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 7 through 11

ID NUMBER:	☐☐☐☐☐☐☐☐	FORM CODE: FE7 VERSION: 1, 1/17/2014	Contact Occasion	☐☐	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 Question 2
Participant contacted and refused interview	2 ☐	Go to *Contact tracking,* Question 49
Designated respondent contacted, reported alive	3 ☐	Go to *Hospitalizations,* Question 3
Other respondent contacted, reported alive	4 ☐	Go to *Contact tracking,* Question 49
Not contacted, reported deceased	5 ☐	Continue to 1a, below
Unknown	9 ☐	Go to *Contact tracking,* Question 49

1.a. What was the date of death? ☐☐ / ☐☐ / ☐☐☐☐

1.b. What city, state, and country did the death occur? ________________________________

1.c. 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 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 Question 5
   Yes 1 ☐
   Unsure9 ☐ Go to Question 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 ☐

   4.a. 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 ☐

   Pregnancy related, birth, complication of pregnancy 8 ☐

   Other: Specify: ____ 9 ☐

   4.b. What was the date of this event? ☐☐ / ☐☐ / ☐☐☐☐

   4.c. What is the name of the medical facility?____

   4.d. What is the address of this medical facility? ______________________________

4.e. For clarification of our records, under what name is this record?

4.e1. First Name: ____

4.e2. Second Name: ____

4.e3. Last Name: ____

4.e4. Maternal Last Name: ____

4.f. Were you admitted to a hospital or seen at an ER at any another time since your last telephone interview?

No 0 ☐ Go to Question 5

Yes 1 ☐ (Line entry saved, screen refreshes to a new series at Question 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 Question 6
Yes 1 ☐
Unsure9 ☐ Go to Question 6

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

5.a. Breathing test or pulmonary function test?
No 0 ☐ Yes 1 ☐ Unsure 9 ☐

5.b. Chest X-ray: No 0 ☐ Yes 1 ☐ Unsure 9 ☐

5.c. CT Scan of your chest: No 0 ☐ Yes 1 ☐ Unsure 9 ☐

5.d. 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 Question 6
Yes 1 ☐
Unsure 9 ☐ Go to Question 6

5.e. 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 ☐

For Females ONLY- Reported Pregnancies

6. Since our last contact with you on (date), have you been or are you currently pregnant?
   No 0 ☐ →Go to Question 14
   Yes 1 ☐

7. Are you currently pregnant? No 0 ☐ Go to Question 8 Yes 1 ☐

   7.a. How many weeks pregnant are you? _____ _____

   7.b. If currently pregnancy AND more than 20 weeks: Have you had any of these illnesses or complications during this pregnancy?

   7.b1. High blood pressure or hypertension?
   No 0 ☐ →Go to Question 8
   Yes 1 ☐
   Unsure 9 ☐ →Go to Question 8

   7.b1.i. Did you have high blood pressure or hypertension before this pregnancy?
   No 0 ☐
   Yes 1 ☐

   7.b2. Preeclampsia or toxemia?
   No 0 ☐ →Skip Questions 7d, 7d1, 7d2, 7d3
   Yes 1 ☐
   Unsure 9 ☐ →Skip Questions 7d, 7d1, 7d2, 7d3

   7.b3. Diabetes?
   No 0 ☐ →Go to Question 8
   Yes 1 ☐
   Unsure 9 ☐ →Go to Question 8

   7.b3.i. Did you take medication for your blood sugar during your pregnancy?
   No 0 ☐
   Yes, pills only 1 ☐
   Yes, insulin only 2 ☐
   Yes, pills and insulin 3 ☐

   7.b3.ii. Did you have diabetes before this pregnancy?
   No 0 ☐ Yes 1 ☐ Unsure 9 ☐

   7.c. Have you received prenatal care for this pregnancy?
   No 0 ☐ Yes 1 ☐ Unsure 9 ☐

   7.d. If yes to pre-eclampsia, eclampsia, or gestational diabetes, AND received prenatal care THEN What is the clinic or facility in which you have received prenatal care?
   ____

7.d1. Address of clinic or facility:____

City:______________________________ State: _________ zip:________________

7.d2. What is the name of the physician or provider that you see for prenatal care
____

7.d3. For clarification of our records, under what name are you seen?

