Hispanic Community Health Study	Public reporting burden for this collection of information is estimated to average 05 minutes per response, including the time for reviewing instructions, searching existing 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.
ID NUMBER:	FORM CODE: IDE Contact 0 2 SEQ #
ADMINISTRAT	
0a. Completior	Date: Date: Day Year Ob. Staff ID:
including the c	Complete this form for each eligible participant. All responses are important to complete fully, ontacts. Use location codes at end for coding address. Set CDART Field Status to 'Refused', 'No ssing', etc. for those questions that do not list these values as possible answer choices.
• •	ask you for your full name, address, and phone number. Please remember that all nat you give us is confidential, and only certified HCHS/SOL personnel will have access to on.
	g Information b. First Name:
c. Middle/	Second Name:
d. Paterna	al Last Name:

f. Legal Last Name:	
g. Extension/Suffix: _	

e. Maternal Last Name:

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.

<u>Disclosure Statement:</u> 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, 8/25/2014	Contact Occasion	0	2	SEQ #	

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
Other ID a. Specify:	3 🗌
Refused	9 Go to Question 4

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

					Ĺ		_						

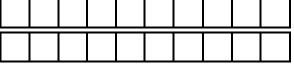
# **B.** Participant Address/Telephone

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

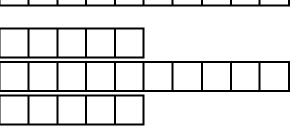
# 4.C.3. Street Name Type

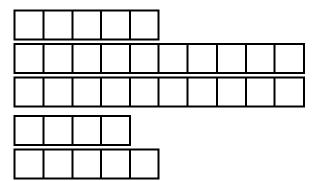
4.C.4. Street Name Suffix

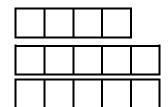
4.D.1. Unit Type

4.D.2. Unit Type Identifier

4.D.3. Unit Subtype







ID	NUM	IBER:										ORM ( ERSIC				-	ontac ccasio	-	0	2	SEC	2#		
	1 ח /	4. Unit Su	btyr		ontif	ior		Г					1						·					
-	۲.U.٦	. onit ou	ютур		Critin								l											
2	4.E.1	. Other																						
2	4.F.1	. City																						
													 				<u> </u>							
2	4.G. I	I. County						_			-									╞	╋	╋		_
2	4.H.1	. State						ſ									<u> </u>							╡
																								_
	4.I.1. irom l	Country/ list)	/Ter	ritory	' (Se	lect	code	<b>,</b>																
2	4.J.1	. Zip Cod	le											_										
5	Abo	out how l	ong	have	e yo	u liv	ed a	ıt thi	s ad	ddre	ss?	Since	e											
	5	.A.1. Yea	ar														]							
	5.A.2. MonthIF UNKNOWN, ENTER 995.A.3. DayIF UNKNOWN, ENTER 99																							
	5	.A.3. Day	/												IF	UNŀ	KNOI	NN,	ENT	TER	2 99			
	T⊦	THE PAR HE EXACT D THE HO	T AD	DRE	SS I	S UN	IKN	JWN	N, El	NTEI	R TH	E NA	ME C	DF TH	IE IN	TER	SEC	TION	I OR	ST	REET	CL(		ST
	E١	THE ONL NTER IT IN HE ACTUA	N 4./	4.1., I	BUT	ALS	OE	NTE	RΤ	HE N	JAME	OF	THE	INTE	RSE	CTIO	N OI	R ST	REE	ΤС	LOSE	EST		
6	Prii	mary Pho	one	Num	ber:	+[			Intry	Code	(	Area (	]	)[	numb	per	[							
		6a: This	is a	: Cel	l Ph	one		1	]			hone			inume									
7	Wh	nat is the	bes	t time	e of (	Mo Aft	to re ornir terno renir	ng bon	n yo	u at 1 [ 2 [ 3 [	this	numt	oer?											
8	Se	condary F	Pho	ne N	umb	er: -	+	(Co	ountr	y Cod	le) (	(Area	Code)					]-[						
		8a: This	is a	: Cel	l Ph	one		1 [		Ho	me F	Phone	e 2											

ID I	NUMBER:												DE: 1, 8/	IDE 25/20 <sup>-</sup>	14		ntact casic		0	2	SEQ #	<del>4</del>	
9	What is the b	est t	ime	of	Mc Aft	ornin	ig con	-	ou a 1 2 3		s nu	mbe	r?										
10	Email addres	s 1:																					
	10a. Email add	dress	2:																				
11	How do you Regular M Electronic Social Me In Person Text mes Other	Mail c ma edia n at t	iil (e (Fa ime e	ema ceb of o	il) ook cent	anc er v	l Tw isit	itte	er)			(s) 2    2 4    1 5    1 6    7	elect	only	one /	e)							
C.	Local Contac	:t 1																					
12	a. Title:					b. l	First	Na	ame	:													
	c. Second Na	ame:																					
	d. Last Name	e: _																					
	e. Maternal L	.ast I	Nam	ne: _																			
13	Relationship:																						
	13.a. Is this a	an Al	tern	ate	Res	spon	nden	t (A	٩RE	E) cc	ontac	:t?	No	0		Y	es	1					
14	Current home 14.A.1. PO B					mary		nta	ct*														
	Route	and	Nun	nbe	r																		
	14.B.1. Stree	et Nu	mbe	er P	refix	¢			Т														
	14.B.2. Stree	et Nu	ımb	er				T															
	14.B.3. Stree	et Nu	mbe	er S	uffix	(	F																
	14.C.1. Stree	et Na	me	Pre	fix																		
	14.C.2. Stree	et Na	ame																				

