTHER INSTITUTIONS**

FO1. Is there a health and human service agency you would contact if you need help? **Yes** **No**  
1 0 **If no, go to**  
**FO2**

v1. \_\_\_\_\_ v2. \_\_\_\_\_  
Agency Where (address/area)

FO2a-g. Have you been in foster care since your last interview? **Yes** **No**  
1 0 **If no, go to**  
**FO3**

2a. Name of foster family \_\_\_\_\_  
2b. Street Address or P.O. Box: \_\_\_\_\_ 2c. Apt./Room: \_\_\_\_\_  
2d. City: \_\_\_\_\_ 2e. State: \_\_\_\_\_ 2f. Zip Code \_\_\_\_\_  
2g. Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

FO3a-g. Did you see a counselor, psychologist or family therapist since your last interview? **Yes** **No**  
1 0 **If no, go to**  
**FO4**

3a. Name of counselor, psychologist, or therapist: \_\_\_\_\_  
3b. Name of program: \_\_\_\_\_  
3c. Street Address: \_\_\_\_\_  
3d. City: \_\_\_\_\_ 3e. State: \_\_\_\_\_ 3f. Zip Code: \_\_\_\_\_  
3g. Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

FO4a-g. Have you ever lived in a group home? **Yes** **No**  
1 0 **If no, go to**  
**next page**

4a. Name of counselor, psychologist, or therapist: \_\_\_\_\_  
4b. Name of program: \_\_\_\_\_  
4c. Street Address: \_\_\_\_\_  
4d. City: \_\_\_\_\_ 4e. State: \_\_\_\_\_ 4f. Zip Code: \_\_\_\_\_  
4g. Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_



**SCHOOL/JOB CONTACTS**

FS1. When was the last time you were in school? \_\_\_\_\_

FS2. Where do you currently attend school?

2a. Name: \_\_\_\_\_  
2b. Street: \_\_\_\_\_ 2c. Room: \_\_\_\_\_  
2d. City: \_\_\_\_\_ 2e.State \_\_\_\_\_ 2f. Zip Code \_\_\_\_\_  
2g. Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
2h. Name of instructor(s): \_\_\_\_\_

FS3. Where have you attended school in the past?

3a. Name: \_\_\_\_\_  
3b. Street: \_\_\_\_\_ 3c. Room: \_\_\_\_\_  
3d. City: \_\_\_\_\_ 3e.State \_\_\_\_\_ 3f. Zip Code \_\_\_\_\_  
3g. Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
3h. Name of instructor(s): \_\_\_\_\_

3j. Do you participate in after school activities?

v1. \_\_\_\_\_ v2. \_\_\_\_\_  
Activities Frequency of activity/time of meeting

FS4. Is there a fellow student who always knows how to reach you?

**Yes No**  
|1 |0 ->If no, go to FS5

v1. \_\_\_\_\_ v2. \_\_\_\_\_  
Name Relationship

FS5. What do you usually do after school? \_\_\_\_\_

FS6. When was the last time you worked? Never had a job |0->Go to next page  
More than a year ago |1->Go to next page  
About 3 to 12 months ago |2  
Within the past 3 months |3

6a-d Where is your most recent place of employment?

6a. Name of employer: \_\_\_\_\_  
6b. Address: \_\_\_\_\_  
6c. City: \_\_\_\_\_ 6d.State \_\_\_\_\_ 6e. Zip Code \_\_\_\_\_  
6f. Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
6g. Type of job: \_\_\_\_\_

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## HANG-OUT INFORMATION

FH1. In what areas do you usually hang out?

1a. Shopping Malls/Stores?

v1. \_\_\_\_\_

v2. \_\_\_\_\_

1b. Parks (Name and address/area)?

v1. \_\_\_\_\_

v2. \_\_\_\_\_

1c. Movie theatres?

v1. \_\_\_\_\_

v2. \_\_\_\_\_

FH2. When you are not eating your meals at home, at what restuarants do you usually eat?

v1. \_\_\_\_\_

v2. \_\_\_\_\_

FH3. Where do you usually hang out during the summer and winter months?

v1.Summer: \_\_\_\_\_

v2.Winter \_\_\_\_\_

FH4. Who are two friends whose house you usually hang out?

v1. Name: \_\_\_\_\_ v2. Phone: \_\_\_\_\_

v1. Name: \_\_\_\_\_ v2. Phone: \_\_\_\_\_

FH5. If you ride or skate, where do you usually go?

v1. \_\_\_\_\_

v2. \_\_\_\_\_

