



# HCHS/SOL Annual Follow-Up Interview General Health Status English – GHE

ID NUMBER:

FORM CODE: GHE  
VERSION: 3, 3/5/2025

Contact Occasion

Occurrence  0  1

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /

0b. Staff ID:

**Instructions:** See the detailed QxQ instructions for completion of the Annual Follow-up forms. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. when appropriate.

## INTRODUCTION

Hello, my name is (*interviewer name*), and I am calling to follow up with (*participant name*) about the Hispanic Community Health Study / Study of Latinos (SOL), a health study in which s/he is currently enrolled. Is s/he available?

No → When would it be convenient to call back? ..... Thank you. I will call back.

Yes → Hello, (*participant name*), this is (*interviewer name*) with the Hispanic Community Health Study / Study of Latinos (SOL).

We can't thank you enough for the contributions that you are making in the understanding of Hispanic/Latino health.

I'm calling now to see how you have been since our last telephone interview and to update our SOL records. Do you have a few minutes to speak on the phone?

No → When would it be convenient to call back? ..... Thank you. I will call back.

Yes → We'd like to gather information about your general health and about specific medical conditions that you may have had in the past year. I will ask you some questions about your health since the last telephone interview with you on (*date of last follow-up call*). I want you to focus on what happened from (*date of last follow-up call*) until today.

## A. GENERAL HEALTH STATUS

1. Participant status (choose one)

- Participant contacted and alive, agrees to interview 1  → **Go to Q2**
- Participant contacted and refused interview 2  → **Go to Contact Information form, Q49**
- Alternate designated respondent contacted, reported alive 3  → **Go to Hospitalizations (HOE) form, Q3**
- Other informant contacted, reported alive 4  → **Go to Contact Information form, Q49**
- Not contacted, reported deceased 5  → **Continue to Q1a**
- Unknown 9  → **Go to Contact Information form, Q49**

1a. What was the date of death?   /   /     (mm/dd/yyyy)

1b. What city, state, and country did the death occur?

1b1. City \_\_\_\_\_

1b2. State \_\_\_\_\_

1b3. Country \_\_\_\_\_

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1c. Do you know if (*insert decedent's name*) was hospitalized or visited an emergency room for any reason since (*date of last time interviewed*) and his/her death?

No 0  → **End interview**

Sí 1  → **Record date and name of each hospitalization and/or ER visit in the HOE/S form. End interview after last event is reported.**

2. Since our last telephone interview with you on (*date*), would you say, in general, your health is...?

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5



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4d. What is the address of this medical facility? \_\_\_\_\_  
(Leave blank if unknown)

4e. For clarification of our records, under what name is this record?

4e1. First Name: \_\_\_\_\_

4e2. Second Name: \_\_\_\_\_

4e3. Last Name: \_\_\_\_\_

4e4. Maternal Last Name: \_\_\_\_\_

4f. Were you admitted to a hospital or seen at an ER at any other time since your last telephone interview?

No 0  → Go to Outpatient Self-Report form (OPE), Q5

Yes 1  → REPEAT DATA COLLECTION ON NEW OCCURRENCE OF HOE.



# HCHS/SOL Annual Follow-Up Interview

## Outpatient Self-Reported Conditions – OPE

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### C. OUTPATIENT SELF-REPORTED CONDITIONS

*“Now I would like to ask you about conditions that may have resulted in you seeing a doctor or health professional at a clinic or doctor’s office, but not actually being admitted to the hospital or visiting an emergency room.”*

5. Since our last telephone interview with you on *(date)*, has a doctor or health professional told you that you had emphysema, chronic bronchitis, or chronic obstructive pulmonary disease (COPD)? This does not include doctor’s visits for tuberculosis or TB.

No 0  → **Go to Q6**

Yes 1

Unsure 9  → **Go to Q6**

Did your doctor or healthcare professional order any of the following tests to help make the diagnosis?

- 5a. Breathing test or pulmonary function test?

No 0

Yes 1

Unsure 9

- 5b. Chest X-ray?

No 0

Yes 1

Unsure 9

- 5c. CT Scan of your chest?

No 0

Yes 1

Unsure 9

- 5d. Were you told by a doctor or health professional that you were having an attack, worsening or an exacerbation of your emphysema, chronic obstructive pulmonary disease (COPD), or chronic bronchitis?

No 0  → **Go to Q6**

Yes 1

Unsure 9  → **Go to Q6**

- 5e. Did the doctor or health care professional prescribe a change in your medication, such as increasing your inhalers, oxygen or pills for your lungs or prescribing a steroid pill for your lungs?

No 0

Yes 1

Unsure 9

6. Since our last telephone interview with you on *(date)*, has a doctor or health professional told you that you had asthma?

No 0  → **Go to Q7**

Yes 1

Unsure 9  → **Go to Q7**

Did your doctor or healthcare professional order any of the following tests to help make the diagnosis?

