SOL STUDY OF LATINOS	Public reporting burden for this collection of information is estimated to average <u>15</u> minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.
Hispanic Community Health Study	HCHS/SOL Follow-up Interview Form Contact Year 3
ID NUMBER:	FORM CODE: FE3 Contact Occasion 0 3 SEQ # 0 1
ADMINISTR/ 0a. Completio	ATIVE INFORMATION on Date:
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 \rightarrow When would it be convenient to call back?......Thank you. I will call again.
- Yes → Hello, (*participant name*), this is (*interviewer name*) with the Hispanic Community Health Study / Study of Latinos (SOL). I'm calling to see how you have been since your last telephone interview and to update our SOL records. Do you have a few minutes to speak on the phone?
 - No \rightarrow When would it be convenient to call back?.....Thank you. I will call again.
 - 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. [GHE section for data entry screens begins here]

1.	Participant status (choose one):	
	Participant contacted and alive, agrees to interview	v 1 🗌 Go to item 2
	Participant contacted and refused interview	2 🗌 Go to Contact tracking, item 49
	Designated respondent contacted, reported alive	3 Go to Hospitalizations, item 3
	Other respondent contacted, reported alive	4 🗌 Go to Contact tracking, item 49
	Not contacted, reported deceased	5 Continue to 1a, below
	Unknown	9 🗌 Go to <i>Contact tracking,</i> item 49
	1a. What was the date of death? \Box	

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: FE3 VERSION: A 4/27/11	Conta Occasi	0 3		SEQ #	0	1					
GENERAL HEALTH													

Since our last telephone interview with you on *(date)*, would you say, in general, your health is Excellent, Very good, Good, Fair, Poor,?
 Excellent 1 Very good 2 Good 3 Fair 4 Poor 5

[HOE section for data entry screens begins here] B. HOSPITALIZED AND EMERGENCY ROOM EVENTS

"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
Yes	1	
Unsu	re9	Go to item 5

"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 Department (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	
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)		

ID NUMBER:								
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SEQ #



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 another time since your last telephone interview?

٥V	0	Go to item §	5
----	---	--------------	---

1 (Line entry saved, screen refreshes to a new series at item 4) Yes

[OPE section for data entry screens begins here] C. OUT-PATIENT SELF-REPORTED CONDITIONS

ſ

"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	
Unsu	re9	Go to item 6

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

5a. Breathing test of	or pulmonary fur	nction test?	
No 0	Yes 1	Unsure	9
5b. Chest X-ray:			
No 0	Yes 1	Unsure	9
5c. CT Scan of you	ir chest:		
No 0	Yes 1	Unsure	9
5d. Were you told b	by a doctor or he	ealth profes	ssional that you were having an attack,
worsening or a	n exacerbation c	of your emp	physema, chronic obstructive pulmonary
disease (COPE), or chronic bro	onchitis?	
No	0 Go to i	tem 6	
Yes	1		
Unsure	9 🗍 Go to i	tem 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	
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ID NUMBER:									
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7.

Contact	0
Occasion	U

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SEQ #



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?

6a. Breathing test o No 0	or pulmonary fun Yes 1 🗌	ction test Unsure	9		
6b. Chest X-ray No 0	Yes 1	Unsure	9		
6c. CT Scan of you No 0	r chest Yes 1	Unsure	9		
6d. Were you told I worsening or a No 0 Yes 1 Unsure 9	by a doctor or he n exacerbation o Go to item 7 Go to item 7			were having an a	ttack,
6e. Did the doctor (increasing your your lungs? No (inhalers, oxyger	n or pills fo		nge in your medic s or prescribing a	
Yes 1		i <i>(date</i>), ha	as a doctor or he	alth professional	told you that
7a. Did the doctor recomm No 0 Yes 1 Unsure 9	end any new or Go to item 8 Go to item 8	different t	reatments?		
7b.What treatment was rea Pills Insulin Alone Insulin and pills Referred for eye ex Advice to change of Advice to stop smo Advice to increase Other	am	o not pron Specify:	npt for specific r	esponse. Mark all	that apply)

ID NUMBER:									
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9.

Contact	0	2
Occasion	0	3



SEQ #

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) Start new medicine Increase dose of existing medicine Advice to lose weight Advice to change diet Advice to stop smoking Advice to increase exercise Other
Since our last telephone interview with you on <i>(date)</i> , has a doctor or health professional told you that you had high blood cholesterol? No 0 Go to item 10 Yes 1 Go to item 10 Unsure9 Go to item 10
9a. Did the doctor recommend any new or different treatments? No 0 Go to item 10 Yes 1 Unsure 9 Go to item 10
9b. What treatment was recommended? (Do not prompt for specific response. Mark all that apply.) Start new medicine Increase dose of existing medicine Advice to lose weight Advice to change diet Advice to stop smoking Advice to increase exercise Other
/E section for data entry screens begins here]

[EVE section for data entry screens begins here] D. SELF REPORT OF EVENTS SINCE BASELINE VISIT

"Now I would like to ask you about symptoms you may have had since our last telephone interview with you on (date)."

