



HCHS/SOL

Participant Contact Information – PCIE

ID NUMBER:

FORM CODE: PCIE
VERSION: 1, 3/9/2026

Contact Occasion

N A

Occurrence

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 at the end of each Annual Follow-Up Interview.

Each update to current contact information 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 applicable.

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

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.

A. CURRENT HOME ADDRESS

1. Please provide us with your current home address. If you currently live in more than one place, please provide the address where you live most of the time.

Note to interviewer: Confirm address information with participant and correct the information as needed. If the exact address is unknown, enter the name of the intersection or street closest to the home location in "Home street address 1" and the name of the building or location in "Home street address 2".

1a. Home Street Address 1 (Street Number and Street Name): _____

1b. Home Street Address 2 (Apartment or Unit): _____

1c. Country/Territory (Select code from list): **US=63**
1c1. Specify other country: _____

1d. City: _____

1e. (If Country is USA) County: _____

1f. (If Country is USA) US State/Territory: **ENTER AS 2-LETTER POSTAL CODE**
1f1. Specify other state/territory: _____

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1g. (If Country is NOT USA) Out of Country State: _____

1h. Zip Code:

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1i. How long have you lived at this address?

Since:

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 (mm/dd/yyyy)

2. Have you lived at any other addresses since your last (AFU interview/site visit) on (date of last contact)? This may include places you used to live or places you live only part of the time.

0 No

1 Yes

If Yes, enter additional address(es) in the ADDE (Additional Address) form. Use one occurrence for each additional address.

B. PARTICIPANT PHONE AND EMAIL

Note to interviewer. Confirm the phone number and email address with the participant.

3. Primary Phone Number: +

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Country Code Area Code Number

3a. Is this a cell phone?

0 No

1 Yes

3b. What is the best time of day to reach you at this number?

1 Morning

2 Afternoon

3 Evening

4. Secondary Phone Number: +

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Country Code Area Code Number

Note to interviewer: If no secondary number is listed, ask the participant if they can provide one.

4a. Is this a cell phone?

0 No

1 Yes

4b. What is the best time of day to reach you at this number?

1 Morning

2 Afternoon

3 Evening

5. Email address 1: _____

6. Email address 2 (optional): _____

Note to interviewer: If no email address is listed, say: "We don't currently have an email address for you. Do you have an email address that we can use to contact you?"

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7. How do you prefer to receive information from us? Please listen to the options and choose only one.

- 1 Regular mail
- 2 Electronic mail (email)
- 3 Social media (e.g., Facebook, Instagram, X)
- 4 In person at time of field center visit
- 5 Text message
- 6 Other

7a. Specify other: _____

C. CONTACT 1

Note to Interviewer: Confirm contact information with participant and correct the information as needed.

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.

8. Contact 1 Name

8a. Title (optional): _____

8b. First Name: _____

8c. Middle Name: _____

8d. Paternal Last Name: _____

8e. Maternal Last Name: _____

9. Relationship:

- 1 Spouse or partner
- 2 Son or daughter
- 3 Sibling
- 4 Parent
- 5 Other family member
- 6 Friend
- 7 Neighbor
- 8 Other

9a. Specify other: _____

9b. Notes (optional): _____

10. Is this an Alternate Designated Respondent (ADR) contact?

- 0 No
- 1 Yes

11. Is this a Legally Authorized Representative (LAR)/proxy?

- 0 No
- 1 Yes

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12. Current home address

Note to interviewer: If the contact person lives at more than one location, enter where he or she lives most of the time. If the exact address is unknown, enter the name of the intersection or street closest to the home location in "Home street address 1" and the name of the building or location in "Home street address 2".

12a. Home Street Address 1 (Street Number and Street Name): _____

12b. Home Street Address 2 (Apartment or Unit): _____

12c. Country/Territory (Select code from list): **US=63**
12c1. Specify other country: _____

12d. City: _____

12e. (If Country is USA) County: _____

12f. (If Country is USA) US State/Territory: **ENTER AS 2-LETTER POSTAL CODE**
12f1. Specify other state/territory: _____

12g. (If Country is NOT USA) Out of Country State: _____

12h. Zip Code: -

13. Primary Phone Number: + (Country Code) () (Area Code) - (Number)

13a. Is this a cell phone?
0 No
1 Yes

14. Secondary Phone Number: + (Country Code) () (Area Code) - (Number)

14a. Is this a cell phone?
0 No
1 Yes

15. Email address 1: _____

16. Email address 2 (optional): _____

D. CONTACT 2

Note to Interviewer: Confirm contact information with participant and correct the information as needed.