7.d3.i. First name____

7.d3.ii. Second name ____

7.d3.iii. Last Name____

7.d3.iv. Maternal Last Name_______________________________________

8. Excluding current pregnancies, how many times have you been pregnant since the last study contact?

☐☐ times

FOR EACH PREGNANCY SINCE LAST TELEPHONE / STUDY VISIT:

9. What was the date that this pregnancy ended? ☐☐/☐☐/☐☐☐☐ (MM/DD/YYYY)

10. How did this pregnancy end?

Live birth, Vaginal birth ☐
Live birth, C-section ☐
Stillbirth ☐
Abortion ☐
Miscarriage ☐
Tubal / Ectopic ☐

(Stillbirth, Abortion, Miscarriage, Tubal / Ectopic:) Go to Question 16

11. How many months or weeks had you been pregnant when (the baby was born/the [multi] were born/the pregnancy ended)?

☐☐ months ☐☐ weeks

11.a. If unknown, preterm delivery is one that occurs at 36 weeks or earlier in pregnancy. As far as you know, did you have a preterm delivery?

No 0☐
Yes 1☐
Unsure 9☐

12. Where did you give birth?

In a hospital ☐
In a birthing center ☐
In your home or home other place ☐ Go to Question 13

If this birth happened in a hospital or birthing center:

12.a. What was the name of the facility where you gave birth?______________________________

12.b. What was the address of the facility?____

City:______________________________ State: _________ zip:________________

12.c. For clarification of our records, under what name are these records?

12.c1. First name____

12.c2. Second name ____

12.c3. Last Name____

12.c4. Maternal Last Name____

13. How much weight did you gain during this pregnancy? ☐☐ lbs **OR** ☐☐ kgs

END of questions for women only

ALL PARTICIPANTS

14. 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 Question 7
    - Yes 1 ☐
    - Unsure 9 ☐ Go to Question 7

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

15.a. Breathing test or pulmonary function test	No 0 ☐	Yes 1 ☐	Unsure 9 ☐
15.b. Chest X-ray	No 0 ☐	Yes 1 ☐	Unsure 9 ☐
15.c. CT Scan of your chest	No 0 ☐	Yes 1 ☐	Unsure 9 ☐

15.d. 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 Question 7
- Yes 1 ☐
- Unsure 9 ☐ Go to Question 7

15.e. 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 ☐

16. 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 Question 8
Yes 1 ☐
Unsure 9 ☐ Go to Question 8

16.a. Did the doctor recommend any new or different treatments?

No 0 ☐ Go to Question 8
Yes 1 ☐
Unsure 9 ☐ Go to Question 8

16.b. 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: ______________________________________

17. 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 Question 9
Yes 1 ☐
Unsure 9 ☐ Go to Question 9

17.a. Did the doctor recommend any new or different treatments?

No 0 ☐ Go to Question 9
Yes 1 ☐
Unsure 9 ☐ Go to Question 9

17.b. 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: _________________________________

18. 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 Question 10 Yes 1 ☐ Unsure 9 ☐ Go to Question 10

18.a. Did the doctor recommend any new or different treatments?
No 0 ☐ Go to Question 10
Yes 1 ☐
Unsure 9 ☐ Go to Question 10

18.b. 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)."

19. 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 ☐

20. 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 ☐

21. 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 ☐

22. 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 ☐

23. 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 ☐

24. 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 ☐

25. 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 ☐

26. 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 ☐

27. 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 ☐

28. 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 ☐

29. Since our last telephone interview with you on *(date)*, have you had wheezing or whistling in your chest?
    No 0 ☐ Go to Question 21
    Yes 1 ☐
    Unsure 9 ☐ Go to Question 21

    29.a. 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 ☐

30. 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 Question 22
    Yes 1 ☐
    Unsure 9 ☐ Go to Question 22

    30.a. 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?

31. 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. Medication Use Interview

Now I would like to ask about a few specific medications.