10. Since our last telephone interview with you on *(date)*, has a doctor or health professional told you that you had atrial fibrillation?

	No	0	Yes 1	Unsure9
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ID NUMBER:

11. Since our last telephone interview with you	on (date), has a doctor	or health professional t	told you that
you had heart failure?			

No	0	

12. Since our last telephone interview with you on *(date)*, has a doctor or health professional told you that you had a blood clot in your leg vein or lung requiring blood thinning medicine?

No	0	Yes 1	Unsure 9
----	---	-------	----------

- 13. Since our last telephone interview with you on *(date)*, do you often have swelling in your feet or ankles at the end of the day?
 - No
 0
 Yes 1
 Unsure 9
- 14. Since our last telephone interview with you on *(date)*, are there times when you wake up at night because of difficulty breathing?

	No	0	Yes 1	Unsure 9
--	----	---	-------	----------

15. Since our last telephone interview with you on *(date)*, are there times when you have been troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

No (י 🗌 י	Yes 1	Unsure 9
------	-------	-------	----------

16. Since our last telephone interview with you on *(date)*, are there times when you stop for breath when walking at your own pace on level ground?

No 0	Yes 1	Unsure 9
------	-------	----------

17. Since our last telephone interview with you on *(date)*, are there times when you have difficulty breathing when you are not walking or active?

No	0	Yes 1	Unsure 9
----	---	-------	----------

18. Since our last telephone interview with you on *(date)*, have you had a cough on most days or nights of the week during at least 3 months in a row?

No 0 Yes 1 Unsure	e 9 🗌
-------------------	-------

19. Since our last telephone interview with you on *(date)*, have you brought up phlegm from your chest on most days or nights of the week during at least 3 months in a row?

nsure 9
í

20. Since our last telephone interview with you on *(date)*, have you had wheezing or whistling in your chest?

No	0	Go to item 21
Yes	1	
Unsure	9	Go to item 21

20a. Have you had an attack of wheezing or whistling in the chest that has made you feel short of breath?

|--|

Contact Occasion	0	3	SEQ #	0	
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No	0	Yes 1	Unsure 9
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21. Since our last telephone interview with you on (date), has a doctor or health professional told you that you have sleep apnea?

No	0	Go to item 22
Yes	1	
Unsure	9	Go to item 22

21a. Has your sleep apnea been treated with any of the following? (check all that apply)

- Surgerv Use of a dental appliance during sleep (a device put in your mouth at night that moves the jaws open)
 - Use of oxygen during sleep
 - A pressure machine such as CPAP or BILEVEL?
- 22. How often do you snore now?

Never	1	
Rarely (1-2 nights a week)	2	
Sometimes (3-5 nights a week)	3	
Always or almost always (6-7 nights a week)	4	
Don't know	9	

[MEE section for data entry screens begins here]

E. MEDICATIONS

"Now I would like to ask about the prescription medications you currently use. By currently I mean in the past two weeks. Can you bring all these prescription medications to the telephone?"

23. (Interviewer: Do not ask) Does the participant have medications to report?

No	0	Go to items 44
Yes	1	
Participant refused	2 [Go to items 44

Please read the names of all the medications prescribed by a doctor. This includes pills, liquid medications, skin patches, inhalers, injections and suppositories. Please do not include over the counter medications unless prescribed by a doctor. (If they ask what do we mean by 'medications you are currently taking', that means medications you have taken in the last 2 weeks.)

#	(a) Medicatio	n UPC / NDC	Medication name (b)
24.			
24.	(c) Strength	(d) Units	
25.			
25.	(c) Strength	(d) Units	

ID N	UMBER:	FORM CODE: F VERSION: A 4/21	E3Contact03SEQ #017/11Occasion03SEQ #01
#	(a) Medicatio	n UPC / NDC	Medication name (b)
26.	(c) Strength	(d) Units	
27.	(c) Strength	(d) Units	
28.	(c) Strength	(d) Units	
29.	(c) Strength	(d) Units	
30.	(c) Strength	(d) Units	
31.	(c) Strength	(d) Units	
32.	(c) Strength	(d) Units	
33.	(c) Strength	(d) Units	
34.	(c) Strength	(d) Units	
35.	(c) Strength	(d) Units	
36.	(c) Strength	(d) Units	

