



Public reporting burden for this collection of information is estimated to average 05 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 person 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.

OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL Personal Identifiers

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FORM CODE: IDE
VERSION: 1, 8/25/2014

Contact
Occasion

0	2
---	---

SEQ #

<input type="text"/>	<input type="text"/>
----------------------	----------------------

ADMINISTRATIVE INFORMATION

0a. Completion Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Instructions: Complete this form for each eligible participant. All responses are important to complete fully, including the contacts. Use location codes at end for coding address. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.

I am going to ask you for your full name, address, and phone number. Please remember that all information that you give us is confidential, and only certified HCHS/SOL personnel will have access to this information.

A. Identifying Information

- 1 a. Title: _____ b. First Name: _____
- c. Middle/Second Name: _____
- d. Paternal Last Name: _____
- e. Maternal Last Name: _____
- f. Legal Last Name: _____
- g. Extension/Suffix: _____

As part of the confidential information we collect on the participants in HCHS/SOL we ask for your Social Security Number. Please review the disclosure statement as I read it to you. The statement explains the reasons why we are requesting your Social Security Number and that providing it is voluntary.

Disclosure Statement: We are asking for your Social Security Number because data from this study will be linked with data supplied by health care providers for approved research purposes only. It will be kept confidential according to the Privacy Act of 1974 and will be used only for research purposes. Providing this information to the Hispanic Community Health Study / Study of Latinos is entirely voluntary on your part, but it is extremely important for the purposes of this study.

(Interviewer: After reading the Disclosure Statement, ask participant if he/she has any questions.)

2 Do you have a social security number?

- No ☐ 0 ☐ **Go to Question 3**
- Yes ☐ 1 ☐
- Don't know/Not sure ☐ 2 ☐ **Go to Question 3**
- Refused ☐ 9 ☐ **Go to Question 3**

ID NUMBER:								FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #		
------------	--	--	--	--	--	--	--	---	---------------------	---	---	-------	--	--

a. *If yes, ask the participant if they are willing to provide the number:*

$$\square\square\square - \square\square - \square\square\square$$

3 Do you have a driver's license issued in a U.S. state or Puerto Rico?

No

0 ☐

Go to Question 4

Yes

1 ☐

Don't know/Not sure

2 ☐

Go to Question 4

Other ID

3 ☐

a. Specify: _____

Refused

9 ☐

Go to Question 4

b. If yes, ask the participant if they are willing to provide the number:

[illegible]

B. Participant Address/Telephone

It is very important for this study to be able to reach you. Please provide us with your current home address. We will not give your address information to anyone else.

4 Current home address*

4.A.1. PO Box, Box &/or
Route and Number

4.B.1. Street Number Prefix

4.B.2. Street Number

4.B.3. Street Number Suffix

4.C.1. Street Name Prefix

4.C.2. Street Name

4.C.3. Street Name Type

4.C.4. Street Name Suffix

4.D.1. Unit Type

4.D.2. Unit Type Identifier

4.D.3. Unit Subtype

4.D.4. Unit Subtype Identifier

4.E.1. Other

4.F.1. City

ID NUMBER:									FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #		
------------	--	--	--	--	--	--	--	--	---	---------------------	---	---	-------	--	--

4.G.1. County

4.H.1. State

4.I.1. Country/Territory (Select code from list)

4.J.1. Zip Code

5 About how long have you lived at this address? Since...

5.A.1. Year

5.A.2. Month IF UNKNOWN, ENTER 99

5.A.3. Day IF UNKNOWN, ENTER 99

*IF THE PARTICIPANT LIVES AT SEVERAL LOCATIONS, ENTER WHERE HE OR SHE LIVES MOST. IF THE EXACT ADDRESS IS UNKNOWN, ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE HOME LOCATION IN 4.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 4.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 4.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 4.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 4.E.1.

6 Primary Phone Number: + () -
Country Code Area Code number

6a: This is a: Cell Phone 1 ☐ Home Phone 2 ☐

7 What is the best time of day to reach you at this number?

Morning 1 ☐
Afternoon 2 ☐
Evening 3 ☐

8 Secondary Phone Number: + () -
(Country Code) (Area Code)

8a: This is a: Cell Phone 1 ☐ Home Phone 2 ☐

9 What is the best time of day to reach you at this number?

Morning 1 ☐
Afternoon 2 ☐
Evening 3 ☐

10 Email address 1:

10a. Email address 2:

11 How do you prefer to receive information from us? (select only one)

Regular Mail 1 ☐

Electronic mail (email) 2 ☐

Social Media (Facebook and Twitter) 4 ☐

In Person at time of center visit 5 ☐

ID NUMBER:								FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #		
------------	--	--	--	--	--	--	--	---	---------------------	---	---	-------	--	--

Text message 6 ☐

Other 7 ☐

Specify: _____

C. Local Contact 1

12 a. Title: _____ b. First Name: _____

c. Second Name: _____

d. Last Name: _____

e. Maternal Last Name: _____

13 Relationship: _____

13.a. Is this an Alternate Respondent (ARE) contact? No 0 ☐ Yes 1 ☐

14 Current home address of primary contact*

14.A.1. PO Box, Box &/or
Route and Number

14.B.1. Street Number Prefix

14.B.2. Street Number

14.B.3. Street Number Suffix

14.C.1. Street Name Prefix

14.C.2. Street Name

14.C.3. Street Name Type

14.C.4. Street Name Suffix

14.D.1. Unit Type

14.D.2. Unit Type Identifier

14.D.3. Unit Subtype

14.D.4. Unit Subtype Identifier

14.E.1. Other

14.F.1. City

14.G.1. County

14.H.1. State

ID NUMBER:									FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #		
------------	--	--	--	--	--	--	--	--	---	---------------------	---	---	-------	--	--

14.I.1. Country/Territory (Select code from list)

14.J.1. Zip Code

*IF THE PERSON LIVES AT SEVERAL LOCATIONS, ENTER WHERE HE OR SHE LIVES MOST. IF THE EXACT ADDRESS IS UNKNOWN, ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE HOME LOCATION IN 14.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 14.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 14.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 14.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 14.E.1.

