

ARIC

CONFIDENTIAL DATA FORM

Atherosclerosis Risk in Communities

ID NUMBER:

CONTACT YEAR:

FORM CODE:

VERSION: B

DATE: 03/22/05

INSTRUCTIONS: For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

CONFIDENTIAL DATA FORM (CFDB screen 1 of 2)

1. a. Last Name:

b. First Name:

c. Middle Name:

2. Social Security Number:

2a. Medicare Number

3. Date of birth:

Month

Day

Year

4.a.0 Is this the patient's address?.....

Yes Y
No N

If Yes, skip to Question 4.b.1

4a.1. Whose address
(relationship to patient)?

4.b. Address Information

4.b.1. PO Box, Box, &/or Route:

4.b.2. Number Prefix:

4.b.3. Number:

4.b.4. Number Suffix:

CONFIDENTIAL DATA FORM (CFDB screen 2 of 2)

4.b.5. Name Prefix:

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4.b.6. Name (e.g., Elm):

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4.b.7. Name type:

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4.b.8. Name Suffix:

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4.b.9 Unit Type:

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4.b.10 Unit Prefix:

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4.b.11. Unit Identifier:

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4.b.12 Unit Suffix:

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4.b.13 Other

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4.c.1 City:

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4.d.1 County:

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4.e. State:

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4.e.1 Country (if not USA):

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4.f. Zip Code:

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