17. Contact 2 Name

17a. Title (optional): _____

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17b. First Name: _____

17c. Middle Name: _____

17d. Paternal Last Name: _____

17e. Maternal Last Name: _____

18. Relationship:

- 1 Spouse or partner
- 2 Son or daughter
- 3 Sibling
- 4 Parent
- 5 Other family member
- 6 Friend
- 7 Neighbor
- 8 Other

18a. Specify other: _____

18b. Notes (optional): _____

19. Is this an Alternate Designated Respondent (ADR) contact?

- 0 No
- 1 Yes

20. Is this a Legally Authorized Representative (LAR)/proxy?

- 0 No
- 1 Yes

21. Current home address

Note to interviewer: If the contact person lives at more than one location, enter where he or she lives most of the time. If the exact address is unknown, enter the name of the intersection or street closest to the home location in "Home street address 1" and the name of the building or location in "Home street address 2".

21a. Home Street Address 1 (Street Number and Street Name): _____

21b. Home Street Address 2 (Apartment or Unit): _____

21c. Country/Territory (Select code from list): **US=63**

21c1. Specify other country: _____

21d. City: _____

21e. (If Country is USA) County: _____

21f. (If Country is USA) US State/Territory: **ENTER AS 2-LETTER POSTAL CODE**

21f1. Specify other state/territory: _____

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21g. (If Country is NOT USA) Out of Country State: _____

21h. Zip Code:

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22. Primary Phone Number: +

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Country Code Area Code Number

22a. Is this a cell phone?
0 No
1 Yes

23. Secondary Phone Number: +

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Country Code Area Code Number

23a. Is this a cell phone?
0 No
1 Yes

24. Email address 1: _____

25. Email address 2 (optional): _____

E. CONTACT 3

Note to Interviewer: Confirm contact information with participant and correct the information as needed.

26. Contact 3 Name

26a. Title (optional): _____

26b. First Name: _____

26c. Middle Name: _____

26d. Paternal Last Name: _____

26e. Maternal Last Name: _____

27. Relationship:

- 1 Spouse or partner
- 2 Son or daughter
- 3 Sibling
- 4 Parent
- 5 Other family member
- 6 Friend
- 7 Neighbor
- 8 Other

27a. Specify other: _____

27b. Notes (optional): _____

28. Is this an Alternate Designated Respondent (ADR) contact?

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- 0 No
1 Yes

29. Is this a Legally Authorized Representative (LAR)/proxy?

- 0 No
1 Yes

30. Current home address

Note to interviewer: If the contact person lives at more than one location, enter where he or she lives most of the time. If the exact address is unknown, enter the name of the intersection or street closest to the home location in "Home street address 1" and the name of the building or location in "Home street address 2".

30a. Home Street Address 1 (Street Number and Street Name): _____

30b. Home Street Address 2 (Apartment or Unit): _____

30c. Country/Territory (Select code from list): **US=63**
30c1. Specify other country: _____

30d. City: _____

30e. (If Country is USA) County: _____

30f. (If Country is USA) US State/Territory: **ENTER AS 2-LETTER POSTAL CODE**
30f1. Specify other state/territory: _____

30g. (If Country is NOT USA) Out of Country State: _____

30h. Zip Code: -

31. Primary Phone Number: + (Country Code) () (Area Code) - (Number)

31a. Is this a cell phone?
0 No
1 Yes

32. Secondary Phone Number: + (Country Code) () (Area Code) - (Number)

32a. Is this a cell phone?
0 No
1 Yes

33. Email address 1: _____

34. Email address 2 (optional): _____

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F. PROVIDER INFORMATION

35. I have one more question. What is the name and address of your primary care physician or preferred health care provider (HCP)?

35a. Name: _____

35b. Address: _____

35c. Country/Territory (Select code from list):

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US=63

35c1. Specify Other: _____

35d. City: _____

35e. (If Country is USA) US State/Territory:

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ENTER AS 2-LETTER POSTAL CODE

35e1. Specify other state/territory: _____

35f. Out of Country State: _____

35g. Zip Code:

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G. CLOSING SCRIPT (AFU ONLY):

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.