15 Telephone: + () -

Country Code Area Code number

15a: This is a: Cell Phone 1 ☐ Home Phone 2 ☐

16 Email address 1:

16a. Email address 2:

D. Local Contact 2

17 a. Title: _____ b. First Name: _____

c. Middle/Second Name: _____

d. Last Name: _____

e. Maternal Last Name: _____

18 Relationship: _____

18.a. Is this an Alternate Respondent (ARE) contact? No 0 ☐ Yes 1 ☐

19 Current home address of secondary contact*

19.A.1. PO Box, Box &/or
Route and Number

19.B.1. Street Number Prefix

14.B.2. Street Number

19.B.3. Street Number Suffix

19.C.1. Street Name Prefix

19.C.2. Street Name

19.C.3. Street Name Type

19.C.4. Street Name Suffix

ID NUMBER:									FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #		
------------	--	--	--	--	--	--	--	--	---	---------------------	---	---	-------	--	--

19.D.1. Unit Type

19.D.2. Unit Type Identifier

19.D.3. Unit Subtype

19.D.4. Unit Subtype Identifier

19.E.1. Other

19.F.1. City

19.G.1. County

19.H.1. State

19.I.1. Country/Territory (Select code from list)

19.J.1. Zip Code

20 Telephone: + () -

Country Code Area Code number

20.a: This is a: Cell Phone 1 ☐ Home Phone 2 ☐

21 Email address 1:

21.a. Email address 2:

*IF THE PERSON LIVES AT SEVERAL LOCATIONS, ENTER WHERE HE OR SHE LIVES MOST. IF THE EXACT ADDRESS IS UNKNOWN, ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE HOME LOCATION IN 19.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 19.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 19.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 19.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 19.E.1.

E. Local Contact 3

22 a. Title: _____ b. First Name: _____

c. Middle/Second Name: _____

d. Last Name: _____

e. Maternal Last Name: _____

23 Relationship: _____

23.a. Is this an Alternate Respondent (ARE) contact? No 0 ☐ Yes 1 ☐

ID NUMBER:									FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #		
------------	--	--	--	--	--	--	--	--	---	---------------------	---	---	-------	--	--

24 Current home address of third contact*

24.A.1. PO Box, Box &/or
Route and Number

24.B.1. Street Number Prefix

24.B.2. Street Number

24.B.3. Street Number Suffix

24.C.1. Street Name Prefix

24.C.2. Street Name

24.C.3. Street Name Type

24.C.4. Street Name Suffix

24.D.1. Unit Type

24.D.2. Unit Type Identifier

24.D.3. Unit Subtype

24.D.4. Unit Subtype Identifier

24.E.1. Other

24.F.1. City

24.G.1. County

24.H.1. State

24.I.1. Country/Territory (Select code from list)

24.J.1. Zip Code

25 Telephone: + () -

Country Code Area Code phone

25.a: This is a: Cell Phone 1 ☐ Home Phone 2 ☐

26 Email address 1:

26.a. Email address 2:

ID NUMBER:								FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #		
------------	--	--	--	--	--	--	--	---	---------------------	---	---	-------	--	--

*IF THE PERSON LIVES AT SEVERAL LOCATIONS, ENTER WHERE HE OR SHE LIVES MOST. IF THE EXACT ADDRESS IS UNKNOWN, ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE HOME LOCATION IN 24.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 24.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 24.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 24.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 24.E.1.

Location Codes for Question 4.I.1, 14.I.1, 19.I.1, and 24.I.1

01 Afghanistan	24 Finland	47 New Zealand
02 Anguilla	25 France	48 Nicaragua
03 Antigua and Barbuda	26 Germany	49 Norway
04 Argentina	27 Great Britain	50 Pakistan
05 Aruba	28 Greece	51 Panama
06 Australia	29 Guam	52 Paraguay
07 Austria	30 Guatemala	53 Peru
08 Bangladesh	31 Haiti	54 Philippines
09 Belgium	32 Holland	55 Poland
10 Belize	33 Honduras	56 Portugal
11 Bolivia	34 Hungary	57 Puerto Rico
12 Brazil	35 India	58 Russia
13 Canada	36 Indonesia	59 South Africa
14 Chile	37 Iran	60 Spain
15 China	38 Iraq	61 Sweden
16 Colombia	39 Ireland	62 Switzerland
17 Costa Rica	40 Israel	63 United States
18 Cuba	41 Italy	64 Uruguay
19 Czech Republic	42 Japan	65 Venezuela
20 Denmark	43 Korea	66 Virgin Islands
21 Dominican Republic	44 Lebanon	67 Other
22 Ecuador	45 Malaya	99 Unknown/refused
23 El Salvador	46 Mexico	