- 6a. Breathing test or pulmonary function test

No 0

Yes 1

Unsure 9

- 6b. Chest X-ray

No 0

Yes 1

Unsure 9

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6c. CT Scan of your chest

No 0                       Yes 1                       Unsure 9

6d. Were you told by a doctor or health professional that you were having an attack, worsening or an exacerbation of your asthma?

No 0  → **Go to Q7**                      Yes 1                       Unsure 9  → **Go to Q7**

6e. Did the doctor or health care professional prescribe a change in your medication, such as increasing your inhalers, oxygen or pills for your lungs or prescribing a steroid pill for your lungs?

No 0                       Yes 1                       Unsure 9

7. Since our last telephone interview with you on (date), has a doctor or health professional told you that you had diabetes or high sugar in the blood?

No 0  → **Go to Q8**                      Yes 1                       Unsure 9  → **Go to Q8**

7a. Did the doctor recommend any new or different treatments?

No 0  → **Go to Q8**                      Yes 1                       Unsure 9  → **Go to Q8**

7b. What treatment was recommended? (**DO NOT PROMPT FOR SPECIFIC RESPONSE. Mark all that apply**)

- 7b1. Pills
- 7b2. Insulin Alone
- 7b3. Insulin and pills
- 7b4. Referred for eye exam
- 7b5. Advice to change diet
- 7b6. Advice to stop smoking
- 7b7. Advice to increase exercise
- 7b8. Other                       7b9.  Specify: \_\_\_\_\_

8. Since our last telephone interview with you on (date), has a doctor or health professional told you that you had high blood pressure or hypertension?

No 0  → **Go to Q9**                      Yes 1                       Unsure 9  → **Go to Q9**

8a. Did the doctor recommend any new or different treatments?

No 0  → **Go to Q9**                      Yes 1                       Unsure 9  → **Go to Q9**

8b. What treatment was recommended? (**DO NOT PROMPT FOR SPECIFIC RESPONSE. Mark all that apply**)

- 8b1. Start new medicine
- 8b2. Increase dose of existing medicine
- 8b3. Advice to lose weight
- 8b4. Advice to change diet
- 8b5. Advice to stop smoking

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8b6. Advice to increase exercise

8b7. Other  8b8.  Specify: \_\_\_\_\_

9. Since our last telephone interview with you on *(date)*, has a doctor or health professional told you that you had high blood cholesterol?

No 0  Yes 1  Unsure 9

**If No or Unsure, go to Contact Information Form (Q49)**

9a. Did the doctor recommend any new or different treatments?

No 0  Yes 1  Unsure 9

**If No or Unsure, go to Contact Information Form (Q49)**

9b. What treatment was recommended? (**DO NOT PROMPT FOR SPECIFIC RESPONSE. Mark all that apply**)

9b1. Start new medicine

9b2. Increase dose of existing medicine

9b3. Advice to lose weight

9b4. Advice to change diet

9b5. Advice to stop smoking

9b6. Advice to increase exercise

9b7. Other  9b8.  Specify: \_\_\_\_\_



# HCHS/SOL Annual Follow-Up Interview Contact Information Update – CIE

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*Thank you so much for answering these questions. We greatly appreciate your participation in the SOL study. Now, I would like to make sure our records are up to date.*

**G. PARTICIPANT TRACKING**

*“It is very important for this study to be able to reach you in the future. Although you provided your contact information at the time of your visit, in order to keep our records up to date please provide us with your current home address. All information you give us is strictly confidential and will not be shared with anyone else”.*

49. Current home address

**Interviewer:** Current tracking information from SOL database is shown below. Record tracking information changes reported during the interview in the space provided. If the participant lives at several locations, enter where he or she lives most. If the exact address is unknown, enter the name of the intersection or street closest to the home location in 49.c.2. and the name of the building or location in 49.e.1. If the only known home address is a Post Office Box, Box, or Route and number, enter it in 49.a.1., but also enter the name of the intersection or street closest to the actual home location in 49.c.2. For apt number and/or any other additional information use 49.e.1.

49.A.1. PO Box, Box &/or Route and Number


49.B.2. **Street Number**

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49.C.2. **Street Name**


49.C.3. **Street Name Type**

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49.E.1. Other

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49.F.1. City


49.G.1. County

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49.H.1. State

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49.I.1. Country/Territory *(Select code from list)*

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49.J.1. Zip Code

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50. Primary Phone Number: +  ()  -

50a. This is a: Cell Phone  Home Phone

51. What is the best time of day to reach you at this number?

- Morning
- Afternoon
- Evening

52. Secondary Phone Number: +  ()  -

52a. This is a: Cell Phone  Home Phone

53. What is the best time of day to reach you at this number?

- Morning
- Afternoon
- Evening

53a. Email address 1:

**Local Contact 1 (primary contact)**

54. a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

d. Last Name: \_\_\_\_\_

55. Relationship: \_\_\_\_\_

55a. Is this an Alternate Respondent (ADR) contact? No  Yes

56. Current home address of primary contact

**Interviewer:** If the contact person lives at several locations, enter where he or she lives most. If the exact address is unknown, enter the name of the intersection or street closest to the home location in 56.c.2. For apt number and/or any other additional information use 56.e.1.

