



HCHS/SOL Question by Question General AFU Interview GEE-Questionnaire, Version 1

INTRODUCTION

Starting in March 2017 a brief general interview (GEN) is added at the conclusion of the standard annual follow-up (AFU) interview to collect information of high scientific merit and not included in SOL cohort examinations. Contents for this GEN form may be proposed by SOL investigators and those affiliated with SOL through a yearly solicitation, and can change from year to year. Each year the contents for inclusion in the GEN form are selected by the SOL Steering Committee based on their scientific merit and value to the SOL. Items proposed for repeat administration as part of the GEN must be proposed and approved on an annual basis. The yearly solicitation for GEN contents takes place each fall, and following form development, testing and training, the GEN form is implemented in the spring.

While the SOL AFU is administered to the full SOL cohort over the course of three contact years the GEN is administered immediately following the completion of each AFU interview *across* contact years. As a result, each version of the SOL GEN form is closed out at the end of a 12 month cycle (+ the standard 6-month AFU time window). The SOL AFU committee and the Coordinating Center monitor the completion of the AFU and of the GEN, and report on the response to these instruments.

Version 1 of the GEN, administered to the SOL cohort over an approximate 18 month time window starting in March 2017 includes three instruments: a subset of questions from the Global Physical Activity Questionnaire (GPAQ), the Questionnaire for Verifying Stroke-Free Status (QVSFS), and a questionnaire on marijuana use. These are described below.

A. Verification Stroke-Free Status

The Questionnaire for Verifying Stroke-Free Status (QVSFS) is an 8-item structured telephone interview (Meschia JF, 2000; Castillo PR, 2004) developed to identify stroke free individuals.. Items are read in order as written, allowing for clarification of the meaning of question items. Scores range from 0-8 based on yes/no responses to each question. The instrument has been validated with medical record review and against neurological examination (Meschia JF, 2004; Jones WJ, 2001). The intra-individual reliability over 8 weeks was 0.90 (95% CI: 0.82-0.94) with a $\kappa=0.78$ (95% CI: 0.67-0.90). The inter-rater agreement was 0.94 (95% CI: 0.88-0.98) with a $\kappa=0.89$ (95% CI: 0.80-0.97). The instrument was translated into Spanish by a 15-member panel including professional interpreters and bilingual physicians (Castillo PR, 2004) who were natives of over 8 Spanish speaking countries spanning South America, Central America, the Caribbean, Mexico and Spain, with back translation by an independent translator blinded to the original English version.

General Instructions

This questionnaire asks about symptoms that could be related to a stroke. A stroke or “brain attack” occurs when blood flow to an area of the brain is stopped. The surrounding brain tissue begins to die because it is starved of oxygen. Different parts of the brain control different parts of our bodies. If an area of the brain is damaged, then the abilities controlled by that area can be lost. Stroke symptoms appear suddenly and usually affect one side of the body. You will be asking participants questions regarding their experience with any of the symptoms below. All responses will be either “yes” or “no”. The important emphasis through all questions should be

that we are asking about symptoms that occurred **suddenly, are generally on one side of the body, painless and sustained for at least a few minutes.**

Question Prompt: Since we last spoke, please tell me if you have experienced any of the following symptoms by answering yes or no:

Q1 Have you had a **sudden** painless weakness on one side of your body?

If participants ask for clarification or give an example, please emphasize that we are asking about a **sudden and painless** weakness that **lasted at least a few minutes.**

Q2 Have you had a **sudden** numbness or a dead feeling on one side of your body?

Participants may ask if we are referring to the sensation of a limb falling asleep. Please emphasize that we are asking about a **sudden and painless numbness on one whole side of the body** not just a limb that **lasted for at least a few minutes.**

Q3 Have you had a **sudden** painless loss of vision in one or both eyes?

Emphasize that we are not asking about changes in vision related to floaters or a primary eye problem such as injury to the eye or glaucoma. Rather we are interested in a **sudden and painless** loss of vision that **lasted for at least a few minutes.** Please note that this could be in either one or both eyes.

Q4 Have you **suddenly** lost one half of your vision?

If asked emphasize that we are asking about a **sudden and painless** loss of ½ of vision in one or both eyes that **lasted for at least a few minutes.** As mentioned previously, we are not asking about changes in vision related to floaters or a primary eye problem such as injury to the eye or glaucoma.

Q5 Have you **suddenly** lost the ability to understand what people were saying?

You may clarify that we are asking about a **sudden** loss in the ability to understand words and sentences for at **least a few minutes.** For example, if people you could normally communicate with suddenly sounded as if they were speaking a foreign language.

Q6 Have you **suddenly** lost the ability to express yourself verbally or in writing?

You may clarify that we are asking about a **sudden** loss, for at **least a few minutes**, in the ability to communicate through language or writing. For example, someone may know what they want to communicate but are **suddenly** unable to find the words, speak with words that don't make any sense, or jumble words in a nonsensical order.

B. Physical Activity

General Instructions

The Physical Activity questionnaire provides an overall assessment of the physical activity level of the participant and provides information regarding which activities are generally completed. This modified version of Global Physical Activity Questionnaire (GPAQ) comprises four parts of the original GPAQ. The purpose of the questionnaire is to provide common instruments that can be used to obtain internationally comparable data on health-related physical activity. Although the original GPAQ could be self-administered or administered by telephone, an interviewer will be used for the HCHS/SOL.

