

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
SOCIAL SECURITY NUMBER FORM # 82**

This form is to be completed for each patient who provides his or her Social Security Number.

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1. Identification Number... <sup>PID</sup>

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2. Name Code... <sup>NAME CODE</sup>

3. Social Security Number .....                      <sup>SSN</sup>
4. First Name .....                      <sup>FIRST-NAME</sup>
5. Middle Name .....                      <sup>MIDDLE-NAME</sup>
6. Last Name .....                      <sup>LAST-NAME</sup>
7. Maiden Name (Optional) .....                      <sup>MAIDEN-NAME</sup>

200. Date this form completed (mm/dd/yyyy) .....    /   /    <sup>COMPL-DT</sup>
201. Certification ID of person completing this form .....                      <sup>COMPL-BY</sup>

**For Clinical Center Use Only:**

**Certification ID of person entering this form:** \_\_\_\_\_

**Date Entered:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Note:** If the patient asks what we plan to do with the social security number, say  
"We will use the social security number:  
to find out if you start dialysis  
to contact you if we lose track of you  
to reimburse you (some centers)"