Public reporting burden for this collection of information is estimated to average <u>07</u> 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:					
ADMINISTRAT		ON			
0a. Completion	Date:		0b. Staff ID:		Number: Screening form, copy as seen on screener)
			le participant. All respo d for coding address.	nses are important f	to complete fully,
			me:		
c. Middle/S	Second Name: _				
d. Paterna	l Last Name:				
e. Materna	al 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 toe 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:		_		_]
2. Social Security Number.							

ID NUMBER:				FORM CODE: IDE VERSION: A 7/13/07	Contact Occasion		SEQ #		
					00000000				

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

3.B.1. Street Number Prefix

3.B.2. Street Number

3.B.3. Street Number Suffix

- 3.C.1. Street Name Prefix
- 3.C.2. Street Name
- 3.C.3. Street Name Type

3.C.4. Street Name Suffix

- 3.D.1. Unit Type
- 3.D.2. Unit Prefix

3.D.3. Unit Identifier

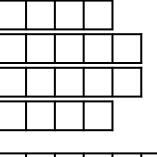
- 3.D.4. Unit Suffix
- 3.E.1. Other
- 3.F.1. City

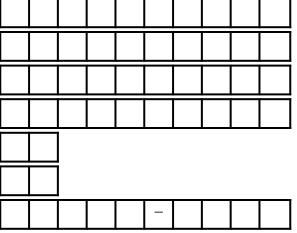
3.G.1. County

3.H.1. State

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

3.J.1. Zip Code





В.

ID NUMBER:				FORM CODE: IDE VERSION: A 7/13/07	Contact Occasion		SEQ #		
					Occasion		-		1

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

3.K.1. Year

3.K.2. Month

3.K.3. Day

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

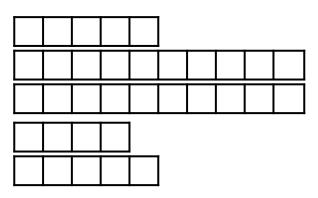
ID NUMBER:				FORM CO VERSION	DE: IDE : A 7/13/07	Con Occa			SEQ ;	#		
Local Contact 1												C.
8. a. Title:			b. Firs	st Name:								
c. Second Na	.me:											
d. Last Name	:						_					
_ e. Maternal L	ast Nan	ne:						-				
9. Relationship: _												
10. Current						t*						
10.A.1. PO	Box, Bo	ox &/or	Route a	ind Number								
10.B.1. Stre	et Num	ber Pre	efix									
10.B.2. Stre	et Num	ber										
10.B.3. Stre	et Num	ber Su	ffix									
10.C.1. Stre	et Nam	e Prefi	х									
10.C.2. Stre	et Nam	e										
10.C.3. Stre	et Nam	е Туре	9								_	
10.C.4. Stre	et Nam	e Suffi	x									
	_											
10.D.1. Unit												
10.D.2. Unit												
10.D.3. Unit	: Identifi	er										
10.D.4. Unit	Suffix											
10.E.1. Oth	er											

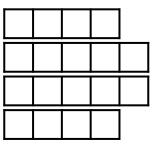
ID NUMBER:					FORM CODE: VERSION: A			ontact ccasior	n		SEQ	#		
10.F.1. City	1													
10.G.1. Co	unty													
10.H.1. Sta	te													
10.I.1. Cou	ntry/Tei	rritor	y (Se	elect c	ode from list)									
10.J.1. Zip	Code									-				
								_						
EXACT ADD THE HOME I IF THE ONL ENTER IT IN	RESS IS _OCATIO / KNOW _110.A.1	5 UNI ON IN /N H(L., BL	KNO' N 10. DME JT AL	WN, EI C.2. AI ADDR .SO EI	L LOCATIONS, E NTER THE NAME ND THE NAME C ESS IS A POST ITER THE NAME	E OF TH F THE E OFFICE E OF TH	E INT BUILD BOX, E INT	ERSE NNG C , BOX, ERSE	OR LO	N OR CATIC OUTE	STRE ON IN E ANE STRE	EET (10.E D NUI	CLOS 1. MBEF	EST TO R, EST TO
THE ACTUA	L HOME	LOC		ON IN :	110.C.2. AND TH	E NAME	OF 1	THE B	UILDII	NG OF	R LOC	CATIO	N IN	I 110.E.1.
11. Telephone: ()		_									
D. Local Contac	et 2													
12. a. Title:				b. Fir	st Name:									
c. Middle/Sec	cond Na	ame:												
d. Paternal L	ast Nar	ne: _												
_ e. Maternal L	.ast Nai	me:												
13. Relationship:					_									