If the only known home address is a Post Office Box, Box, or Route and number, enter it in 56.a.1., but also enter the name of the intersection or street closest to the actual home location in 56.c.2. For apt number and/or any other additional information use v.e.1.

56.A.1. PO Box, Box &/or Route and Number


56.B.2. Street Number

56.C.2. Street Name


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56.C.3. Street Name Type

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56.E1. Other


56.F.1. City


56.G.1. County

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56.H.1. State

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56.I.1. Country/Territory (Select code from list)

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56.J.1. Zip Code

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57. Telephone: +     (  )    -

57a. This is a: Cell Phone  Home Phone

**Local Contact 2**

58. a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

d. Last Name: \_\_\_\_\_

59. Relationship: \_\_\_\_\_

59a. Is this an Alternate Respondent (ADR) contact? No  Yes

60. Current home address of secondary contact

**Interviewer:** If the person lives at several locations, enter where he or she lives most. If the exact address is unknown, enter the name of the intersection or street closest to the home location in 60.c.2. For apt number and/or any other additional information use 60.e.1.

If the only known home address is a Post Office Box, Box, or Route and number, enter it in 60.a.1., but also enter the name of the intersection or street closest to the actual home location in 60.c.2. For apt number and/or any other additional information use 60.e.1.

60.A.1. PO Box, Box &/or Route and Number


60.B.2. Street Number

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60.C.2. Street Name

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60.C.3. **Street Name Type**

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60.E.1. Other


60.F.1. City


60.G.1. County

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60.H.1. State

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60.I.1. Country/Territory *(Select code from list)*

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60.J.1. Zip Code

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61. Telephone: + 

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61a. This is a: Cell Phone  Home Phone

**Local Contact 3**

62. a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

d. Last Name: \_\_\_\_\_

63. Relationship: \_\_\_\_\_

63a. Is this an Alternate Respondent (ADR) contact? No  Yes

64. Current home address of third contact

**Interviewer:** If the person lives at several locations, enter where he or she lives most. If the exact address is unknown, enter the name of the intersection or street closest to the home location in 64.c.2. For apt number and/or any other additional information use 64.e.1.

If the only known home address is a Post Office Box, Box, or Route and number, enter it in 64.a.1., but also enter the name of the intersection or street closest to the actual home location in 64.c.2. For apt number and/or any other additional information use 64.e.1.

64.A.1. PO Box, Box &/or Route and Number


64.B.2. **Street Number**

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64.C.2. Street Name


64.C.3. Street Name Type

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64.E.1. Other


64.F.1. City


64.G.1. County

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64.H.1. State

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64.I.1. Country/Territory (Select code from list)

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64.J.1. Zip Code

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65. Telephone: + 

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65a. This is a: Cell Phone  Home Phone

66. For this portion of the call, I have one more question. What is the name of your physician or other health care provider (HCP)?”

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. City: \_\_\_\_\_, d. State: \_\_\_\_\_, e. Zip Code: \_\_\_\_\_

“Thank you for answering the questions about your health. We wish to continue to stay in touch with you and will be contacting you again next year”

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**Location Codes for Questions 49.I.1, 56.I.1, 60.I.1, 64.I.1**

01	Afghanistan	20	Denmark	39	Ireland	56	Portugal
02	Anguilla	21	Dominican Republic	40	Israel	57	Puerto Rico
03	Antigua and Barbuda	22	Ecuador	41	Italy	58	Russia
04	Argentina	23	El Salvador	42	Japan	59	South Africa
05	Aruba	24	Finland	43	Korea	60	Spain
06	Australia	25	France	44	Lebanon	61	Sweden
07	Austria	26	Germany	45	Malaysia	62	Switzerland
08	Bangladesh	27	Great Britain	46	Mexico	63	United States
09	Belgium	28	Greece	47	New Zealand	64	Uruguay
10	Belize	29	Guam	48	Nicaragua	65	Venezuela
11	Bolivia	30	Guatemala	49	Norway	66	Virgin Islands
12	Brazil	31	Haiti	50	Pakistan	67	Other
13	Canada	32	Holland	51	Panama	99	Unknown/refused
14	Chile	33	Honduras	52	Paraguay		
15	China	34	Hungary	53	Peru		
16	Colombia	35	India	54	Philippines		
17	Costa Rica	36	Indonesia	55	Poland		
18	Cuba	37	Iran				
19	Czech Republic	38	Iraq				

**DO NOT USE THIS SECTION**

49.B.1. Street Number Prefix


49.B.3. Street Number Suffix

49.C.1. Street Name Prefix


49.C.4. Street Name Suffix

49.D.1. Unit Type

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49.D.2. Unit Type Identifier

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49.D.3. Unit Subtype

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49.D.4. Unit Subtype Identifier

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