ID N	UMBER:	FORM CODE: F VERSION: A 4/2	E3Contact03SEQ #017/11Occasion03SEQ #01
#	(a) Medicatio	n UPC / NDC	Medication name (b)
37.	(c) Strength	(d) Units	
38.	(c) Strength	(d) Units	
39.	(c) Strength	(d) Units	
40.	(c) Strength	(d) Units	
41.	(c) Strength	(d) Units	
42.	(c) Strength	(d) Units	
43.	(c) Strength	(d) Units	

"Next, I would like to ask you about your regular use of aspirin. By regular use, I mean taking aspirin every other day or more frequently."

44. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does NOT include Tylenol or Advil or Motrin, ibuprofen.

No 0 Go to item 45 Yes 1	
Unsure 9 Go to item 45	
44a. What dose do you take? 81 mg per day of aspirin 325 mg per day of aspirin Other	0 1 2 specify:

Thank you so much for answering these questions. We greatly appreciate your participation in the SOL study. Now, I'd just like to make sure our records are up to date.

ID NUMBER:								
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SEQ #



F. PLACE OF BIRTH [CBE section for data entry screens begins here.]

Where were you born?													
45. Country/Territory (Select location code from list)													
46. State/Province													
47. Municipality													
48. City or Town													

G. PARTICIPANT TRACKING [CIE section for data entry screens begins here.]

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 in 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

49.B.2. Street Number

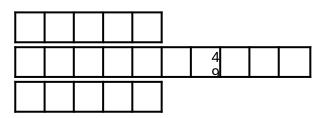
49.B.3. Street Number Suffix

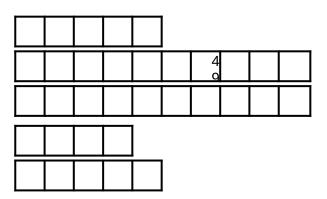
49.C.1. Street Name Prefix

49.C.2. Street Name

49.C.3. Street Name Type

49.C.4. Street Name Suffix





ID NUMBER:	
49.D.1. Unit Type	
49.D.2. Unit Type Identifier	
49.D.3. Unit Subtype	
49.D.4. Unit Subtype Identifier	
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)	4
49.J.1. Zip Code	
*IF THE PARTICIPANT LIVES AT SEVERAL LOCATIONS	. ENTER WHERE HE OR SHE LIVES MOST. IF THE

*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.

45. Primary Phone Number: (
46. What is the best time of day to reach you at this number? Morning 1 Afternoon 2 Evening 3
47. Secondary Phone Number: (
48. What is the best time of day to reach you at this number? Morning 1 Afternoon 2 Evening 3

	RM CODE: FE3 SION: A 4/27/11	Contact Occasion	0 3	SEQ #	0	1
Local Contact 1 (primary contact)						
54 a. Title: b. Firs	st Name:					_
c. Middle/Second Name:						
d. Paternal Last Name:						
e. Maternal Last Name:						
55. Relationship:						
56. Current home address of primary contact* 56.A.1. PO Box, Box &/or Route and Number						1
						l
56.B.1. Street Number Prefix						
56.B.2. Street Number						1
56.B.3. Street Number Suffix						ł
56.C.1. Street Name Prefix						
56.C.2. Street Name						
						ĺ
56.C.3. Street Name Type						
56.C.4. Street Name Suffix						

ID NUMBER:									
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FORM CODE: FE3 VERSION: A 4/27/11 Contact Occasion 0 SEQ #

3

0 1

56.D.1. Unit Type

56.D.2. Unit Type Identifier

56.D.3. Unit Subtype

56.D.4. Unit Subtype Identifier

56.E.1. Other

56.F.1. City

56.G.1. County

56.H.1. State

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

56.J.1. Zip Code

*IF THE 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 IN 56.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 56.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, 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 IN 56.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 56.E.1.

