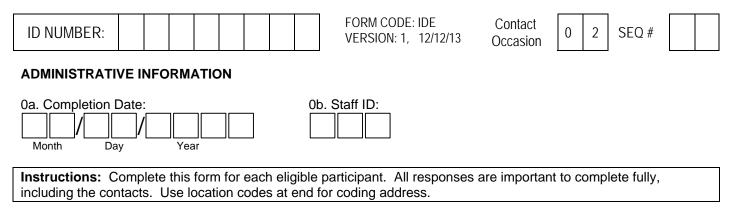


Public reporting burden for this collection of information is estimated to average 05 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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 (0925-0584). Do not return the completed form to this address.

OMB#: 0925-0584 Exp. xx/xx/xxxx

HCHS/SOL Personal Identifiers



I am going to ask you for your full name, address, and phone number. Please remember that all information that you give us is confidential, and only certified HCHS/SOL personnel will have access to this information.

A. Identifying Information

1	a. Title:	b. First Name:
	c. Middle/Second Name:_	
	d. Paternal Last Name:	
	e. Maternal Last Name: _	
	f Extension/Suffix	

As part of the confidential information we collect on the participants in HCHS/SOL we ask for your Social Security Number. Please review the disclosure statement as I read it to you. The statement explains the reasons why we are requesting your Social Security Number and that providing it 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.

(Interviewer: After reading the Disclosure Statement, ask participant if he/she has any questions.) 2 Do you have a social security number?

No	0	Go to Question 3
Yes	1 🗌	
Don't know/Not sure	2 🗌	Go to Question 3
Refused	9 🗌	Go to Question 3

ID NUMBER:					FORM CODE: IDE VERSION: 1, 12/12/2013	Contact Occasion	0	2	SEQ #	
						000031011				

a. If yes, ask the participant if they are willing to provide the number:

	-		-		

3 Do you have a driver's license issued in a U.S. state or Puerto Rico?

No	0	Go to Question 4
Yes	1 🗌	
Don't know/Not sure	2 🗌	Go to Question 4
Refused	9 🗌	Go to Question 4

a. If yes, ask the participant if they are willing to provide the number:

			1 1	1 1	 	I I	I I	 	I I	
		I I	1 1	1 1	 	 I I	I I	 	I I	
			1 1	1 1	 	I I	I I	 	I I	

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.

4 Current home address*

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

- 4.B.1. Street Number Prefix
- 4.B.2. Street Number

4.B.3. Street Number Suffix

4.C.1. Street Name Prefix

4.C.2. Street Name

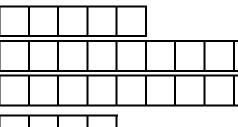
4.C.3. Street Name Type

4.C.4. Street Name Suffix

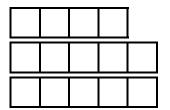
4.D.1. Unit Type

4.D.2. Unit Type Identifier

4.D.3. Unit Subtype







ID NUMBER:	FORM CODE: IDE VERSION: 1, 12/12/2013	Contact Occasion	0	2	SEQ #		
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4.D.4. Unit Subtype Identifier

from list)

4.G.1. County

4.E.1. Other

4.F.1. City

- 4.H.1. State
- 4.I.1. Country/Territory (Select code from list)
- 4.J.1. Zip Code
- 5 About how long have you lived at this address? Since...
 - 5.A.1. Year
 - 5.A.2. Month
 - 5.A.3. Day

	IF (JNK	NOWN, ENTER 99
	IF (JNK	NOWN, 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 4.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 4.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 4.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 4.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 4.E.1.

6	Primary Phone Number: +
	6a: This is a: Cell Phone 1 🗌 Home Phone 2 🗌
7	What is the best time of day to reach you at this number? Morning 1 Afternoon 2 Evening 3
8	Secondary Phone Number: +

	CODE: IDE Contact ON: 1, 12/12/2013 Occasion	0	2	SEQ #		
8a: This is a: Cell Phone 1 Home Phon	_					
9 What is the best time of day to reach you at this num Morning 1 Afternoon 2 Evening 3	idei ?					
10 Email address 1:						
10a. Email address 2:						
11 How do you prefer to receive information from us? Regular Mail 1 Electronic mail (email) 2 Social Media (Facebook and Twitter) 4 In Person at time of clinic visit 5 Text messages 6 Other 7 Specify:						
C. Local Contact 1						
12 a. Title: b. First Name:						
c. Second Name:						
d. Last Name:						
e. Maternal Last Name:						
13 Relationship:						
10a. is this ARE contact? No 0 🗌 Yes	1 🗌					
14 Current home address of primary contact*14.A.1. PO Box, Box &/or Route and Number			Т		Ţ	
14.B.1. Street Number Prefix						
14.B.2. Street Number					Τ	
14.B.3. Street Number Suffix		-				