Seven questions focused on moderate and vigorous leisure activity and sedentary behavior are included in version 1 of the GEN. Leisure activity is the physical activity domain most amenable to change with an intervention, in contrast to work and transportation activity. Moreover, sedentary behavior is a distinct domain from physical activity that is associated with cardiovascular risk factors and mortality and is being ascertained using a single item. For brevity the following questions from the questionnaire administered during SOL Visit 1 have been omitted: work questions; transportation questions; types of vigorous leisure activities performed; and types of moderate leisure activities performed.

Question Prompt: Next I would like to ask you about physical activity.

Q7. Do you do any vigorous-intensity sports, fitness, or recreational (leisure) activities that cause large increases in breathing or heart rate such as running, soccer, football, or basketball for at least 10 minutes continuously?

Interviewer should clarify that vigorous intensity physical activities make a person breathe much harder than normal. A "No" response skips to Q10.

Q8. In a typical week, on how many days do you do vigorous-intensity sports, fitness, or recreational (leisure) activities?

Interviewer should clarify that the question refers to those vigorous physical activities that the participant does for at least 10 minutes at a time.

- Q9.** How much time do you spend doing vigorous intensity sports, fitness, or recreational (leisure) activities on a typical day when you do vigorous intensity sports, fitness, or recreational (leisure) activities?

The question is seeking the amount of activity that the participant engages in on a typical day when he/she is vigorously active and during a typical week. If the participant has trouble answering this question, he/she can be prompted to recall his/her previous week's activity so long as they also confirm that the previous week is representative of his/her normal week of vigorous activity.

Interviewer should clarify that the question refers to those physical activities that the participant does for at least 10 minutes at a time.

- Q10.** Do you do any moderate-intensity sports, fitness, or recreational (leisure) activities that cause small increases in breathing or heart rate such as brisk walking, cycling, swimming, volleyball or karate for at least 10 minutes continuously?

Interviewer should clarify that moderate intensity physical activities make a person breathe somewhat harder than normal, but not like vigorous intensity physical activities. A "No" response skips to Q13.

- Q11.** In a typical week, on how many days do you do moderate-intensity sports, fitness, or recreational (leisure) activities?

Interviewer should clarify that the question refers to those physical activities that the participant does for at least 10 minutes at a time.

- Q12.** How much time do you spend doing moderate intensity sports, fitness, or recreational (leisure) activities on a typical day when you do moderate intensity sports, fitness, or recreational (leisure) activities?

The question is seeking the amount of activity that the participant engages in on a typical day when he/she is moderately active and during a typical week. If the participant has trouble answering this question, he/she can be prompted to recall his/her previous

week's activity so long as they also confirm that the previous week is representative of his/her normal week of moderate activity.

Interviewer should clarify that the question refers to those physical activities that the participant does for at least 10 minutes at a time.

Q13. How much time do you usually spend sitting or reclining on a typical day?

Interviewer should clarify that participant should include time spent lying down (awake) as well as time spent sitting. The instructions for entry of time are as in Q.10 except that there is no exclusion of values less than 00 Hr 10 Min.

An average time per day is being sought. If the participant cannot answer because the pattern of time spent sitting varies widely from day to day, ask: "If this past week is typical of your usual patterns, how much time in total did you spend sitting on Saturday, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday?". Then, total the number of hours and minutes up and divide by seven.

Saturday	_____ Hr.	_____ Min.
Sunday	_____ Hr.	_____ Min.
Monday	_____ Hr.	_____ Min.
Tuesday	_____ Hr.	_____ Min.
Wednesday	_____ Hr.	_____ Min.
Thursday	_____ Hr.	_____ Min.
Friday	_____ Hr.	_____ Min.
Total	_____ Hr.	_____ Min.
Total/7	_____ Hr.	_____ Min.

C. Cannabis Use

Because little is known about the health effects of marijuana use this portion of the interview examines the relationship between marijuana use and cardio-metabolic disease risk among Hispanics. The questions are adapted from the Center for Disease Control and Prevention's National Health and Nutrition Examination Survey (NHANES) and have been administered to a nationally representative sample of respondents continuously since 2005. The questions are standardized and are used in other large-scale epidemiological studies/continuous surveys such as the National Survey on Drug Use and Health, and the Monitoring the Future Stud. High reliability has been reported for these questions.

Question Prompt: *And finally I'd like to ask you about marijuana use. Please remember that your answers to these questions are strictly confidential. Marijuana is also called weed, cannabis, or pot and can be smoked in joints, blunts, or pipes. It is sometimes cooked in food or can be taken in pill form for medicinal use in some states.*

Q14. Have you ever, even once, used marijuana?

Record only one answer. A "No" response skips to the end.

Q15. How old were you the first time you used marijuana?

Participant response cannot exceed 90 years

Q16. Was your marijuana use recommended by a doctor or health care professional?

Record only one answer.

Q17. In the past year, how many months have you used marijuana at least once?

Participant will answer the number of months.

Q18. Have you ever used marijuana at least once a month for more than a year?

Record only one answer

Q19. During the past 30 days, on how many days did you use marijuana?

Participant will answer the number of days

Q20. During the times you used marijuana, in what form did you usually use it?

Participant may select all that apply (alternate wording: Do not read all choices to participant, select all that apply)