ID NUMBER:				FORM C		14	Conta Occa	act sion	0	2	SEQ #	
			1									

14.C.3. Street Name Type					1										
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					]	1									
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						-									
*IF THE PERSON LIVES AT SEVEN EXACT ADDRESS IS UNKNOWN THE HOME LOCATION IN 14.C.2.	ENT	ER T	THE N	NAM	E OF	THE	INTE	ERSE	CTIC	ON O	R ST	REE	T CL	OSE	
IF THE ONLY KNOWN HOME ADI ENTER IT IN 14.A.1., BUT ALSO E THE ACTUAL HOME LOCATION I	INTE	R T⊦	IE N/	٩ME	OF T	HE II	NTEF	RSEC	IOIT:	N OR	STR	EET	CLO	SES	
15 Telephone: +	Area	Code		nur	nber		]-[				]				
15a: This is a: Cell Phone	1 🗌	⊢⊢	lome	e Pho	one	2									

16 Email address 1:									
16a. Email addre	ess 2:								

#### **D. Local Contact 2**

IDE-Personal Identifiers-8-25-2014

ID NUMBER:					FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #	
					,	000031011				1 1

17	a. Title: b. I	-irst I	Nam	e:						_				
	c. Middle/Second Name:									_				
	d. Last Name:									_				
	e. Maternal Last Name:													
18	Relationship:													
	18.a. Is this an Alternate Respo	nden	t (AF	RE) c	onta	ct?	No	0		Ye	S	1 🗌		
19	Current home address of second 19.A.1. PO Box, Box &/or	lary c	conta	ct*										
	Route and Number													
	19.B.1. Street Number Prefix											_		
	14.B.2. Street Number													
	19.B.3. Street Number Suffix													
	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													
	19.E.1. Other													
	19.F.1. City		-	-	-			-	-					Γ

ID NUMBER:	FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ	#	
19.G.1. County							
19.H.1. State							
19.I.1. Country/Territory (Select							
19.J.1. Zip Code							
20 Telephone: +	)						
20.a: This is a: Cell Phone 1 🗌 Hom	e Phone 2						
21 Email address 1:							
21.a. Email address 2:							
*IF THE PERSON LIVES AT SEVERAL LOCATIO EXACT ADDRESS IS UNKNOWN, ENTER THE THE HOME LOCATION IN 19.C.2. AND THE NA	NAME OF THE INTERS	ECTION OR	STF	REET	L CLO		
IF THE ONLY KNOWN HOME ADDRESS IS A P ENTER IT IN 19.A.1., BUT ALSO ENTER THE N THE ACTUAL HOME LOCATION IN 19.C.2. ANI	AME OF THE INTERSE	CTION OR S	STRE	ET	CLOS	EST	
E. Local Contact 3							
22 a. Title: b. First Name: _							
c. Middle/Second Name:							
d. Last Name:							
e. Maternal Last Name:							
23 Relationship:							
23.a. Is this an Alternate Respondent (ARE	) contact? No	0 🗌 Y	′es	1			

ID NUMBER:					FORM CODE: IDE VERSION: 1, 8/25/2014	Contact Occasion	0	2	SEQ #	

# 24 Current home address of third contact\*

24	24.A.1. PO Box, Box &/or	Dintac									
	Route and Number				ľ						
	Roule and Number										
	24.B.1. Street Number Prefix						 	 	1		
	24.B.2. Street Number										
	24.B.3. Street Number Suffix										
	24.C.1. Street Name Prefix						 	 	I		
	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		1						I		
	24.E.1. Other										
	24.F.1. City						 				 _
	24.G.1. County									 	 _
	24.H.1. State										 _
	24.I.1. Country/Territory (Select	╞	<u> </u>	<u> </u> 							
	code from list)		<u> </u>								
	24.J.1. Zip Code					—					

ID NUMBER:									RM CO RSION			2014		ontact ccasio		0	2	SEQ #	
25 Telephone: +		ountry	Code	(	Area	Code		) [	one		]-[								
25.a: This	s is a: (	Cell F	Phor	e	1	ŀ	Hom	ie Ph	one	2 [									
26 Email addres	s 1:																		
26.a. Emai	26.a. Email address 2:																		
*IF THE PERS EXACT ADDF THE HOME L	RESSI	S UN	KNC	WN	, ENT	ER T	THE	NAM	E OF	TH	E IN	TERS	ECT	ION	OR S	STR	EET	CLOSE	0
IF THE ONLY ENTER IT IN THE ACTUAL	24.A.1	, BU	T AL	SO I	ENTE	R TH	HE N	IAME	OF <sup>-</sup>	THE	INTE	RSE	CTIC	O NC	R ST	RE	ET (	CLOSES	
Location Codes for Question 4.I.1, 14.I.1, 19.I.1, and 24.I.1																			
01 Afghanist	an				24	Fin	land	4					47	Nev	w Ze	ala	nd		

01	Afghanistan	24	Finiand
02	Anguilla	25	France
03	Antigua and Barbuda	26	Germany
04	Argentina	27	Great Britain
05	Aruba	28	Greece
06	Australia	29	Guam
07	Austria	30	Guatemala
80	Bangladesh	31	Haiti
09	Belgium	32	Holland
10	Belize	33	Honduras
11	Bolivia	34	Hungary
12	Brazil	35	India
13	Canada	36	Indonesia
14	Chile	37	Iran
15	China	38	Iraq
16	Colombia	39	Ireland
17	Costa Rica	40	Israel
18	Cuba	41	Italy
19	Czech Republic	42	Japan
20	Denmark	43	Korea
21	Dominican Republic	44	Lebanon
22	Ecuador	45	Malaya
23	El Salvador	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