



# HCHS-SOL Participant Information

## [Participant Contact Information] – PCIE – QxQ

Updated on 5/14/2026

### BACKGROUND

The PCIE(S) (Participant Contact Information) form is a participant-level form that can be updated at any time. It is used to capture the participant's current contact information, as well as contact information for up to 3 contact people. It replaces the use of the CIE(S) form during Annual Follow-Up and the contact information portion of the IDE(S) form at main study visits.

All the contact information collected on this form is confidential. As part of informed consent, study participants indicate their willingness to voluntarily provide this confidential information, as well as equivalent information for contacts that HCHS is authorized to approach to locate the study participant, if necessary. The information collected on this form is a sign of the trust placed by the participant in the HCHS, and in our commitment and ability to protect this confidential information. It is also information that is critical to our ability to re-contact the HCHS participants and to conduct a long-term follow-up of a population known to be mobile. An additional purpose of the information on the participant's place of residence is the ability of the HCHS to convert the addresses to a code defined by longitude and latitude that will then be used to estimate aggregate information of the area of residence of the participant.

The goal for completing this form is to have at least two valid phone numbers for the participant, a full current address, and contact information for individuals who can help locate or ascertain the vital status of the participant.

The PCIE is found in the HCHS\_Administrative form group. It allows for unlimited occurrences. Each update to the PCIE(S) should be made using a new occurrence. The first occurrence available in CDART will be pre-populated by the CSCC with existing participant information. When updates or corrections need to be made, the FC staff member should use the "copy form" feature to create a new occurrence in CDART. Then update only the fields that reflect the new information.

To confirm the information with the participant when changes are not expected, first ask the participant if they have had any changes to their contact information, such as address, phone number, or email address. If the participant answers "No", open the form in read-only mode and then confirm the answer to each question with the participant. If it turns out that updates are needed, close the read-only version of the form and then create a new occurrence of the form using the copy form feature, and make the necessary changes.

**Note on using alternate designated respondent (ADR):** Before initiating an AFU interview, HCHS/SOL personnel should review records from the last completed interview with the participant. If the previous interview was conducted with an ADR due to participant's cognitive impairment, the ADR should again be contacted to schedule the follow-up interview. Historic ADR information (if available) can be obtained from most recent occurrence of the PCIE(S) form.

### ADMINISTRATIVE INFORMATION

Q0a. Enter the date the form is updated.

Q0b. Enter Staff ID.

### INTRODUCTION

Read to the participant: It is very important for this study to be able to reach you in the future. I am going to ask you for your current home address, as well as any additional addresses you may have lived at since the last time we spoke to you. I will also ask for your phone number and email address. Please remember that all information that you give us is confidential, and only certified HCHS/SOL personnel will have access to this information. We will not give your contact information to anyone else.

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## **A. CURRENT HOME ADDRESS**

- Q1. Read the script as shown. Confirm the participant's address and correct the information as needed.
- If the participant has more than one residence, ask the participant to provide the address where they live most of the time. Additional addresses should be entered in the ADDE(S) form (one occurrence per address).
  - We want to collect a physical address for the participant to allow for demographic analyses. Mailing addresses can be noted in a Notelog and in the site local tracking system.
- Q1a. Enter the participant's street address.
- Q1b. Enter the second line of the participant's street address; for example, an apartment or unit number. This line may not be applicable for all participants.
- Q1c. Enter the country or territory from the dropdown menu. If the country is not listed in the dropdown menu, select "67-Other" and specify the country or territory in Q1c1.
- Q1d. Enter home address city.
- Q1e. This field is enabled if Q1c = 63 (Country is U.S). Enter the county of the participant's home residence.
- Q1f. This field is enabled if Q1c = 63 (Country is U.S). Select the state from the dropdown menu. The two-letter USPS code may be typed in the dropdown menu in order to select the state more quickly. For example, for "Florida" enter "FL" and Florida will be selected from the dropdown menu.
- Q1g. This field is enabled if Q1c = is NOT the U.S. Enter the name of the out-of-country state or territory in the free text field
- Q1h. Enter the Zip Code.
- Q1i. Ask the participant how long they have lived at the current address and prompt the participant by asking "Since ...."?
- Confirm or record the day, month, and year that they began residing at their current address. If the exact date is not known, "==" can be entered in place of the date or month.
- Example 1: Participant knows they moved into their current residence in June of 2021, but are not sure of the exact date. Enter "06==/2021".
  - Example 2: Participant knows they moved into their current residence in 2020, but does not know the date or month. Enter "==/==/2020".
- Q2. "Have you lived at any other addresses since your last (*site visit/AFU interview*) on (*date*)? This may include places you used to live, or places you live only part of the time."
- Use "*site visit*" or "*AFU interview*", whichever was the last contact with the participant.
  - "*Date of last contact*" refers of the date of either the most recent site visit, or most recent AFU interview, whichever was more recent.
  - Example 1: The participant contact information was last confirmed two years prior, and the participant has moved residences twice since that time. First, the participant moved to 123 Poplar Street . A year later, they moved to 456 Elm Street, where they currently reside. The 456 Elm Street address should be entered in the PCIE(S) form as the current home address. The 123 Poplar Street address should be entered in a new occurrence of the Additional Address (ADDE) form.
  - Example 2: The participant has two residences. For 3 months out of the year, they live in their residence in Florida. The other 9 months, they live in New York. The New York address should be entered in the PCIE(S)

