



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

ID NUMBER:	<input type="text"/>								
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FORM CODE: IDE  
VERSION: 1, 12/12/13

Contact Occasion

0	2
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SEQ #

<input type="text"/>	<input type="text"/>
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### ADMINISTRATIVE INFORMATION

0a. Completion Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year					

0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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.

*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**

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:

<input type="text"/>																
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**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

<input type="text"/>										
<input type="text"/>										

4.B.1. Street Number Prefix

<input type="text"/>				
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4.B.2. **Street Number**

<input type="text"/>										
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4.B.3. Street Number Suffix

<input type="text"/>				
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4.C.1. Street Name Prefix

<input type="text"/>				
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4.C.2. **Street Name**

<input type="text"/>										
<input type="text"/>										

4.C.3. **Street Name Type**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4.C.4. Street Name Suffix

<input type="text"/>				
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4.D.1. Unit Type

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4.D.2. Unit Type Identifier

<input type="text"/>				
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4.D.3. Unit Subtype

<input type="text"/>				
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4.D.4. Unit Subtype Identifier

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4.E.1. Other

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4.F.1. City

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4.G.1. County

4.H.1. State

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

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4.J.1. Zip Code

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

5.A.1. Year

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5.A.2. Month

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IF UNKNOWN, ENTER 99

5.A.3. Day

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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 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: +     (    )    -

(Country Code) (Area Code)

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: +     (    )    -

(Country Code) (Area Code)

8a: This is a: Cell Phone 1  Home Phone 2

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

- Morning 1   
 Afternoon 2   
 Evening 3

10 Email address 1:

10a. Email address 2:

11 How do you prefer to receive information from us? (select only one)

- 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

<input type="text"/>									
<input type="text"/>									

14.B.1. Street Number Prefix

<input type="text"/>				
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14.B.2. **Street Number**

<input type="text"/>									
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14.B.3. Street Number Suffix

<input type="text"/>				
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14.C.1. Street Name Prefix

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14.C.2. **Street Name**


14.C.3. **Street Name Type**

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14.C.4. Street Name Suffix

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14.D.1. Unit Type

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14.D.2. Unit Type Identifier

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14.D.3. Unit Subtype

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14.D.4. Unit Subtype Identifier

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14.E.1. Other


14.F.1. City


14.G.1. County


14.H.1. State

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

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14.J.1. Zip Code


\*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.

15 Telephone: + 

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(Country Code)      (Area Code)      number

15a: This is a: Cell Phone    1     Home Phone    2

16 Email address 1: 

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16a. Email address 2:

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**D. Local Contact 2**

17 a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

c. Middle/Second Name: \_\_\_\_\_

d. Paternal Last Name: \_\_\_\_\_

e. Maternal Last Name: \_\_\_\_\_

18 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.B.1. Street Number Prefix

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19.B.2. **Street Number**

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19.B.3. Street Number Suffix

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19.C.1. Street Name Prefix

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19.C.2. **Street Name**


19.C.3. **Street Name Type**

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19.C.4. Street Name Suffix

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19.D.1. Unit Type

--	--	--	--	--

19.D.2. Unit Type Identifier

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19.D.3. Unit Subtype

--	--	--	--	--	--

19.D.4. Unit Subtype Identifier

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


24.B.1. Street Number Prefix

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24.B.2. **Street Number**

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24.B.3. Street Number Suffix

--	--	--	--	--

24.C.1. Street Name Prefix

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24.C.2. **Street Name**


24.C.3. **Street Name Type**

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24.C.4. Street Name Suffix

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24.D.1. Unit Type

--	--	--	--

24.D.2. Unit Type Identifier

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24.D.3. Unit Subtype

--	--	--	--	--

24.D.4. Unit Subtype Identifier

--	--	--	--

24.E.1. Other

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24.F.1. City


24.G.1. County

--	--	--	--	--	--	--	--	--	--

24.H.1. State

--	--

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

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24.J.1. Zip Code

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

25 Telephone: +     (    )    -

(Country Code)                      (Area Code)

25.a: This is a: Cell Phone    1     Home Phone    2

26 Email address 1:

26.a. Email address 2:

\*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 24.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 24.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 24.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 24.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 24.E.1.

ID NUMBER:								FORM CODE: IDE VERSION: 1, 12/12/2013	Contact Occasion	0	2	SEQ #		
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**Location Codes for Question 4.I.1, 14.I.1, 19.I.1, and 24.I.1**

- |                        |                    |
|------------------------|--------------------|
| 01 Afghanistan         | 35 India           |
| 02 Anguilla            | 36 Indonesia       |
| 03 Antigua and Barbuda | 37 Iran            |
| 04 Argentina           | 38 Iraq            |
| 05 Aruba               | 39 Ireland         |
| 06 Australia           | 40 Israel          |
| 07 Austria             | 41 Italy           |
| 08 Bangladesh          | 42 Japan           |
| 09 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 |