# HCHS/SOL Identifiers and Addresses (IDE)

| ID NUMBER: | | | | | | | | FORM CODE: IDE<br>VERSION: 3, 7/17/2020 | Contact Occasion | 0 | 3 | Occurrence | 0 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**ADMINISTRATIVE INFORMATION**

0a. Completion Date: ☐☐ / ☐☐ / ☐☐☐☐    0b. Staff ID: ☐☐☐

*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. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.*

*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. Legal Last Name: _____

   g. 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 or confirm the number:*

   ☐☐☐ – ☐☐ – ☐☐☐☐ **[Pre-filled by CDART]**

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** |
| Other ID | 3 ☐ | |
| a. Specify: _____ | | |
| Refused | 9 ☐ | **Go to Question 4** |

*b. If yes, ask the participant if they are willing to provide or confirm the number:*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**[Pre-filled by CDART]**

## B. Participant Address/Telephone     [Pre-filled by CDART]

*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 street address 1 (Street Number, Name, Prefix, Suffix, Street Type)

_____

_____

4a. Current home street address 2 (Unit Subtype, PO Box, Route or Rural zone)

_____

4.a.1 Country/Territory          *If Country outside the US,* **Go to Question 4a2**

4.a.2                                If other, specify: _____

4.b. City: _____

4.c. County: _____

4.d. US State/Territory State: _____

4.e. Out of Country State: _____

4.f. Zip Code: ☐☐☐☐☐-☐☐☐☐

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

5.a.1. Year: ☐☐☐☐

5.a.2. Month: ☐☐   *IF UNKNOWN, ENTER 99*

5.a.3. Day: ☐☐   *IF UNKNOWN, ENTER 99*

5.b.   Have you moved since your last site visit on [date of last visit participation]?

No  0 ☐ **Go to Question 6**       Yes  1 ☐

5.b1.   How many times have you moved since your last site visit? ☐☐ **[99 if Unknown]**

6   Primary Phone Number: + ☐☐☐☐ ( ☐☐☐ ) ☐☐☐-☐☐☐☐
**[Pre-filled by CDART]**              Country Code     Area Code     number

6.a: 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: + ☐☐☐☐ ( ☐☐☐ ) ☐☐☐-☐☐☐☐
**[Pre-filled by CDART]**              (Country Code)   (Area Code)     number

8.a: 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: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

10.a. 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)  3 ☐
In Person at time of center visit    4 ☐
Text message                         5 ☐
Other                                6 ☐
a. Specify: _____

**Local Contact 1** [Some information Pre-filled by CDART]

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

  c. Middle/Second Name:_____

  d. Paternal Last Name:_____

  e. Maternal Last Name: _____

13 Relationship: _____

  13.a.  Is this an Alternate Respondent (ARE) contact?   No      0 ☐    Yes    1 ☐

14 Current home street address of primary contact 1 (Street Number, Name, Prefix, Suffix, Street Type)

_____

_____

  a.   Current home street address of primary contact 2 (Unit Subtype, PO Box, Route or Rural zone)

_____

_____

  14.a.1 Country/Territory       *If Country outside the US,* **Go to Question 14a2**

  14.a.2    If other, specify: _____

14.b. City: _____

14.c. County: _____

14.d. US State/Territory State: _____

14.e. Out of Country State: _____

14.f. Zip Code: ☐☐☐☐☐-☐☐☐☐

15 Telephone: + ☐☐☐☐ (☐☐☐) ☐☐☐-☐☐☐☐
          Country Code    Area Code        number

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

16 Email address 1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

  16.a. Email address 2:
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## D. Local Contact 2 [Some information Pre-filled by CDART]

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

    c. Middle/Second Name: _____

    d. Paternal Last Name: _____

    e. Maternal Last Name: _____

18 Relationship: _____

    18.a. Is this an Alternate Respondent (ARE) contact? No   0 ☐   Yes   1 ☐

19 Current home street address of secondary contact 1 (Street Number, Name, Prefix, Suffix, Street Type)

_____

_____

    a. Current home street address of secondary contact 2 (Unit Subtype, PO Box, Route or Rural zone)

_____

_____

    19.a.1 Country/Territory      *If Country outside the US,* **Go to Question 19a2**

    19.a.2 If other, specify: _____

    19.b. City: _____

    19.c. County: _____

    19.d. US State/Territory State: _____

    19.e. Out of Country State: _____

    19.f. Zip Code: ☐☐☐☐☐-☐☐☐☐

20 Telephone: + ☐☐☐☐☐ (☐☐☐) ☐☐☐☐-☐☐☐☐☐
           Country Code     Area Code`     number

    20.a: This is a: Cell Phone   1 ☐   Home Phone   2 ☐

21 Email address 1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

    21.a. Email address 2: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

### E. Local Contact 3 [Some information Pre-filled by CDART]

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

c. Middle/Second Name: _____

d. Paternal Last Name: _____

e. Maternal Last Name: _____

23  Relationship: _____

23.a.   Is this an Alternate Respondent (ARE) contact? No     0 ☐     Yes     1 ☐

24  Current home street address of third contact 1 (Street Number, Name, Prefix, Suffix, Street Type)

_____

_____

a.   Current home street address of third contact 2 (Unit Subtype, PO Box, Route or Rural zone)

_____

_____

24.a.1 Country/Territory          *If Country outside the US,* **Go to Question 24a2**

24.a.2 If other, specify: _____

24.b. City: _____

24.c. County: _____

24.d. US State/Territory State: _____

24.e. Out of Country State: _____

24.f. Zip Code: ☐☐☐☐☐-☐☐☐☐

25  Telephone: +☐☐☐☐☐ (☐☐☐) ☐☐☐-☐☐☐☐
    Country Code    Area Code    phone

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

26  Email address 1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

26.a. Email address 2:
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