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

HCHS/SOL Personal Identifiers_Spanish

ID NUMBER:

FORM CODE: IDS
VERSION: A 1/22/08

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.

Voy a preguntarle su nombre completo, su dirección y su número de teléfono. Por favor, recuerde que toda de la información que nos da es confidencial y solamente el personal certificado de HCHS/SOL tendrá acceso a esta información.

A. Identifying Information

1. a. Título: _____ b. Primer Nombre: _____

c. Segundo Nombre: _____

d. Apellido Paterno: _____

e. Apellido Materno: _____

f. Extensión o sufijo al apellido: _____

Como parte de la información confidencial que recopilamos de los participantes del HCHS/SOL le pedimos su número de seguro social. Por favor, revise la declaración sobre la divulgación de información personal a medida que se la lea. La declaración explica las razones por las que le estamos pidiendo su número de seguro social y que el darnos este número es voluntario de su parte.

Declaración sobre la divulgación de información personal: Le estamos pidiendo su número de seguro social porque los datos de este estudio se relacionarán con los datos que dan los proveedores de cuidados de la salud sólo con propósitos de realizar estudios sobre la salud. Esta información se mantendrá en forma confidencial de acuerdo a la Ley de Privacidad de 1974 y se usará solamente con propósitos de realizar estudios sobre la salud. El dar esta información al *Estudio de la Salud de la Comunidad Hispana / Estudio de los Latinos* es completamente voluntario de su parte, pero es sumamente importante para los propósitos de este estudio.

(Interviewer: After reading the Disclosure Statement, ask participant if he/she has any questions)

2. Número de seguro social: - -

C. Local Contact 1

8. a. Título: _____ b. Primer Nombre: _____

c. Segundo Nombre: _____

d. Apellido Paterno: _____

e. Apellido Materno: _____

9. Relación: _____

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

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

ID NUMBER:						FORM CODE: IDS	Contact				
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15. Teléfono: () -

*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. Título: _____ b. Primer Nombre: _____

c. Segundo Nombre: _____

d. Apellido Paterno: _____

e. Apellido Materno: _____

17. Relación: _____

ID NUMBER:							FORM CODE: IDS	Contact				
							VERSION: A 1/22/08	Occasion		SEQ #		

19. Teléfono: () -

*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.

ID NUMBER:						FORM CODE: IDS	Contact				
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Location Codes for Question 311, 1011, 1411, and 1811

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