


PERSONAL IDENTIFIERS FORM, PID QUESTION BY QUESTION (QxQ), VERSION 1.0

I. GENERAL INSTRUCTIONS

The Personal Identifiers Form (PID) is to be completed during the participant's clinic visit. Read the statements regarding confidentiality and verify the participant fully understands.

Please answer every question on this form. *NOTE: All response options in the paper form may not appear in CDART (e.g., 'Don't know', 'Declines to answer', etc.).* Beside each item input is a small double bracket icon which looks like this: . Clicking this icon displays a field dialogue box in which the "Field Status" selection menu allows you to choose from the following options: 'Refused', 'No response', 'Doesn't know', 'Not applicable', 'Maximum value', 'Minimum value', and 'Missing'. **See MOP 6 – Section 3.2 for additional instructions on how to select a Field Status option.**

II. INSTRUCTIONS FOR INDIVIDUAL ITEMS

Header Information: Consists of key fields which uniquely identify each subject and recorded occurrence of a form. For the "ID NUMBER", record the 2 or 3-character, 6-digit number assigned to the specific participant. For the "Event", record that this is happening at the clinic visit (E1).

- Item 0a.** Record the date the data was collected or abstracted in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.
- Item 0b.** Record the SPIROMICS III staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS III data, please contact the GIC in order to receive your own individual staff code.

NOTE: Read the script preceding Item 1 to the participant.

- Item 1.** Record the participant's full date of birth in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. *NOTE: If Item 1 is missing or not entered appropriately, Item 1 in the DEM form will not calculate, and Item 1 in the IEC form will not auto-populate accordingly.*

NOTE: Read the script preceding Item 2 to the participant. Have the participant review the "Disclosure Statement".

- Item 2.** Record the participant's Social Security Number in the space provided. *NOTE: The SSN must be entered in the following format in CDART: ### – ## – ####.*
- Item 3.** Select only one option among the three possible choices. **Note:** if 'No' or 'N/A', please enter correct SSN in PID item 4.
- Item 4.** Record the participant's Social Security Number in the space provided. *NOTE: The SSN must be entered in the following format in CDART: ### – ## – ####.*

Select **Save and Close** at the bottom of the page/screen.