



PERSONAL IDENTIFIERS FORM

ID NUMBER:

FORM CODE: PID
VERSION: 2.0 11/09/10

Visit Number

SEQ #

0a) Form Date..... /

0b) Initials

Instructions: This form should be completed during the participant's visit. Read the statements regarding confidentiality and verify the participant fully understands. Please answer all.

I am going to ask you for your full name, address, and phone number as well as your full birth date. Please remember that all information that you give us is confidential, and only certified SPIROMICS personnel will have access to this information.

- 1) a) Title: _____ b) First Name: _____
- c) Middle/Second Name: _____
- d) Last Name: _____
- e) Maiden Name (if different): _____
- f) Extension/Suffix: _____

2) Full date of birth (mm/dd/yyyy):..... /

3) Were you born in the United States

Yes Y → **Go to 3a**

No N → **Go to 3b**

3a) What is your state of birth? _____

3b) What is your country of birth? _____

As part of the confidential information we collect on the participants in SPIROMICS we ask for your Social Security Number. Please review the disclosure statement below. 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 Subpopulations and Intermediate Outcome Measures in COPD Study is entirely voluntary on your part, but it is extremely important for the purposes of this study.

4) Social Security Number:..... --

ID NUMBER:									
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5) Current home address:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

a) When did you begin living here? //

6) Primary Phone Number: () -

7) What is the best time of day to reach you at this number?

Morning

Afternoon.....

Evening

8) Secondary Phone Number: () -

9) What is the best time of day to reach you at this number?

Morning

Afternoon.....

Evening

LOCAL CONTACT 1

10) a) Title: _____ b) First Name: _____

c) Middle/Second Name: _____

d) Last Name: _____

e) Maternal Last Name: _____

11) Relationship: _____

12) Current home address of local contact:

Address line 1: _____

Address line 2: _____

City: _____ State: Zip Code: -

13) Telephone: () -

14) Secondary Phone Number: () -

LOCAL CONTACT 2

15) a) Title: _____ b) First Name: _____

ID NUMBER:									
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c) Middle/Second Name: _____

d) Last Name: _____

e) Maternal Last Name: _____

16) Relationship: _____

17) Current home address of local contact:

Address line 1: _____

Address line 2: _____

City: _____ State:

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 Zip Code:

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18) Telephone: (

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19) Secondary Phone Number: (

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