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form as the current home address, since they live there the majority of the time. The Florida address should be entered in a new occurrence of the Additional Address (ADDE) form.

**B. PARTICIPANT PHONE AND EMAIL**

- Q3. Q3-3b. Confirm the participant's primary phone number, whether the number given is a for a cell phone, and the best time to reach the participant using that number.
- Q4. Q4-4b. Confirm the participant's secondary phone number, whether the number given is a for a cell phone, and the best time to reach the participant using that number. If there is no secondary number already listed in CDART, ask the participant if they can provide one.
- Q5. Ask the participant to confirm or provide a primary email address.
- Q6. Ask the participant to confirm or provide a backup email address.
- Q7. Ask the participant by which method they prefer to be contacted, listing out the options from the dropdown menu. Only one option may be selected. If Other, specify in 7a.

**C. CONTACTS 1, 2, AND 3**

Contact information for 3 additional contact people may be used to help locate the participant in the future if successful contact cannot be made using the participant's own contact information. Ideally these additional contacts are local to the participant, but this is not required. These contact people may also be able to confirm the participant's vital status; and, in the case of ADRs, provide information on the participant's medical history.

Ask the participant to confirm or provide information for contacts 1, 2, and 3. Update the information as needed. All contacts have the same fields. Please confirm/obtain as complete information as you can; it is important to record as much accurate contact information as possible.

Mention to the participant:

*"Please provide the name and address of up to 3 people who can help us get in touch with you if we are unable to reach you at your current address."*

If the participant cannot provide a complete address and phone number for at least two contacts, the interviewer needs to make arrangements for a follow-up phone call to obtain the information.

- Q8. (Q17, Q26). Ask the participant to confirm or provide the contact person's full name. Entering a first name, paternal last name, or maternal last name will enable the rest of the contact person fields pertaining to relationship, address, phone number, and email address.
- Q9. (Q18, 27). Select the contact's relationship with the participant from the dropdown menu. If "Other", specify in (Q9a, Q18a Q25a).
  - Q9a. (Q18a, Q27a). If Q9 (Q18, Q27) is "Other family member" or "Other", specify here.
  - Q9b. (Q18b, Q27b). Additional notes can be added to describe the contact's relationship to the participant. This field is optional.
- Q10. (Q19, Q28). If the participant has assigned this contact as an Alternate Designated Respondent (ADR), select "Yes". If the participant is not clear see ADR form QxQs and MOP 16 for additional information on ADR contacts, otherwise

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select “No”. It is preferred to have the ADR listed as Contact 1, unless the participant has a LAR/proxy that is not also the ADR. Additional ADRs should be assigned to Contact 2 and 3 in the order of the participant’s preference. For more information on ADRs, see HCHS Manual of Procedures 3 – AFU and Retention.

Q11. (Q20, Q29). If this is the participant’s Legally Authorized Representative (LAR) / Proxy, select “Yes”. Not all participants will have a LAR/Proxy. It is preferred to have the Proxy listed as Contact 1. For more information on requirements for Proxy consent, see HCHS Manual of Procedures 2 – Field Center Procedures.

Q12. (Q21, Q30). Ask the participant to list the contact’s current home address.

Q13. (Q22, Q31). Ask the participant to provide a primary phone number for the contact.

Q13a. (Q22a, Q31a). Indicate whether the number is for a cell phone.

Q14. (Q23, Q32). Ask the participant to provide a secondary phone number for the contact.

Q14a. (Q23a, Q32a). Indicate whether the number is for a cell phone.

Q15. (Q24, Q33). Ask the participant to confirm or provide a primary email address for the contact.

Q16. (Q25, Q34). Ask the participant to confirm or provide a backup email address for the contact.

**D. PROVIDER INFORMATION**

Q35. Ask the participant to confirm or provide the name and address of their primary care physician or other preferred health care provider.

**FORM CLOSE OUT**

If completing this form during an AFU interview, say: *“Thank you for answering the questions about your health. We wish to continue to stay in touch with you and will be contacting you again next year.”*

Save the form. Check the missing fields report, and make corrections as needed. The save and close the form.