



# HCHS/SOL Annual Follow-Up Interview Contact Information Update – CIE

ID NUMBER:									
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FORM CODE: CIE  
VERSION: E, 2/14/2025

Contact Occasion		
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Occurrence	0	1
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*Thank you so much for answering these questions. We greatly appreciate your participation in the SOL study. Now, I would like to make sure our records are up to date.*

**G. PARTICIPANT TRACKING**

*“It is very important for this study to be able to reach you in the future. Although you provided your contact information at the time of your visit, in order to keep our records up to date please provide us with your current home address. All information you give us is strictly confidential and will not be shared with anyone else”.*

49. Current home address

**Interviewer:** Current tracking information from SOL database is shown below. Record tracking information changes reported during the interview in the space provided. 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 49.c.2. and the name of the building or location in 49.e.1. If the only known home address is a Post Office Box, Box, or Route and number, enter it in 49.a.1., but also enter the name of the intersection or street closest to the actual home location in 49.c.2. For apt number and/or any other additional information use 49.e.1.

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


49.B.2. **Street Number**

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49.C.2. **Street Name**


49.C.3. **Street Name Type**

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49.E.1. Other

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49.F.1. City


49.G.1. County

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49.H.1. State

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

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49.J.1. Zip Code

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Contact Occasion		
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Occ #	0	1
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50. Primary Phone Number: +  ()  -

50a. This is a: Cell Phone  Home Phone

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

- Morning
- Afternoon
- Evening

52. Secondary Phone Number: +  ()  -

52a. This is a: Cell Phone  Home Phone

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

- Morning
- Afternoon
- Evening

53a. Email address 1:

**Local Contact 1 (primary contact)**

54. a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

d. Last Name: \_\_\_\_\_

55. Relationship: \_\_\_\_\_

55a. Is this an Alternate Respondent (ADR) contact? No  Yes

56. Current home address of primary contact

**Interviewer:** If the contact 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 56.c.2. For apt number and/or any other additional information use 56.e.1.

If the only known home address is a Post Office Box, Box, or Route and number, enter it in 56.a.1., but also enter the name of the intersection or street closest to the actual home location in 56.c.2. For apt number and/or any other additional information use v.e.1.

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


56.B.2. Street Number

56.C.2. Street Name


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Contact Occasion

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Occ #	0	1
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56.C.3. Street Name Type

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56.E1. Other


56.F.1. City


56.G.1. County

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56.H.1. State

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

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56.J.1. Zip Code

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57. Telephone: +     (  )    -

57a. This is a: Cell Phone  Home Phone

**Local Contact 2**

58. a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

d. Last Name: \_\_\_\_\_

59. Relationship: \_\_\_\_\_

59a. Is this an Alternate Respondent (ADR) contact? No  Yes

60. Current home address of secondary contact

**Interviewer:** 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 60.c.2. For apt number and/or any other additional information use 60.e.1.

If the only known home address is a Post Office Box, Box, or Route and number, enter it in 60.a.1., but also enter the name of the intersection or street closest to the actual home location in 60.c.2. For apt number and/or any other additional information use 60.e.1.

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


60.B.2. Street Number

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60.C.2. Street Name

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ID NUMBER:										
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Contact Occasion

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Occ #

0	1
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60.C.3. Street Name Type

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60.E.1. Other


60.F.1. City


60.G.1. County

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60.H.1. State

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

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60.J.1. Zip Code

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61. Telephone: +  ()  -

61a. This is a: Cell Phone  Home Phone

**Local Contact 3**

62. a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

d. Last Name: \_\_\_\_\_

63. Relationship: \_\_\_\_\_

63a. Is this an Alternate Respondent (ADR) contact? No  Yes

64. Current home address of third contact

**Interviewer:** 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 64.c.2. For apt number and/or any other additional information use 64.e.1.

If the only known home address is a Post Office Box, Box, or Route and number, enter it in 64.a.1., but also enter the name of the intersection or street closest to the actual home location in 64.c.2. For apt number and/or any other additional information use 64.e.1.

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


64.B.2. Street Number

ID NUMBER:									
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Contact Occasion

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Occ #	0	1
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64.C.2. Street Name


64.C.3. Street Name Type

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64.E.1. Other


64.F.1. City


64.G.1. County

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64.H.1. State

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

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64.J.1. Zip Code

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65. Telephone: + 

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65a. This is a: Cell Phone  Home Phone

66. For this portion of the call, I have one more question. What is the name of your physician or other health care provider (HCP)?”

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

b. Address: \_\_\_\_\_

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

“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”

ID NUMBER:								
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Contact  
Occasion

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Occ #	0	1
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**Location Codes for Questions 49.I.1, 56.I.1, 60.I.1, 64.I.1**

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

**DO NOT USE THIS SECTION**

49.B.1. Street Number Prefix


49.B.3. Street Number Suffix

49.C.1. Street Name Prefix


49.C.4. Street Name Suffix

49.D.1. Unit Type

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49.D.2. Unit Type Identifier

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49.D.3. Unit Subtype

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49.D.4. Unit Subtype Identifier

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