

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-XXXX). Do not return the completed form to this address.



HCHS/SOL Personal Identifiers

ID NUMBER:

FORM CODE: IDE
VERSION: A 7/13/07

Contact Occasion

SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date:

/ /
Month Day Year

0b. Staff ID:

0c. Household ID Number:

(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.

A. Identifying Information

1. a. Title: _____ b. First Name: _____

c. Middle/Second Name: _____

d. Paternal Last Name: _____

e. Maternal Last Name: _____

As part of the confidential information we collect on the participants in HCHS/SOL we ask for your Social Security Number. Please look at the disclosure statement below that explains the reasons we are requesting it and that providing your social security number 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.

2. Social Security Number: --

B.

Participant Address/Telephone

It is very important for this study to be able to reach you. Please provide us with your current home address. We will not give your address information to anyone else.

3. Current home address*

3.A.1. PO Box, Box &/or Route and Number

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3.B.1. Street Number Prefix

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3.B.2. Street Number

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3.B.3. Street Number Suffix

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3.C.1. Street Name Prefix

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3.C.2. Street Name

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3.C.3. Street Name Type

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3.C.4. Street Name Suffix

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3.D.1. Unit Type

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3.D.2. Unit Prefix

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3.D.3. Unit Identifier

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3.D.4. Unit Suffix

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3.E.1. Other

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3.F.1. City

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3.G.1. County

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3.H.1. State

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3.I.1. Country/Territory *(Select code from list)*

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3.J.1. Zip Code

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About how long have you lived at this address? Since...

3.K.1. Year

3.K.2. Month

3.K.3. Day

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IF UNKNOWN, ENTER 99

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. Primary Phone Number: () -

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

- Morning 1
- Afternoon 2
- Evening 3

6. Secondary Phone Number: () -

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

- Morning 1
- Afternoon 2
- Evening 3

C.

Local Contact 1

8. a. Title: _____ b. First Name: _____

c. Second Name: _____

d. Last Name: _____

e. Maternal Last Name: _____

9. Relationship: _____

10. Current home address of primary contact*

10.A.1. PO Box, Box &/or Route and Number

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10.B.1. Street Number Prefix

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10.B.2. Street Number

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10.B.3. Street Number Suffix

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10.C.1. Street Name Prefix

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10.C.2. Street Name

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10.C.3. Street Name Type

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10.C.4. Street Name Suffix

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10.D.1. Unit Type

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10.D.2. Unit Prefix

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10.D.3. Unit Identifier

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10.D.4. Unit Suffix

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10.E.1. Other

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| ID NUMBER: | | | | | | FORM CODE: IDE VERSION: A 7/13/07 | Contact Occasion | | SEQ # | | | |
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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: _____

18. Current home address of third contact*

18.A.1. PO Box, Box &/or Route and Number

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18.B.1. Street Number Prefix

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18.B.2. Street Number

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18.B.3. Street Number Suffix

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18.C.1. Street Name Prefix

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18.C.2. Street Name

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18.C.3. Street Name Type

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18.C.4. Street Name Suffix

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18.D.1. Unit Type

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18.D.2. Unit Prefix

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18.D.3. Unit Identifier

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18.D.4. Unit Suffix

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18.E.1. Other

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18.F.1. City

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18.G.1. County

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18.H.1. State

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18.I.1. Country/Territory (Select code from list)

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18.J.1. Zip Code

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| ID NUMBER: | | | | | | FORM CODE: IDE VERSION: A 7/13/07 | Contact Occasion | | SEQ # | | | |
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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.

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| ID NUMBER: | | | | | | FORM CODE: IDE VERSION: A 7/13/07 | Contact Occasion | | | SEQ # | | | |
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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 |