32. Were any of the medications you took during the **last four weeks** for:

32.a. Asthma No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.a1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.b. Chronic bronchitis or emphysema No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.b1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.c. High blood sugar or diabetes No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.c1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.d. High blood pressure or hypertension No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.d1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.e. High blood cholesterol No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.e1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.f. Chest pain or angina No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.f1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.g. Abnormal heart rhythm No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.g1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.h. Heart failure No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.h1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.i. Blood thinning No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.i1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.j. Stroke No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.j1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.k. Mini-stroke or TIA No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.k1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.l. Leg pain while walking or claudication No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.l1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.m. Depression No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.m1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.n. Anxiety No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.n1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.o. Glaucoma No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.o1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

32.p. A disease of the thyroid No 0 ☐ Yes 1 ☐ Unknown 9 ☐

32.p1. How long have you been taking this medication? ☐< 1 year, ☐1-5 years, ☐> 5 years

33. During the last four weeks, did you take any aspirin or aspirin-containing products including Alka-Seltzer, cold and allergy medication or headache powder? This **excludes** acetaminophen (for example, Tylenol), ibuprofen (for example, Advil, Motrin or Nuprin), and naproxen (for example, Aleve).

Show participant List #1: Commonly Used Aspirin or Aspirin-Containing Products

No 0 ☐ → **GO TO QUESTION 39**
Yes 1 ☐
Unknown 9 ☐ → **GO TO QUESTION 39**

34. How many days during the last four weeks did you take aspirin or aspirin-containing medication?

☐☐ Number of days If number of days equals "00" → **GO TO QUESTION 39**

35. For what purpose are you taking aspirin? (Interviewer: **Do NOT** read choices.)

Participant mentioned avoiding heart attack or stroke 1 ☐

Participant did not mention avoiding heart attack or stroke 2 ☐

36. During the past four weeks, did you take any [other] medication for arthritis, fever, or muscle aches and pains, or cramps? *(Read bracketed "other" unless no medications were reported.)*

No 0 ☐ Yes 1 ☐ Unknown 9 ☐

37. **Excluding** aspirin, acetaminophen (for example, Tylenol), and corticosteroids (for example prednisone), are you NOW taking other anti-inflammatory or arthritis medications on a regular basis? Common examples are shown on this list.

Show participant List #2: Commonly Used Non-Steroidal Anti-Inflammatory Drugs, NSAIDS

No 0 ☐ Yes 1 ☐ Unknown 9 ☐

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".

38. Current home address*

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

38.B.1. Street Number Prefix ☐☐☐☐☐

38.B.2. **Street Number** ☐☐☐☐☐☐☐☐☐☐

38.B.3. Street Number Suffix ☐☐☐☐☐

38.C.1. Street Name Prefix ☐☐☐☐☐

38.C.2. **Street Name** ☐☐☐☐☐☐☐☐☐☐

38.C.3. **Street Name Type**

38.C.4. Street Name Suffix

38.D.1. Unit Type

38.D.2. Unit Type Identifier

38.D.3. Unit Subtype

38.D.4. Unit Subtype Identifier

38.E.1. Other

38.F.1. City

38.G.1. County

38.H.1. State

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

38.J.1. Zip Code _ _ _ _ _ – _ _ _ _

About how long have you lived at this address? Since…

38.K.1. Year

38.K.2. Month *IF UNKNOWN, ENTER 99*

38.K.3. Day *IF UNKNOWN, ENTER 99*

*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 38.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 38.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 38.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 38.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 38.E.1.

39. Primary Phone Number: + ☐☐☐☐ (☐☐☐) ☐☐☐-☐☐☐☐
(Country Code) (Area Code)

39.a. This is a: Cell Phone 1 ☐ Home Phone 2 ☐

40. What is the best time of day to reach you at this number?
- Morning 1 ☐
- Afternoon 2 ☐
- Evening 3 ☐

41. Secondary Phone Number: + ☐☐☐☐ (☐☐☐) ☐☐☐-☐☐☐☐
(Country Code) (Area Code)

41.a. This is a: Cell Phone 1 ☐ Home Phone 2 ☐

42. What is the best time of day to reach you at this number?
- Morning 1 ☐
- Afternoon 2 ☐
- Evening 3 ☐

43. Email address 1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

43.a. Email address 2:
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

44. How do you prefer to receive information from us? (select only one)
- Regular Mail 1 ☐
- Electronic mail (email) 2 ☐
- Social Media (Facebook and Twitter) 4 ☐
- In Person at time of clinic visit 5 ☐
- Text messages 6 ☐
- Other 7 ☐
  - Specify: ______________________

