



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