



HCHS/SOL Follow-up Interview Form Contact Year 16

ID NUMBER:

FORM CODE: FE16
VERSION: 1, 1/17/2024

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? _____

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.

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

FORM CODE: FE16
VERSION: 1, 1/17/2024

Contact Occasion

| | |
|---|---|
| 1 | 6 |
|---|---|

Occurrence

| | |
|---|---|
| 0 | 1 |
|---|---|

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

IF YES, REPEAT DATA COLLECTION ON NEW OCCURRENCE OF HOE.

[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 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 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

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

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|

| | | |
|------------------|---|---|
| Contact Occasion | 1 | 6 |
|------------------|---|---|

| | | |
|------------|---|---|
| Occurrence | 0 | 1 |
|------------|---|---|

- 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*)
 - 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 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

- 8b. What treatment was recommended? (DO NOT PROMPT FOR SPECIFIC RESPONSE. *Mark all that apply*)
 - 8b.1 Start new medicine
 - 8b.2 Increase dose of existing medicine

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

FORM CODE: FE16
VERSION: 1, 1/17/2024

| | | |
|------------------|---|---|
| Contact Occasion | 1 | 6 |
|------------------|---|---|

| | | |
|------------|---|---|
| Occurrence | 0 | 1 |
|------------|---|---|

- 8b.3 Advice to lose weight
- 8b.4 Advice to change diet
- 8b.5 Advice to stop smoking
- 8b.6 Advice to increase exercise
- 8b.7 Other

8b.8 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*)

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

9b.8. 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 16
D. SELF REPORT OF EVENTS [Q10-22; not present in Y16]

[MEE section for data entry screens begins here] Not Present in Year 16
E. MEDICATIONS [Q23-44a.; not present in Y16]

F. Q45-48 [not present in Y16]

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|

| | |
|---|---|
| 1 | 6 |
|---|---|

| | |
|---|---|
| 0 | 1 |
|---|---|

[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.2. Street Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

49.C.2. Street Name

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

49.C.3. Street Name Type

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

49.E.1. Other

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

49.F.1. City

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

49.G.1. County

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

49.H.1. State

| | |
|--|--|
| | |
|--|--|

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

| | |
|--|--|
| | |
|--|--|

49.J.1. Zip Code

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

*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

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|

FORM CODE: FE16
VERSION: 1, 1/17/2024

| | | | | | |
|------------------|---|---|------------|---|---|
| Contact Occasion | 1 | 6 | Occurrence | 0 | 1 |
|------------------|---|---|------------|---|---|

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

| | |
|--|--|
| | |
|--|--|

56.J.1. Zip Code

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| | | | | | - | | | | |
|--|--|--|--|--|---|--|--|--|--|

*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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

60.C.2. Street Name

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

60.C.3. Street Name Type

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

60.E.1. Other

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

60.F.1. City

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

60.G.1. County

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|

FORM CODE: FE16
VERSION: 1, 1/17/2024

| | | | | | |
|------------------|---|---|------------|---|---|
| Contact Occasion | 1 | 6 | Occurrence | 0 | 1 |
|------------------|---|---|------------|---|---|

60.H.1. State

| | |
|--|--|
| | |
|--|--|

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

| | |
|--|--|
| | |
|--|--|

60.J.1. Zip Code

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| | | | | | - | | | | |
|--|--|--|--|--|---|--|--|--|--|

*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

64.C.2. Street Name

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

64.C.3. Street Name Type

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

64.E.1. Other

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

64.F.1. City

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|

FORM CODE: FE16
VERSION: 1, 1/17/2024

| | | | | | |
|------------------|---|---|------------|---|---|
| Contact Occasion | 1 | 6 | Occurrence | 0 | 1 |
|------------------|---|---|------------|---|---|

64.G.1. County

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

64.H.1. State

| | |
|--|--|
| | |
|--|--|

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

| | |
|--|--|
| | |
|--|--|

64.J.1. Zip Code

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| | | | | | - | | | | |
|--|--|--|--|--|---|--|--|--|--|

*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: _____, d. State: _____, e. Zip Code: _____

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

- | | | | |
|------------------------|---------------|-------------------|-----------------------|
| 01 Afghanistan | 10 Belize | 19 Czech Republic | 20 Denmark |
| 02 Anguilla | 11 Bolivia | | 21 Dominican Republic |
| 03 Antigua and Barbuda | 12 Brazil | | 22 Ecuador |
| 04 Argentina | 13 Canada | | 23 El Salvador |
| 05 Aruba | 14 Chile | | 24 Finland |
| 06 Australia | 15 China | | 25 France |
| 07 Austria | 16 Colombia | | 26 Germany |
| 08 Bangladesh | 17 Costa Rica | | 27 Great Britain |
| 09 Belgium | 18 Cuba | | 28 Greece |

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|

FORM CODE: FE16
 VERSION: 1, 1/17/2024

Contact Occasion

| | | | | |
|---|---|------------|---|---|
| 1 | 6 | Occurrence | 0 | 1 |
|---|---|------------|---|---|

- | | | | | | |
|----|-----------|----|-------------|----|---------------------|
| 29 | Guam | 39 | Ireland | 56 | Portugal |
| 30 | Guatemala | 40 | Israel | 57 | Puerto Rico |
| 31 | Haiti | 41 | Italy | 58 | Russia |
| 32 | Holland | 42 | Japan | 59 | South Africa |
| 33 | Honduras | 43 | Korea | 60 | Spain |
| 34 | Hungary | 44 | Lebanon | 61 | Sweden |
| 35 | India | 45 | Malaya | 62 | Switzerland |
| 36 | Indonesia | 46 | Mexico | 63 | United States |
| 37 | Iran | 47 | New Zealand | 64 | Uruguay |
| 38 | Iraq | 48 | Nicaragua | 65 | Venezuela |
| | | 49 | Norway | 66 | Virgin Islands |
| | | 50 | Pakistan | 67 | Other |
| | | 51 | Panama | 99 | Unknown/ refused |
| | | 52 | Paraguay | | |
| | | 53 | Peru | | |
| | | 54 | Philippines | | |
| | | 55 | Poland | | |

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”

| | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|

FORM CODE: FE16
 VERSION: 1,
 1/17/20245/15/2023

Contact
 Occasion

| | |
|---|---|
| 1 | 6 |
|---|---|

SEQ #

| | |
|---|---|
| 0 | 1 |
|---|---|

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

49.D.2. Unit Type Identifier

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

49.D.3. Unit Subtype

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

49.D.4. Unit Subtype Identifier

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|