



HCHS-SOL

Identifiers and Demographics – IDME

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FORM CODE: IDME
VERSION: 1, 10/16/2025

Contact Occasion

| | |
|---|---|
| N | A |
|---|---|

Occurrence

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ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): / /

0b. Staff ID:

Instructions: The information in this form should be confirmed with the participant during each study visit, and between visits as needed.

Each update to participant identifiers or demographics should be completed using a new occurrence of this form. Use the "Copy Form" feature to create a new occurrence of this form. Update any information that has changed and save the form. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. when appropriate.

To confirm the information without making updates, open the form in read-only mode. Do not create new occurrences of this form if updates are not required.

INTRODUCTION

To keep our records up to date, I am going to ask you for your full name as well as other names you use now or that you have used in the past. Please remember that all the information that you give us is confidential, and only certified HCHS/SOL personnel will have access to this information.

A. PARTICIPANT NAME

1. Participant Name:

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

B. PARTICIPANT ALIASES

2. Are there any other names that you use, or that you have used in the past; for example, a maiden name, married name, or nickname?

0 No → **GO TO Q8**

1 Yes

Note to interviewer: For each alias, enter the full name, even if some components are the same as the Participant Name in Q1a-Q1g.

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3. Participant Alias 1

- 3a. First Name: _____
- 3b. Middle Name: _____
- 3c. Last Name 1: _____
- 3d. Last Name 2: _____

4. Participant Alias 2

- 4a. First Name: _____
- 4b. Middle Name: _____
- 4c. Last Name 1: _____
- 4d. Last Name 2: _____

5. Participant Alias 3

- 5a. First Name: _____
- 5b. Middle Name: _____
- 5c. Last Name 1: _____
- 5d. Last Name 2: _____

6. Participant Alias 4

- 6a. First Name: _____
- 6b. Middle Name: _____
- 6c. Last Name 1: _____
- 6d. Last Name 2: _____

7. Participant Alias 5

- 7a. First Name: _____
- 7b. Middle Name: _____
- 7c. Last Name 1: _____
- 7d. Last Name 2: _____

C. SOCIAL SECURITY AND DRIVER'S LICENSE INFORMATION:

As part of the confidential information collected for HCHS/SOL, we ask for your Social Security Number or Individual Taxpayer Identification Number (ITIN). Please review the disclosure statement as I read it to you. The statement explains the reasons why we are requesting your Social Security Number or ITIN and that providing it is voluntary.

Disclosure Statement: We are asking for your Social Security Number or ITIN 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.

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Note to Interviewer: After reading the Disclosure Statement, ask the participant if they have any questions.

8. Do you have a social security number or individual taxpayer identification number (ITIN)?

- 0 No → **GO TO Q9**
- 1 Yes, SSN
- 2 Don't know/Not sure → **GO TO Q9**
- 3 Yes, ITIN → **GO TO Q8B**
- 4 Yes, both
- 9 Refused → **GO TO Q9**

If yes, ask the participant if they are willing to provide or confirm the number.

8a. Social security number: --

8a1. Alternate social security number: --

8a2. Alternate social security number: --

8a3. Alternate social security number: --

8b. ITIN: --

8b1. Alternate ITIN: --

8b2. Alternate ITIN: --

8b3. Alternate ITIN: --

9. Do you have a driver's license issued in a U.S. state or territory?

- 0 No → **GO TO Q10**
- 1 Yes → **GO TO Q9B**
- 2 Don't know/Not sure → **GO TO Q10**
- 3 Other ID
- 9 Refused → **GO TO Q10**

9a. Other ID:

- 1 Non-driver state-issued ID
- 2 Passport
- 9 Other

9a1. Specify other ID: _____

If yes, ask the participant if they are willing to confirm or provide the state and number.

9b. Driver's license/other ID state: **ENTER AS 2-LETTER POSTAL CODE**

9b1. Specify other state/territory: _____

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9c. Driver's license/other ID number: _____

D. DEMOGRAPHIC INFORMATION

Confirm date of birth, sex assigned at birth, and marital status. Update information if necessary. Save and Reload the form to calculate current age.

10. Sex assigned at birth:

- 1 Male
- 2 Female

11. Date of birth (mm/dd/yyyy): - -

11a. Alternate date of birth (mm/dd/yyyy): - -

11b. Alternate date of birth (mm/dd/yyyy): - -

11c. Alternate date of birth (mm/dd/yyyy): - -

12. Current age in years: [Calculated in CDART]

13. Marital status:

- 1 Single
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widow(er)
- 6 Living with partner