



Public reporting burden for this collection of information is estimated to average 07 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. 2/28/2011

## HCHS/SOL Personal Identifiers

ID NUMBER:									
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FORM CODE: IDE  
VERSION: A 9/10/07

Contact  
Occasion

--	--

SEQ #

--	--

Acrostic: \_\_\_\_\_

### ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
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Month

Day

Year

0b. Staff ID:

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0c. Household ID Number:

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**(See Household Screening form, copy number exactly as seen on screener)**

**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.

*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. 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. Social Security Number: 

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ID NUMBER:										FORM CODE: IDE	Contact				
										VERSION: A 9/10/07	Occasion			SEQ #	

15. Telephone: (    )    -

\*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.

**E. Local Contact 3**

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

c. Middle/Second Name: \_\_\_\_\_

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

e. Maternal Last Name: \_\_\_\_\_

17. Relationship: \_\_\_\_\_



ID NUMBER:									FORM CODE: IDE	Contact				
									VERSION: A 9/10/07	Occasion			SEQ #	

19. Telephone: (    )    -

\*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 18.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 18.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 18.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 18.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 18.E.1.

**Location Codes for Question 3I1, 10I1, 14I1, and 18I1**

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