



Participant ID: _____

Participant Initials: _____

Clinical Center: _____

Site: _____

Visit Number: _____

CRF Date: _____

RC ID: _____

CENSUS BLOCK GROUP INFORMATION (CBG)

1. State: _____
2. State Code: _____ (use the coding sheet to indentify the **STATE** Code)
3. County Name: _____
4. County Code: _____ (use the coding sheet to identify the **COUNTY** Code)
5. Is the address a P.O. Box?
₁ Yes (**Skip to Question #8**)
₀ No
6. Census Tract: _____ ₉₉ No Code available
7. Block Group: _____ ₉₉ No Code available

Please record below the Visit # and Visit Date that corresponds with the address used for the CBG information.

8. Visit #: _____
9. Visit Date: _____ / _____ / _____ (mm/dd/yyyy)