49. Telephone: (ſ)		_			1
								I

Local Contact 2 (secondary contact)

50. a. Title: ______ b. First Name: _____

c. Middle/Second Name: _____

d. Paternal Last Name: _____

e. Maternal Last Name: _____

51. Relationship:_____

ID NUMBER:								
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FORM CODE: FE3 VERSION: A 4/27/11 Contact Occasion 0

3

SEQ #

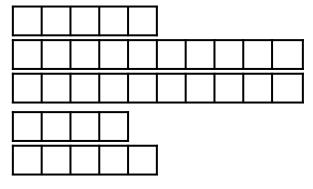
0 1

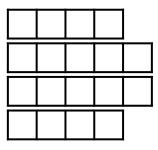
52. Current home address of secondary contact* 60.A.1. PO Box, Box &/or Route and Number

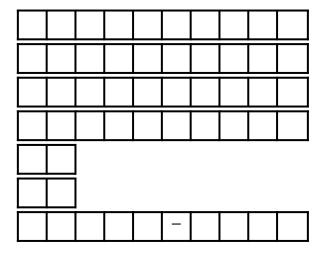
- 60.B.1. Street Number Prefix
- 60.B.2. Street Number
- 60.B.3. Street Number Suffix

60.C.1. Street Name Prefix

- 60.C.2. Street Name
- 60.C.3. Street Name Type
- 60.C.4. Street Name Suffix
- 60.D.1. Unit Type
- 60.D.2. Unit Type Identifier
- 60.D.3. Unit Subtype
- 60.D.4. Unit Subtype Identifier
- 60.E.1. Other
- 60.F.1. City
- 60.G.1. County
- 60.H.1. State
- 60.I.1. Country/Territory (Select code from list)
- 60.J.1. Zip Code







ID NUMBER: FORM CODE: FE3 Contact Occasion 0 3 SEQ # 0 1	
53. Telephone: () -	
*IF THE 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 IN 60.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 60.E.1.	
IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, 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 IN 60.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 60.E.1.	
Local Contact 3	
54. a.Title:b. First Name:	
c. Middle/Second Name:	
d. Paternal Last Name:	
e. Maternal Last Name:	
55. Relationship:	
56. Current home address of third contact* 64.A.1. PO Box, Box &/or Route and Number	
64.B.1. Street Number Prefix	
64.B.2. Street Number	
64.B.3. Street Number Suffix	
64.C.1. Street Name Prefix	
64.C.2. Street Name	

H. END OF THIS PORTION	OF THE CALL								
c. City:	, State:				, Zip	Code	:		
b. Address:									
a. Name:									
a Name									
58. For this portion of the call health care provider (HCF	, i nave one mor ?)?"	e question.	what is	s the n	ame of	your p	onysic	ian or o	iner
57. Telephone: (- +h				lon	thor
					<u> </u>				• -1
64.J.1. Zip Code						-			
64.I.1. Country/Territory	(Select code fro	om list)		╡					
64.H.1. State				+					
64.G.1. County									
- ···· -· -···,				+		+			
64.F.1. City			┝┼	+			+		
64.E.1. Other									
64.D.4. Unit Subtype Ide	entifier								
64.D.3. Unit Subtype									
64.D.2. Unit Type Identi	fier			1					
64.D.1. Unit Type									
04.0.4. Orect Name Of									
64.C.4. Street Name Su	-								
64.C.3. Street Name Ty		VERSION. A	4/2//11						
ID NUMBER:		FORM COD VERSION: A	-		Contac Occasio		3	SEQ #	0 1

"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:									
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0

SEQ # 0 1

Location Codes for Questions 45, 49, 56, 60, 64

ID NUMBER:									
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- 1 Afghanistan
- 2 Anguilla
- 3 Antigua and
- Barbuda
- 4 Argentina
- 5 Aruba
- 6 Australia
- 7 Austria
- 8 Bangladesh
- 9 Belgium
- 10 Belize
- 11 Bolivia
- 12 Brazil
- 13 Canada
- 14 Chile
- 15 China
- 16 Colombia
- 17 Costa Rica
- 18 Cuba
- 19 Czech Republic
- 20 Denmark
- 21 Dominican Republic
- 22 Ecuador
- 23 El Salvador
- 24 Finland
- 25 France
- 26 Germany
- 27 Great Britain
- 28 Greece
- 29 Guam
- 30 Guatemala
- 31 Haiti
- 32 Holland
- 33 Honduras
- 34 Hungary
- 35 India
- 36 Indonesia
- 37 Iran
- 38 Iraq
- 39 Ireland
- 40 Israel
- 41 Italy
- 42 Japan
- 43 Korea
- 44 Lebanon
- 45 Malaya
- 46 Mexico
- 47 New Zealand
- 48 Nicaragua
- 49 Norway

FORM CODE: FE3 VERSION: A 4/27/11

50 Pakistan

51 Panama

53

57

58

59

60

61

62

63

65

66

67

99

52 Paraguay

Peru 54 Philippines

55 Poland

56 Portugal

Russia

Spain

64 Uruguay

Other

Sweden

Puerto Rico

South Africa

Switzerland

Venezuela

United States

Virgin Islands

Unknown/refused

- Contact Occasion
 - 0

3 SEQ # 0 1