

Public reporting burden for this collection of information is estimated to average 07 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. 2/28/2011

## **HCHS/SOL** Personal Identifiers

ID NUMBER:	FORM CODE: IDE VERSION: A 9/10/07	Contact Occasion SEQ #
Acrostic:		
ADMINISTRATIVE INFORMATION		
Oa. Completion Date:  Month Day Year	0b. Staff ID:	0c. Household ID Number:  (See Household Screening form, copy number exactly as seen on screener)
<b>Instructions:</b> Complete this form for each eligincluding the contacts. Use location codes at each eliginal code.		onses are important to complete fully,
I am going to ask you for your full name, a information that you give us is confidential, this information.		
A. Identifying Information  1. a. Title: b. First Nam  c. Middle/Second Name:  d. Paternal Last Name:  e. Maternal Last Name:		
f. Extension/Suffix:		
As part of the confidential information we described Security Number. Please review the disclosure as why we are requesting your Social Disclosure Statement: We are ask	sure statement as I reall of Security Number and sing for your Social Se	ad it to you. The statement explains the that providing it is voluntary.  Curity Number because data from
this study will be linked with data spurposes only. It will be kept confiused only for research purposes. Health Study / Study of Latinos important for the purposes of this state.	dential according to the Providing this information is entirely voluntary of	e Privacy Act of 1974 and will be ation to the Hispanic Community
(Interviewer: After reading the Disclosure S	Statement, ask particip	ant if he/she has any questions.)
2. Social Security Number:		

3. Current home address*									
3.A.1. PO Box, Box &/or Route and Number									
		$\frac{1}{1}$		<u> </u> 	<u> </u>	<u> </u> 	<u>                                     </u>	<u> </u> 	<u> </u>
3.B.1. Street Number Prefix									
3.B.2. Street Number	-	1							
3.B.3. Street Number Suffix	F	<u> </u>				<u>                                     </u>			
3.C.1. Street Name Prefix			1			1			
	<u> </u>	<u> </u>		1		<u> </u>	ī	T	
3.C.2. Street Name									
3.C.3. Street Name Type					7				
3.C.4. Street Name Suffix	H	<u> </u>	<u></u>		<u> </u>	1			
o.o. i. Guodi Namo Gumx						J			
3.D.1. Unit Type		Ī			Ī				
3.D.2. Unit Type Identifier		$\frac{\perp}{1}$			<u> </u> 	1			
						]			
3.D.3. Unit Subtype									
3.D.4. Unit Subtype Identifier									
					1				
3.E.1. Other									
3.F.1. City									
		$\frac{1}{1}$		<u> </u>		<u>.                                    </u>	<u>.                                    </u>	<u>.                                    </u>	<u> </u>
	<u> </u>	$\frac{1}{1}$							_
	<u> </u>	+	$\dashv$						

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

Occasion

SEQ#

ID NUMBER:

	ID NUMBER:								FORM ( VERSIC			,	Cont Occa				SE	Q #		
	3.G.1. Cour	nty																		
	3.H.1. State	9																	<u> </u>	ı
	3.I.1. Count	try/T	errito	y (S	elect	t cod	de fr	om I	ist)											
	3.J.1. Zip C	ode													_					
Aboı	ut how long have	you	lived	at thi	s ad	dres	ss?	Sinc	e											
	3.K.1. Yea	r																		
	3.K.2. Mon	nth										IF (	JNKI	NON	VN, I	ENT	ER 9	99		
	3.K.3. Day											IF (	JNKI	VОИ	VN, I	ENT	ER 9	99		
	*IF THE PAR' THE EXACT TO THE HOI  IF THE ONL' ENTER IT IN THE ACTUA	ADI ME L Y KN 13.A	DRESS LOCAT NOWN I.1., BL	S IS U TON HOM JT AL	JNKN IN 3. 1E AI .SO I	NOW C.2. DDR ENT	/N, E AND ESS ER T	NTE THI IS A	R THE NA E NAME ( A POST O NAME OF	AME C OF TH FFICE THE	OF THE BUILD BOX	E INT LDIN , BOX RSEC	TERS IG OI X, OF CTION	SECT R LO R RO N OR	TON CAT UTE STF	OR STON	STRI IN 3. D NU I CLO	EET ( E.1. MBEF DSES	CLOSI R, ST TO	EST
	4. Primary Phon	ie Ni	umbei	:([			)			-										
	5. What is the be	est t	ime o	N A	to re Norni Afterr Eveni	ing noor	•	at t 1 [ 2 [ 3 [	his numb	er?										
	6. Secondary Ph	none	Num	ber:				])[												
	7. What is the be	est t	ime o	N A	to re Norni Afterr Eveni	ing noor	•	at t 1 [ 2 [ 3 [	his numb	er?										

