



# HCHS/SOL Annual Follow-Up Interview

## Outpatient Self-Reported Conditions – OPE

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FORM CODE: OPE  
VERSION: A, 3/12/2026

Contact  
Occasion

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Occurrence

0	1
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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, 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: \_\_\_\_\_