

OMB#: 0925-XXXX
Exp. XX/XXXX

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HCHS/SOL Personal Identifiers_Spanish

ID NUMBER:										
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FORM CODE: IDS
VERSION: A 7/02/07

Contact Occasion

--	--

SEQ #

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Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
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 screener)

on

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.

A. Identifying Information

1. a. Título: _____ b. Primer nombre: _____
- c. Segundo Nombre: _____
- d. Apellido Paterno: _____
- e. Apellido Materno: _____

Como parte de la información confidencial que recopilamos de los participantes del Estudio de la Salud de la Comunidad Hispana / Estudio de los Latinos, le pedimos su número de seguro social. Por favor, lea la declaración sobre la divulgación de información personal que se encuentra a continuación, la cual explica las razones por las que le estamos pidiendo su número de seguro social y que el darnos este número es voluntario de su parte.

Declaración sobre la divulgación de información personal: Le estamos pidiendo su número de seguro social porque los datos de este estudio se relacionarán con los datos que dan los proveedores de cuidados de la salud sólo con propósitos de realizar estudios sobre la salud. Esta información se mantendrá en forma confidencial de acuerdo a la Ley de Privacidad de 1974 y se usará solamente con propósitos de realizar estudios sobre la salud. El dar esta información al *Estudio de la Salud de la Comunidad Hispana / Estudio de los Latinos* es completamente voluntario de su parte, pero es sumamente importante para los propósitos de este estudio.

2. Número de seguro social:

				-				-				
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ID NUMBER:						FORM CODE: IDS VERSION: A 7/02/07	Contact Occasion			SEQ #		
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ID NUMBER:						FORM CODE: IDS	Contact								
						VERSION: A 7/02/07	Occasion			SEQ #					

¿Cuánto tiempo ha vivido usted en esta dirección? Desde ...

3.K.1. Año

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3.K.2. Mes

IF UNKNOWN, ENTER 99

3.K.3. Día

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IF UNKNOWN, ENTER 99

*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 3.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 3.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 3.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 3.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 3.E.1.

4. Número de teléfono principal: () -

5. ¿Cuál es la mejor hora del día para llamarlo(a) a este número?

Mañana 1
 Tarde 2
 Noche 3

6. Número de teléfono alternativo: () -

7. ¿Cuál es la mejor hora del día para llamarlo(a) a este número?

Mañana 1
 Tarde 2
 Noche 3

ID NUMBER:							FORM CODE: IDS	Contact					
							VERSION: A 7/02/07	Occasion			SEQ #		

15. Teléfono: () -

*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

12. a. Título: _____ b. Primer nombre:

c. Segundo nombre: _____

d. Apellido Paterno: _____

__ e. Apellido materno: _____

17. Relación: _____

ID NUMBER:							FORM CODE: IDS	Contact				
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19. Teléfono: () -

*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.

ID NUMBER:						FORM CODE: IDS	Contact						
						VERSION: A 7/02/07	Occasion			SEQ #			

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

- | | | | |
|----|---------------------|----|-----------------|
| 1 | Afghanistan | 35 | India |
| 2 | Anguilla | 36 | Indonesia |
| 3 | Antigua and Barbuda | 37 | Iran |
| 4 | Argentina | 38 | Iraq |
| 5 | Aruba | 39 | Ireland |
| 6 | Australia | 40 | Israel |
| 7 | Austria | 41 | Italy |
| 8 | Bangladesh | 42 | Japan |
| 9 | 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 |