ID NUMBER:								FORM ( VERSIC		ntact asion		SEQ#	!	
C. Local Conta	ct 1													
8. a. Title:					b.	First I	Nam	e:	 					
c. Second N	lame	ə: _							 					
d. Last Nam	e:								 					
e. Maternal	Last	t Na	me:						 	 _				
9. Relationship:														
10. Current hom 10.A.1. PC				•		•								]
10.B.1. St	reet	Nur	nbe	r Pr	efix									
10.B.2. <b>St</b>	reet	Nu	mbe	er										1
10.B.3. St	reet	Nur	nbe	r Su	ffix							<u> </u>		1
10.C.1. St	reet	Nar	ne F	Pref	ix									
10.C.2. <b>St</b>	reet	: Na	me											
10.C.3. <b>St</b>	reet	: Na	me ˈ	Тур	e				<u>                                     </u>	<u>                                     </u>				]
10.C.4. St	reet	Nar	ne S	Suffi	х									
10.D.1. Ur	nit T	ype												
10.D.2. Ur	nit T	ype	Ider	ntifie	er									
10.D.3. Ur	nit S	ubty	/ре											
10.D.4. Ur	nit S	ubty	/pe I	den	tifier									
10.E.1. Ot	her													

ID NUMBER:									FORM CO VERSION				Con Occa				SE	EQ#		
10.F.1. Cit	V														Ī	1				7
															<u> </u>	<u> </u>				<u> </u> 
10.G.1. Co	ount	y									<u>                                     </u>								<u> </u>	1
10.H.1. Sta	ate																	ı		
10.I.1. Cou	untry	//Te	rrito	ry (.	Sele	ect c	ode	e fro	m list)											
10.J.1. Zip	Co	de													-					
												·		•	•	•				
*IF THE PER EXACT ADD THE HOME	RES	SS IS	NU 8	IKN(	1WC	N, El	NTE	R T	HE NAME C	F TH	IE INTI	ERS	ECT	ION	OR	STR	EET	CLO		
IF THE ONL ENTER IT IN THE ACTUA	J 11(	).A.	1., B	UT A	ALSO	13 C	NTE	RT	HE NAME O	F TH	E INTE	ERS	ECT	ION	OR	STR	EET	CLO	SEST	
11. Telephone:																				
D. Local Conta	ct 2																			
12. a. Title:					b.	Fir	st N	lam	e:											
c. Middle/Se	con	d Na	ame	e: _																
d. Paternal L	₋ast	Nar	ne:																	
e. Maternal	Last	Na	me:											-						
13. Relationship	:						_													

