



HCHS/SOL Follow-up Interview Form

Contact Year 12

ID NUMBER:

FORM CODE: FE12
VERSION: 1, 4/2/2020

Contact Occasion Occurrence

ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: See the detailed QxQ instructions for completion of the Annual Follow-up form.

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.

[GHE section for data entry screens begins here]

A. GENERAL HEALTH STATUS

1. Participant status (choose one):

- Participant contacted and alive, agrees to interview 1 Go to item 2
- Participant contacted and refused interview 2 Go to *Contact tracking (CIE form)*, item 49
- Designated respondent contacted, reported alive 3 Go to *Hospitalizations (HOE form)*, item 3
- Other respondent contacted, reported alive 4 Go to *Contact tracking (CIE form)*, item 49
- Not contacted, reported deceased 5 Continue to 1a, below
- Unknown 9 Go to *Contact tracking (CIE form)*, item 49

1a. What was the date of death? / /

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

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1 2

0 1

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 Yes 1 Record date and name of each hospitalization and/or ER visit. End interview after last event is reported.

GENERAL HEALTH

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 ?

[HOE section for data entry screens begins here]

B. HOSPITALIZED & EMERGENCY ROOM VISITS

"The following questions are about any hospitalizations or visits to an emergency room you may have had since our last telephone interview with you on (date)." [Note: This section will repeat depending upon number of reported events]

3. Since our last telephone interview with you on (date), have you at any time been admitted to a hospital or seen in an emergency room?
No 0 Go to item 5 (OPE form) Yes 1 Unsure 9 Go to item 5 (OPE form)

"The next few questions are about one event, if there were more than one we would like to talk about each one separately, let's start with the first event since our last telephone interview with you on (date)."

4. Was this visit to the emergency room only, a hospital admission only, or a visit to the emergency room that resulted in being admitted to the hospital?
Emergency Room (only) 1
Hospital Admission (only) 2
Both 3
Unsure 9

4a. What was the main reason for going to the (insert emergency room or hospital) that day?
[Check one and do not read choices]

- Myocardial infarction, heart attack 0
- Angina, chest pain 1
- Heart failure 2
- Stroke or TIA 3
- Peripheral vascular disease 4
- Venous thrombosis or pulmonary embolism 5
- Chronic Obstructive Pulmonary Disease, emphysema, or chronic bronchitis 6
- Asthma 7
- Other: Specify: _____ 8
- Pregnancy related, birth, complication of pregnancy 9

4b. What was the date of this event? / /

4c. What is the name of the medical facility? _____

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

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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 item 5: OPE form

Yes 1

[OPE section for data entry screens begins here]

C. OUT-PATIENT SELF-REPORTED CONDITIONS

"Now I would like to ask you about conditions that may have resulted in you seeing a doctor or health profession 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 item 6

Yes 1

Unsure 9 Go to item 6

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 item 6

Yes 1

Unsure 9 Go to item 6

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 item 7

Yes 1

Unsure 9 Go to item 7

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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 item 7 Yes 1 Unsure 9 Go to item 7

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 item 8 Yes 1 Unsure 9 Go to item 8

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

No 0 Go to item 8 Yes 1 Unsure 9 Go to item 8

7b. What treatment was recommended? (Do not prompt for specific response. Mark all that apply)

- Pills
- Insulin Alone
- Insulin and pills
- Referred for eye exam
- Advice to change diet
- Advice to stop smoking
- Advice to increase exercise
- Other 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 item 9 Yes 1 Unsure 9 Go to item 9

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

No 0 Go to item 9 Yes 1 Unsure 9 Go to item 9

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8b. What treatment was recommended? *(Do not prompt for specific response. Mark all that apply)*

- 8.b.1 Start new medicine
- 8.b.2 Increase dose of existing medicine
- 8.b.3 Advice to lose weight
- 8.b.4 Advice to change diet
- 8.b.5 Advice to stop smoking
- 8.b.6 Advice to increase exercise
- 8.b.7 Other 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 Go to item 49 *(CIE form)* Yes 1 Unsure 9 Go to item 49 *(CIE form)*

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

No 0 Go to item 49 *(CIE form)* Yes 1 Unsure 9 Go to item 49 *(CIE form)*

9b. What treatment was recommended? *(Do not prompt for specific response. Mark all that apply.)*

- 9.b.1 Start new medicine
- 9.b.2 Increase dose of existing medicine
- 9.b.3 Advice to lose weight
- 9.b.4 Advice to change diet
- 9.b.5 Advice to stop smoking
- 9.b.6 Advice to increase exercise
- 9.b.7 Other Specify: _____

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.

[EVE section for data entry screens begins here] Not Present in Year 12

D. SELF REPORT OF EVENTS [Q10-22; not present in Y12]

[MEE section for data entry screens begins here] Not Present in Year 12

E. MEDICATIONS [Q23-44a.; not present in Y12]

F. Q45-48 [not present in Y12]

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[CIE section for data entry screens begins here.]

G. PARTICIPANT TRACKING

Interviewer: Current tracking information from SOL database is shown below. Record tracking information changes reported during the interview in the space provided.

“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*

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

49.B.1. Street Number Prefix

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

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49.B.3. Street Number Suffix

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49.C.1. Street Name Prefix

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

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

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49.C.4. Street Name Suffix

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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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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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*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. AND THE NAME OF THE BUILDING OR LOCATION IN 49.E.1.

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 1
Afternoon 2
Evening 3

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 1
Afternoon 2
Evening 3

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 (ARE) contact? No Yes

56. Current home address of primary contact*

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

56.B.2. Street Number

56.C.2. Street Name

56.C.3. Street Name Type

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56.E.1. 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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*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 AS WELL AS THE NAME OF THE BUILDING OR LOCATION IN 56.C.2. FOR APT NUMBER AND/OR ANY OTHER ADDITIONAL INFORMATION USE 56E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE 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 AND THE NAME OF THE BUILDING OR LOCATION IN 56.C.2. FOR APT NUMBER AND/OR ANY OTHER ADDITIONAL INFORMATION USE 56E.1.

57. Telephone: + () -

57a. This is a: Cell Phone Home Phone

Local Contact 2 (secondary contact)

58. a. Title: _____ b. First Name: _____

d. Last Name: _____

59. Relationship: _____

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

60. Current home address of secondary contact*

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

--	--

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

--	--

60.J.1. Zip Code

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*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 AS WELL AS THE NAME OF THE BUILDING OR LOCATION IN 60.C.2. FOR APT NUMBER AND/OR ANY OTHER ADDITIONAL INFORMATION USE 60E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE 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 AND THE NAME OF THE BUILDING OR LOCATION IN 60.C.2. FOR APT NUMBER AND/OR ANY OTHER ADDITIONAL INFORMATION USE 60E.1.

61. Telephone: + () -

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 (ARE) contact? No Yes

64. Current home address of third contact*

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

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

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64.C.2. **Street Name**

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64.C.3. Street Name Type

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64.E.1. Other

64.F.1. City

64.G.1. County

--	--	--	--	--	--	--	--	--	--

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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*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 AS WELL AS THE NAME OF THE BUILDING OR LOCATION IN 64.C.2. FOR APT NUMBER AND/OR ANY OTHER ADDITIONAL INFORMATION USE 64E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE 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 AND THE NAME OF THE BUILDING OR LOCATION IN 64.C.2. FOR APT NUMBER AND/OR ANY OTHER ADDITIONAL INFORMATION USE 64E.1.

65. Telephone: + () -

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: _____, State: _____, Zip Code: _____

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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	Malaya	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				

H. END OF THIS PORTION OF THE CALL

“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”