Local Contact 1

45. a. Title: _______________ b. First Name:

c. Second Name: ____

d. Last Name: ____

e. Maternal Last Name: ____

46. Relationship: ______________________

46.a. is this ARE contact? No 0 ☐ Yes 1 ☐

47. Current home address of primary contact*

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

47.B.1. Street Number Prefix

47.B.2. **Street Number**

47.B.3. Street Number Suffix

47.C.1. Street Name Prefix

47.C.2. **Street Name**

47.C.3. **Street Name Type**

47.C.4. Street Name Suffix

47.D.1. Unit Type

47.D.2. Unit Type Identifier

47.D.3. Unit Subtype

47.D.4. Unit Subtype Identifier

47.E.1. Other

47.F.1. City ☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐

47.G.1. County ☐☐☐☐☐☐☐☐☐☐

47.H.1. State ☐☐

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

47.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 47.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 47.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 47.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 47.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 47.E.1.

48. Telephone: + ☐☐☐☐ (☐☐☐) ☐☐☐-☐☐☐☐
(Country Code) (Area Code) number

48.a. This is a: Cell Phone 1 ☐ Home Phone 2 ☐

49. Email address 1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

49.a. Email address 2:
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Local Contact 2

50. a. Title: ________________ b. First Name:

c. Middle/Second Name: ____________________________________

d. Paternal Last Name: ______________________________________

e. Maternal Last Name: ____

51. Relationship: ___________________

51.a. is this ARE contact? No 0 ☐ Yes 1 ☐

52. Current home address of secondary contact*

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

52.B.1. Street Number Prefix

52.B.2. **Street Number**

52.B.3. Street Number Suffix

52.C.1. Street Name Prefix

52.C.2. **Street Name**

52.C.3. **Street Name Type**

52.C.4. Street Name Suffix

52.D.1. Unit Type

52.D.2. Unit Type Identifier

52.D.3. Unit Subtype

52.D.4. Unit Subtype Identifier

52.E.1. Other

52.F.1. City

52.G.1. County

52.H.1. State

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

52.J.1. Zip Code _ _ _ _ _ – _ _ _ _

53. Telephone: + ☐☐☐☐ (☐☐☐) ☐☐☐-☐☐☐☐
(Country Code) (Area Code)` number

53.a. This is a: Cell Phone 1 ☐ Home Phone 2 ☐

54. Email address 1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

54.a. Email address 2:
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*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 52.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 52.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 52.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 52.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 52.E.1.

Local Contact 3

55. a. Title: ________________ b. First Name:

c. Middle/Second Name: ____________________________________

d. Paternal Last Name: ______________________________________

e. Maternal Last Name: ____

56. Relationship: ___________________

56.a. is this ARE contact? No 0 ☐ Yes 1 ☐

57. Current home address of third contact*

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

57.B.1. Street Number Prefix ☐☐☐☐☐

57.B.2. **Street Number** ☐☐☐☐☐☐☐☐☐☐

57.B.3. Street Number Suffix ☐☐☐☐☐

57.C.1. Street Name Prefix ☐☐☐☐☐

57.C.2. **Street Name** ☐☐☐☐☐☐☐☐☐☐

57.C.3. **Street Name Type**

57.C.4. Street Name Suffix

57.D.1. Unit Type

57.D.2. Unit Type Identifier

57.D.3. Unit Subtype

57.D.4. Unit Subtype Identifier

57.E.1. Other

57.F.1. City

57.G.1. County

57.H.1. State

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

57.J.1. Zip Code _ _ _ _ _ – _ _ _ _

58. Telephone: + ☐☐☐☐ (☐☐☐) ☐☐☐-☐☐☐☐
(Country Code) (Area Code)

58.a. This is a: Cell Phone 1 ☐ Home Phone 2 ☐

59. Email address 1:

59.a. Email address 2:

*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 57.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 57.E.1.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, BOX, OR ROUTE AND NUMBER, ENTER IT IN 57.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION IN 57.C.2. AND THE NAME OF THE BUILDING OR LOCATION IN 57.E.1.