ID NUMBER:									FORM CO VERSION:		Cont Occa		SEC	) #	
14. Current hom 14.A.1. PC							-								
14.B.1. Str 14.B.2. <b>Str</b>	eet	Nu	mbe	er											
14.B.3. Str 14.C.1. Str 14.C.2. <b>St</b> r	eet	Nar	ne l												
14.C.3. <b>St</b> ı	reet	Naı	me	Ту	pe										
14.C.4. Str			ne S	Suf	ffix							1			
14.D.1. Un	it Ty	ype		ntif	fier										
14.D.3. Un 14.D.4. Un			•	lde	entifie	r									
14.E.1. Otl 14.F.1. Cit															
14.G.1. Co		y													
14.I.1. Cou 14.J.1. Zip	ıntry		rrito	ory	(Sele	ect o	code	e fror	m list)			_			

ID NUMBER:							FORM CODE VERSION: A		Contact Occasion		SEC	) #		
15. Telephone:			])											
EXACT ADD THE HOME	RESS LOCA	IS UN TION	NKN( IN 14	OWN, 4.C.2.	ENTE AND	R TH	TIONS, ENTER HE NAME OF T NAME OF THE	THE INTE BUILDIN	RSECTION ( IG OR LOCA	OR ST TION	TREET ( I IN 14.E	LOS .1.	SES	)
ENTER IT IN	l 14.A.	1., BL	JT AL	_SO E	NTER	THE	A POST OFFICE NAME OF THE ND THE NAM	IE INTÉR	SECTION OF	R STF	REET CL	OSE	ST	
E. Local Conta	ct 3													
16. a. Title:				b. F	irst N	lame	:							
c. Middle/Se	cond I	Name	e:											
d. Paternal l	ast N	ame:												
e. Maternal	Last N	ame:												
17. Relationship	:													

ID NUMBER:									FORM CO VERSION	DE /10/07	Cont Occa		SEC	) #	
18. Current hom 18.A.1. PC									oer						<u>]</u>
18.B.1. Str 18.B.2. <b>St</b> r 18.B.3. Str	reet	Nu	mbe	er											]
18.C.1. Str 18.C.2. <b>St</b> r				Pref	fix										]
18.C.3. <b>St</b> 18.C.4. St												<b>_</b>			]
18.D.1. Ur 18.D.2. Ur 18.D.3. Ur 18.D.4. Ur	nit T	ype ubty	ре			ır									
18.E.1. Ot	her	ubty	ре	iuei	riune	:1									] ]
18.G.1. Co	ate		rrito	ur.v	(\$0)	loct	code	o from	n list)						]
18.I.1. Cou 18.J.1. Zip			11110	u y	(Sel	<del>U</del> Ul	COU	<del>,</del> 11011	1 1181)			_			1

ID NUMBER:									FORM CODE: IDE Contact VERSION: A 9/10/07 Occasion SEQ #
19. Telephone: (				])					
EXACT ADD	RES	SS IS	S UN	ΙKΝ	OWI	N, E	NTE	RT	TIONS, ENTER WHERE HE OR SHE LIVES MOST. IF THE HE NAME OF THE INTERSECTION OR STREET CLOSEST TO 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.

ID NUMBER:					FORM CODE: IDE VERSION: A 9/10/07	Contact		SEQ#		
					VERSION. A 9/10/07	Occasion				İ

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

01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Afghanistan Anguilla Antigua and Barbuda Argentina Aruba Australia Austria Bangladesh Belgium Belize Bolivia Brazil Canada Chile China Colombia Costa Rica Cuba Czech Republic Denmark Dominican Republic Ecuador El Salvador Finland France Germany Great Britain Greece Guam Guatemala	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 60 60 60 60 60 60 60 60 60 60 60 60	India Indonesia Iran Iraq Ireland Israel Italy Japan Korea Lebanon Malaya Mexico New Zealand Nicaragua Norway Pakistan Panama Paraguay Peru Philippines Poland Portugal Puerto Rico Russia South Africa Spain Sweden Switzerland United States Uruguay
29	Guam	63	United States
31 32	Haiti Holland	65 66	Venezuela Virgin Islands
33 34	Honduras Hungary	67 99	Other Unknown/refused
U-7	ridingary	55	STIMIOWII/TOTUSCU