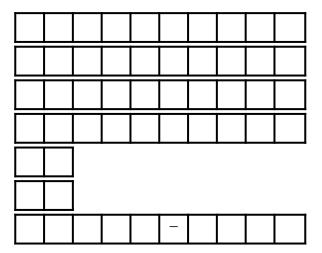
ID NUMBER:				FORM CODE: IDE VERSION: A 7/13/07	Contact Occasion		SEQ #		
					000001011				

14.	Current	home	address	of	secondary	cont	act	*	
	14.A.1. PO	Box, B	ox &/or Rou	te ar	nd Number				Ī

- 14.B.1. Street Number Prefix
- 14.B.2. Street Number
- 14.B.3. Street Number Suffix
- 14.C.1. Street Name Prefix
- 14.C.2. Street Name
- 14.C.3. Street Name Type
- 14.C.4. Street Name Suffix
- 14.D.1. Unit Type
- 14.D.2. Unit Prefix
- 14.D.3. Unit Identifier
- 14.D.4. Unit Suffix
- 14.E.1. Other
- 14.F.1. City
- 14.G.1. County
- 14.H.1. State
- 14.I.1. Country/Territory (Select code from list)
- 14.J.1. Zip Code







ID NUMBER:			CODE: IDE ON: A 7/13/07	Contact Occasion		SEQ #]		
15. Telephone:]					-		
unknown, e	enter the name	al locations, enter of the intersection ation in 14.E.1.							:he		
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 Conta	ct 3										
16. a. Title:		_ b. First Name:									
c. Middle/Se	cond Name: _										
d. Paternal L	ast Name:										
_ e. Maternal	Last Name:										

17. Relationship: _____

ID N	JMBER:						FORM CODE VERSION: A				Conta ccasi				SEQ	#	
18.							third co	nta	ct*					_			
	18.A.1. PO	Box	κ, Βα	ох &	/or Ro	ute a	nd Number										
	18.B.1. Str	eet N	Num	ber	Prefix									1			
	18.B.2. Street Number																
	18.B.3. Str	eet N	Num	ber	Suffix												
	18.C.1. Str	oot N	lam		rofiv									1			
	18.C.2. Str																
	10.0.2. 30	eeti	van	IE													
	18.C.3. Str	eet N	Varr	пе Ту	ype									_			
	18.C.4. Str	eet N	Varr	ne Si	uffix												
	18.D.1. Un	it Ty	ре]				
	18.D.2. Un	it Pre	efix														
	18.D.3. Unit Identifier													1			
	18.D.4. Un	it Su	ffix											1			
								1					î				 1
	18.E.1. Oth																
	18.F.1. City	ý															
	18.G.1. Co	unty															
	18.H.1. Sta	ate															
	18.I.1. Cou	ntry/	/Ter	ritor	y (Se	lect c	ode from list)										
	18.J.1. Zip	Cod	е											-			
												-					

ID NUMBER:	FORM CODE: IDE VERSION: A 7/13/07	Contact Occasion	SEQ #	
19. Telephone: (_]		
unknown, enter	ns, enter where he or s ersection or street clos 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: IDE VERSION: A 7/13/07	Contact Occasion		SEQ #		
		1			000001011				1 1

Location Codes for Question 311, 1011, 1411, and 1811

- 1 Afghanistan
- 2 Anguilla
- 3 Antigua and Barbuda
- 4 Argentina
- 5 Aruba
- 6 Australia
- 7 Austria
- 8 Bangladesh
- 9 Belgium
- 10 Belize
- 11 Bolivia
- 12 Brazil
- 13 Canada
- 14 Chile
- 15 China
- 16 Colombia
- 17 Costa Rica
- 18 Cuba
- 19 Czech Republic
- 20 Denmark
- 21 Dominican Republic
- 22 Ecuador
- 23 El Salvador
- 24 Finland
- 25 France
- 26 Germany
- 27 Great Britain
- 28 Greece
- 29 Guam
- 30 Guatemala
- 31 Haiti
- 32 Holland
- 33 Honduras
- 34 Hungary

- 35 India
- 36 Indonesia
- 37 Iran
- 38 Iraq
- 39 Ireland
- 40 Israel
- 41 Italy
- 42 Japan
- 43 Korea
- 44 Lebanon
- 45 Malaya
- 46 Mexico
- 47 New Zealand
- 48 Nicaragua
- 49 Norway
- 50 Pakistan
- 51 Panama
- 52 Paraguay
- 53 Peru
- 54 Philippines
- 55 Poland
- 56 Portugal
- 57 Puerto Rico
- 58 Russia
- 59 South Africa
- 60 Spain
- 61 Sweden
- 62 Switzerland
- 63 United States
- 64 Uruguay
- 65 Venezuela
- 66 Virgin Islands
- 67 Other
- 99 Unknown/refused