OMB#: 0925-0584
Exp. 2/28/2011

# HCHS/SOL Personal Identifiers

ID NUMBER: ☐☐☐☐☐☐☐

FORM CODE: IDE
VERSION: A 9/10/07

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.

*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. 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

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 Type Identifier

3.D.3. Unit Subtype

3.D.4. Unit Subtype Identifier

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

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

3.K.1. Year

3.K.2. Month    *IF UNKNOWN, ENTER 99*

3.K.3. Day    *IF UNKNOWN, ENTER 99*

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*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.*

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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

    10.B.1. Street Number Prefix

    10.B.2. **Street Number**

    10.B.3. Street Number Suffix

    10.C.1. Street Name Prefix

    10.C.2. **Street Name**

    10.C.3. **Street Name Type**

    10.C.4. Street Name Suffix

    10.D.1. Unit Type

    10.D.2. Unit Type Identifier

    10.D.3. Unit Subtype

    10.D.4. Unit Subtype Identifier

    10.E.1. Other

Personal Identifiers Form (PIE)

10.F.1. City

10.G.1. County

10.H.1. State

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

10.J.1. Zip Code

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*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 10.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 10.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 110.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 110.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 110.E.1.

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11. Telephone: ( ___ ) ___ - ____

## D. Local Contact 2

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

   c. Middle/Second Name: _____

   d. Paternal Last Name: _____

   e. Maternal Last Name: _____

13. Relationship: _____

14. Current home address of secondary contact*

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

    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 Type Identifier

    14.D.3. Unit Subtype

    14.D.4. Unit Subtype Identifier

    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

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

18.B.1. Street Number Prefix

18.B.2. **Street Number**

18.B.3. Street Number Suffix

18.C.1. Street Name Prefix

18.C.2. **Street Name**

18.C.3. **Street Name Type**

18.C.4. Street Name Suffix

18.D.1. Unit Type

18.D.2. Unit Type Identifier

18.D.3. Unit Subtype

18.D.4. Unit Subtype Identifier

18.E.1. Other

18.F.1. City

18.G.1. County

18.H.1. State

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

18.J.1. Zip Code

| ID NUMBER: | | | | | | | | FORM CODE: IDE<br>VERSION: A 9/10/07 | Contact<br>Occasion | | | SEQ # | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

19. Telephone: ( ☐☐☐ ) ☐☐☐-☐☐☐☐

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*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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## Location Codes for Question 3I1, 10I1, 14I1, and 18I1

| | |
|---|---|
| 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 |