ID NUMBER:												: IDE 12/12				ntact casic		0	2	S	SEQ #	<u>!</u>	
14.C.1. Str	eet l	Name	Prefi	x											ſ		Ĩ						
14.C.2. Str	eet	Name															<u>.</u> 						
14.C.3. Street Name Type																							
14.C.4. Street Name Suffix]						
14.D.1. Unit Type																							
14.D.2. Un																							
14.D.3. Un	it Su	ıbtype																					
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14.E.1. Oth	ner																						T
14.F.1. City	/]
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14.H.1. Sta	te																						
14.I.1. Cou	ntry	/Territe	ory (S	Seleo	ct cc	ode	fron	n lis	st)														
14.J.1. Zip	Cod	le															-]
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15 Telephone: +		(Country	v Code)			Area	Code		num	ber		_											

15a: This is a: Cell Phone	1	Home Phone

16 Email address 1:										

2 🗌

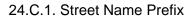
	CODE: IDE Contact DN: 1, 12/12/2013 Occasion	0	2	SEQ #											
16a. Email address 2:		-	-												
D. Local Contact 2															
17 a. Title: b. First Name:															
c. Middle/Second Name:															
d. Paternal Last Name:	d. Paternal Last Name:														
e. Maternal Last Name:															
8 Relationship:															
18a. is this ARE contact? No 0 Yes 1															
19 Current home address of secondary contact* 19.A.1. PO Box, Box &/or Route and Number	· · · · · · · ·														
19.A.T. FO BOX, BOX &/OF ROULE and Number				++											
19.B.1. Street Number Prefix															
19.B.2. Street Number															
19.B.3. Street Number Suffix					4										
19.C.1. Street Name Prefix															
19.C.2. Street Name															
19.C.3. Street Name Type															
19.C.4. Street Name Suffix															
19.D.1. Unit Type															
19.D.2. Unit Type Identifier															
19.D.3. Unit Subtype															
19.D.4. Unit Subtype Identifier															

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19.F.1. City	/																								
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19.G.1. Co	19.G.1. County												Ī	Ī			Ī			Ť	T				Ī
19.H.1. State																				•					
19.I.1. Country/Territory (Select code from list)																									
19.J.1. Zip Code																			_						
20 Telephone: +		Coun	ntry C	lode)	_ ((/	Area		de)`) [mber			-											
20.a: This	s is a	a: Ce	ell P	hon	е	1 [Н	lom	e Ph	ione	2													
21 Email addres	s 1:																								
21.a. Ema	il add	dres	s 2:																						
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E. Local Contac						_																			
22 a. Title:																									
c. Middle/Sec																									
d. Paternal L																									
e. Maternal L 23 Relationship:																									
							-																		
21 a. is th	nis A	RE	cont	tact	?	No)	0		Y	es	1 [
24 Current home	24 Current home address of third contact*																								
IDE-Personal Identif	iers-1	2-12	-13.d	locx																		ļ	Page	e 7 o	10

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

		Π

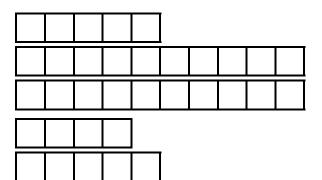
- 24.B.1. Street Number Prefix
- 24.B.2. Street Number
- 24.B.3. Street Number Suffix

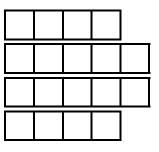


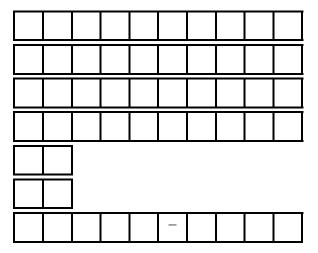
24.C.2. Street Name

24.C.3. Street Name Type

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







ID NUMBER:						FORM CODE: IDE VERSION: 1, 12/12/2013	Contact Occasion	0	2	SEQ #					
25 Telephone: +	(Country Code) (Area Code)														
25.a: This is a: Cell Phone 1 🗌 Home Phone 2 🗌															
26 Email address 1:															
26.a. Ema	il addre	ss 2:													
					CAT	IONS, ENTER WHERE HE			MO						
EXACT ADDI	RESS I	S UNKN	OWN, E	NTE	R TH	E NAME OF THE INTERS	ECTION OR	STF	REET	CLOSES		C			
ENTER IT IN	24.A.1.	, BUT A	LSO EN	ITER	THE	NOST OFFICE BOX, BOX NAME OF THE INTERSE ND THE NAME OF THE BI	CTION OR S	TRE	ET (CLOSEST					

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						000001011				

Location Codes for Question 4.I.1, 14.I.1, 19.I.1, and 24.I.1

- 01 Afghanistan
- 02 Anguilla
- 03 Antigua and Barbuda
- 04 Argentina
- 05 Aruba
- 06 Australia
- 07 Austria
- 08 Bangladesh
- 09 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