



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

ID NUMBER:

FORM CODE: GHE  
VERSION: 3, 8/7/2025

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 PCIE form**
- Alternate designated respondent contacted, reported alive 3  → **Go to Hospitalizations (HOE) form, Q3**
- Other informant contacted, reported alive 4  → **Go to PCIE form**
- Not contacted, reported deceased 5  → **Continue to Q1a**
- Unknown 9  → **Go to PCIE form**

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

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, End Form**

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

No 0                       Yes 1                       Unsure 9

**If No or Unsure, End Form**

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 Outpatient Revascularization Procedures – RPE

ID NUMBER:									
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FORM CODE: RPE  
VERSION: 1, 3/10/2026

Contact Occasion

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Occurrence

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## OUTPATIENT REVASCULARIZATION PROCEDURES

*“Now I would like to ask you about procedures you may have had in an outpatient or ambulatory surgery center or facility, without being admitted to the hospital or visiting an emergency room.”*

10. Since our last interview with you on (*date*), did you have a surgical procedure to open up the arteries in your heart (balloon angioplasty or stent)?

No 0  → **Go to Q11**

Yes 1

Unsure 9  → **Go to Q11**

If Yes, specify the facility name, location and date:

10a. Facility name: \_\_\_\_\_

10b. Is the facility located in the US? No 0  Yes 1

10b1. If no, facility location (city, state, country): \_\_\_\_\_

10c. City: \_\_\_\_\_

10d. State:

10e. Date of the procedure:  /  /  (*mm/dd/yyyy*)

10f. Did you have any additional procedures to open up the arteries of your heart since your last interview?

No 0

Yes 1

Unsure 9

*If Q10f = “Yes”, repeat data collection on a new occurrence of the RPE.*

11. Since our last interview with you on (*date*), did you have a surgical procedure to open up the arteries in your neck (carotid endarterectomy, angioplasty, or stent)?

No 0  → **End Form**

Yes 1

Unsure 9  → **End Form**

If Yes, specify the facility name, location and date:

11a. Facility name: \_\_\_\_\_

11b. Is the facility located in the US? No 0  Yes 1

11b1. If no, facility location (city, state, country): \_\_\_\_\_

11c. City: \_\_\_\_\_

11d. State:

11e. Date of the procedure:  /  /  (*mm/dd/yyyy*)

11f. Did you have any additional procedures to open up the arteries of your neck since your last interview?

No 0

Yes 1

Unsure 9

*If Q11f = “Yes”, repeat data collection on a new occurrence of the RPE.*

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Once all instances of coronary or carotid revascularization since last AFU are recorded, read:

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. Have there been any changes to your address, phone number, or email address; or for those of your alternate contacts?

- *If No: Open the latest occurrence of the PCIE form in read-only mode and confirm the information with the participant. If the participant indicates that any of their information has changed, close the read-only form. Copy the latest occurrence of the PCIE into a new occurrence and confirm/update the information with the participant.*
- *If Yes: Copy the latest occurrence of the PCIE form to a new occurrence and confirm/update the information with the participant.*