♥ARIC IDENTIFICATION FORM

ID NUMBER: ☐☐☐☐☐☐☐   CONTACT YEAR: | 0 | 1 | FORM CODE: | I | D | N | VERSION: A 11/1.

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐   INITIALS: ☐☐

INSTRUCTIONS:
Information on this form should be completed prior to the clinic visit, using the Home Interview Form. (Corresponding item numbers from the Home Interview Form are given for each item.) This form should be used at the beginning of the visit to verify information and make any necessary changes. Changes should be made on this form, using the usual procedures for correcting data items. Regardless of whether any items require revision, item 13 (code number) must always be completed by the person verifying or revising the information...
ID Number and Name must be entered above. When name and address information is required, code the response beginning in the leftmost box using capital letters. Whenever numerical responses are required (except in the address section), enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry.

IDENTIFICATION FORM (IDNA screen 1 of 2)

A. VERIFICATION OF IDENTIFYING INFORMATION

"We need to verify some of the information you gave us at your home. I will read it back to you, and you tell me if it is correct. I will also check that we have spelled your name correctly."

1. Title (HOM 66a):
☐☐☐☐

2. Last Name (HOM 66b):
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. First Name (HOM 66c):
☐☐☐☐☐☐☐☐☐☐☐☐

4. Middle Name (HOM 66d):
☐☐☐☐☐☐☐☐☐☐☐

5. Mailing Address (HOM 67a):
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. City (HOM 67b): .... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

7. State (HOM 67c): ☐☐   8. Zip Code (HOM 67d): ☐☐☐☐☐

IDENTIFICATION FORM   (IDNA screen 2 of 2)

9. Home Phone Number (HOM 68): .... ☐☐☐ - ☐☐☐ - ☐☐☐☐

10. Other Phone Number (HOM 70): .... ☐☐☐ - ☐☐☐ - ☐☐☐☐

11. Date of Birth (HOM 4): .... ☐☐ - ☐☐ - ☐☐
                                                                  Month   Day   Year

B. ADMINISTRATIVE INFORMATION

12. Method of data collection: .... Computer   C

                                                                             Paper Form   P

13. Code number of person verifying/changing this form: .... ☐☐☐

   {When entering this information from Home Interview Form (prior to visit), do not complete item 13 (code number).}

IDENTIFICATION FORM INSTRUCTIONS

I. GENERAL INSTRUCTIONS

The Identification Form is used at the beginning of the participant's clinic visit. It serves the purpose of verifying and/or revising certain information collected in the Home Interview. The procedure associated with the Identification Form is unlike that of other forms, as explained below. Prior to completing this form, the interviewer should be familiar with and understand the document titled "General Instructions For Completing Paper Forms". ID Number, Contact Year, and Name should be completed as described in that document.

The intended procedure for completing the Identification Form is the following: The relevant information (name, address, phone number, date of birth) is first located in the already-completed Home Interview Form (a paper form). Prior to the participant's visit, this information is used to complete the computerized version of the Identification Form on the data entry system. Then, when the participant arrives at the field center, the form is called up on the computer in "CHANGE" mode, and the information on it is reviewed with the participant. If any information is found to be incorrect, misspelled, or requires updating, the changes are made directly on the form at that time.

If the data entry system is not available, the paper version of the Identification Form must be used. In this case, the paper Identification Form should be completed before the visit. Then, when the participant arrives at the field center, information on the form is reviewed with him. If any information is found to be incorrect, misspelled, or requires updating, the changes are made directly on the Identificaton Form at that time, using the usual procedures for correcting items on paper forms (see "General Instructions for Completing Paper Forms"). When the data entry system becomes available, the entire Identification Form is entered. It is possible that the form had already been entered using information from the Home Interview. In this case, simply access it in "CHANGE" mode and make any necessary changes. Even if no changes are necessary, the verifier's code number must be entered on this form.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

A. Verification of Identifying Information

(Note: Corresponding item numbers from the Home Interview Form are given for each item below.)

1-4. Title and Name (HOM 66 a-d): It is extremely important that the participant's name be spelled correctly and verified. Record title and name information beginning in the leftmost box. Special characters (e.g., apostrophes, hyphens) may be used. For example, Mr. Peter James O'Brien would be entered as shown below.

1. Title (HOM 66a):   2. Last Name (HOM 66b):

`M R` | `O ' B R I E N`

3. First Name (HOM 66c):   4. Middle Name (HOM 66d):

`P E T E R` | `J A M E S`

Residential Address:

5. Mailing Address (HOM 67 a): Enter the subject's mailing address in the boxes on the three lines provided, exactly as one would address an envelope. Use standard abbreviations such as "S" for South, "W" for West, "ST" for Street, "AVE" for Avenue, etc. where necessary to conserve space. Include house number, apartment number, lot or box number, street name, apartment complex, mobile court name, or rural route. Use punctuation where necessary.

6. City (HOM 67 b): Enter the name of the city in which the participant receives his mail. See examples given below.

7. State (HOM 67 c): Enter appropriate abbreviation for the state where the participant resides. Abbreviations are given below:

Maryland	MD
Minnesota	MN
Mississippi	MS
North Carolina	NC

8. Zip Code (HOM 67 d): Enter the five digit zip code for the mailing address.

Examples for coding subject's address in items 5-8:

Example 1. If the address is: Route 5
P. O. Box 495
Winston-Salem, N.C. 54321

It should be entered as:

5. Mailing Address (HOM 67a):

R	O	U	T	E		5																	

P	O		B	O	X		4	9	5														

6. City (HOM 67b): ....

W	I	N	S	T	O	N	-	S	A	L	E	M					

7. State (HOM 67c):

N	C

8. Zip Code (HOM 67d):

5	4	3	2	1

Example 2. If the address is: Apartment C-12
Kings Apartments
77 Seventh Avenue
Hagerstown, Maryland 56789

It should be entered as:

5. Mailing Address (HOM 67a):

A	P	T		C	-	1	2																

K	I	N	G	S		A	P	A	R	T	M	E	N	T	S								

7	7		S	E	V	E	N	T	H		A	V	E										

6. City (HOM 67b): ....

H	A	G	E	R	S	T	O	W	N							

7. State (HOM 67c):

M	D

8. Zip Code (HOM 67d):

5	6	7	8	9

9. Home Phone Number (HOM 68): Enter the participant's home telephone number, including area code.

10. Other Phone Number (HOM 70): Enter the telephone number (other than the home phone number given above) where the participant is most likely to be contacted during the day. If applicable, enter the participant's telephone number at work. Include area code.

Example:

9. Home Phone Number (HOM 68): .... 3 0 1 - 5 5 5 - 1 2 3 4

10. Other Phone Number (HOM 70): ....,.... 3 0 1 - 5 5 5 - 6 7 8 9

11. Date of Birth (HOM 4): Enter the month, day, and year of birth, coded in numbers. Right-justify using leading zeroes where appropriate.

Example: The participant's date of birth is May 8, 1936. It should be entered as:

11. Date of Birth (HOM 4): .... 0 5 - 0 8 - 3 6
                                                                    Month   Day   Year

B. Administrative Information

12. Method of data collection: Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.

13. Code number of person verifying/changing this form: The person at the clinic who has reviewed the information on this form with the participant must enter his/her code number in the boxes provided, regardless of whether any changes were made.