Public reporting burden for this collection of information is estimated to average 15 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 estimate or any other aspect of this collection of information, including suggestions for reducing 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.

OMB#: 0925-0584
Exp. xx/xx/xxxx

HCHS/SOL Follow-up Interview Form
Contact Year 4

ID NUMBER:									FORM CODE: FE4 VERSION: 1, 1/14/2014	Contact Occasion	0	4	SEQ #	0	1

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 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 → 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	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 *Contact tracking,* 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.

GENERAL HEALTH

2. 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 ☐
   - Unsure 9 ☐ 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)

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?

No 0 ☐ Go to item 5

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

[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

   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

   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 ☐ 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 10
   - Yes 1 ☐
   - 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 ☐ Specify: ___________________________________

[EVE section for data entry screens begins here]

D. SELF REPORT OF EVENTS

"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 ☐ Unsure 9 ☐

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

    No 0 ☐ Yes 1 ☐ Unsure 9 ☐

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 0 ☐ 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 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?

    No 0 ☐ Yes 1 ☐ Unsure 9 ☐

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?

No 0 ☐ Yes 1 ☐ Unsure 9 ☐

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)

    ☐ Surgery
    ☐ 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) Medication UPC / NDC		Medication name (b)
24.	☐☐☐☐☐☐☐☐☐☐☐☐		
	(c) Strength	(d) Units	
25.	☐☐☐☐☐☐☐☐☐☐☐☐		
	(c) Strength	(d) Units	

#	(a) Medication 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	

#	(a) Medication 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 49
    - Yes 1 ☐
    - Unsure 9 ☐ Go to item 49

    44a. What dose do you take?
    - 81 mg per day of aspirin 0 ☐
    - 325 mg per day of aspirin 1 ☐
    - Other 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.

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

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)*

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: ( ) -

51. What is the best time of day to reach you at this number?

Morning 1 ☐
Afternoon 2 ☐
Evening 3 ☐

52. Secondary Phone Number: ( ) -

53. What is the best time of day to reach you at this number?

Morning 1 ☐
Afternoon 2 ☐
Evening 3 ☐

Local Contact 1 (primary contact)

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 primary contact*

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

56.B.1. Street Number Prefix

56.B.2. **Street Number**

56.B.3. Street Number Suffix

56.C.1. Street Name Prefix

56.C.2. **Street Name**

56.C.3. **Street Name Type**

56.C.4. Street Name Suffix

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.

57. Telephone: (☐☐☐) ☐☐☐-☐☐☐☐

Local Contact 2 (secondary contact)

58. a. Title: ____________________ b. First Name:____

c. Middle/Second Name: ____

d. Paternal Last Name: ____

e. Maternal Last Name: ____

59. Relationship:____

60. 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 _ _ _ _ _ – _ _ _ _

61. 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

62. a.Title: ____________________ b. First Name: ____

c. Middle/Second Name: ____

d. Paternal Last Name: ____

e. Maternal Last Name: ______________________________

63. Relationship:______________________________

64. 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**

64.C.3. **Street Name Type**

64.C.4. Street Name Suffix

64.D.1. Unit Type

64.D.2. Unit Type Identifier

64.D.3. Unit Subtype

64.D.4. Unit Subtype Identifier

64.E.1. Other

64.F.1. City

64.G.1. County

64.H.1. State ☐☐

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

64.J.1. Zip Code ☐☐☐☐☐ – ☐☐☐☐

65. Telephone: (☐☐☐) ☐☐☐-☐☐☐☐

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:_______________

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"

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

Code	Location
01	Afghanistan
02	Anguilla
03	Antigua and Barbuda
04	Argentina
05	Aruba
06	Australia
07	Austria
08	Bangladesh
09	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
50	Pakistan
51	Panama
52	Paraguay
53	Peru
54	Philippines
55	Poland
56	Portugal
57	Puerto Rico
58	Russia
59	South Africa
60	Spain
61	Sweden
62	Switzerland
63	United States
64	Uruguay
65	Venezuela
66	Virgin Islands
67	Other
99	Unknown/refused