H. About Health Insurance

60. Do you have health insurance or health care coverage? Select only one answer.

No	0 ☐	**GO TO QUESTION 65**
Yes	1 ☐	
Refused	8 ☐	**GO TO QUESTION 65**
Don't know/Not Sure	9 ☐	**GO TO QUESTION 65**

61. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

		No	**Yes**
a.	Insurance through a current or former employer or union (of this person or another family member)	0 ☐	1 ☐
b.	Insurance purchased directly from an insurance company (by this person or another family member)	0 ☐	1 ☐
c.	Medicare, for people 65 and older, or people with certain disabilities	0 ☐	1 ☐
d.	Medicaid, Medi-Cal, or any kind of government-assistance plan for those with low income or a disability	0 ☐	1 ☐
e.	Veterans Administration (VA) (including those who have ever used or enrolled for VA health care)	0 ☐	1 ☐
f.	TRICARE, CHAMPUS or other military health care plan	0 ☐	1 ☐
g.	Indian Health Service	0 ☐	1 ☐
h.	Any other type of health insurance or health coverage plan (Specify____________)	0 ☐	1 ☐
i.	Refused	8 ☐	
j.	Don’t know/Not Sure	9 ☐	

62. The health reform law (commonly known as “Obamacare”) establishes new federal and state marketplaces (also called exchanges) where the uninsured and workers in small businesses can go to purchase insurance. Have you acquired coverage through one of these new marketplaces (Covered California; nystateofhealth; HealthCare.gov; CuidadodeSalud.gov)? Select only one answer.

No	0 ☐
Yes	1 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

63. In the past 12 months, have you received coverage for medical expenses through Emergency Medicaid? Select only one answer.

No	0 ☐
Yes	1 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

64. A catastrophic health insurance plan covers 3 annual primary care visits, and only provides coverage for medical expenses after the individual pays thousands of dollars (for example, the first $6,000 or more in medical expenses). Have you purchased a catastrophic health insurance plan? [Note to the interviewers: Catastrophic health plans cover persons younger than age 30 years.] Select only one answer.

No	0 ☐
Yes	1 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

65. About how long has it been since you last had health insurance coverage? Select only one answer.

6 months or less	1 ☐
More than 6 months, but not more than 1 year	2 ☐
More than 1 year, but not more than 3 years	3 ☐
More than 3 years	4 ☐
Never had insurance	5 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

66. What are the main reasons you do not currently have health insurance (check all that apply)?

a.	It is too expensive/ the cost is too high	☐
b.	I am not eligible for coverage through my employer	☐
c.	My employer or my spouse's/partner's (or other relative's) employer does not offer insurance coverage	☐
d.	I was denied insurance coverage due to a previous medical condition	☐
e.	I am not eligible for Medicaid or have recently lost my Medicaid coverage	☐
f.	I lost the ability to purchase health insurance coverage through my spouse, partner or other relative	☐
g.	I am not eligible for premium tax credits or other tax credits	☐
h.	I am not eligible due to my citizenship status	☐
i.	I don't need insurance	☐
j.	I don't know how to get insurance	☐
k.	Other (Specify ___________)	☐

l. Refused ☐
m. Don't know/Not Sure ☐

67. In the past 12 months, have you received coverage for medical expenses through Emergency Medicaid? Select only one answer.

No 0 ☐
Yes 1 ☐
Refused 8 ☐
Don't know/Not Sure 9 ☐

I. ABOUT PLACE OF BIRTH AND CITIZENSHIP STATUS

The nature of these questions is sensitive, and some participants may not want to answer them. Participants should be assured that they may choose not to answer them, and their refusal will not have any impact on their participation in the study nor will affect any referrals that have already been schedule. For those participants who choose to answer these questions, assurance about confidentiality, and that their responses will be blocked and not disclosed to the public should be underlined.

These questions will be asked to all participants.

68. Where were you born? Select only one answer.

In the U.S. 1 ☐
Specify State: ___________________
Outside of the U.S 2 ☐
Specify country________________________
Specify city or town_________________________________

69. Are you a U.S. citizen? Select only one answer.

No, not a U.S. citizen 0 ☐
Yes, was born in the United States 1 ☐ End Questionnaire
Yes, was born in Puerto Rico, Guam, and the U.S. Virgin Islands or Northern Marianas 2 ☐ End Questionnaire
Yes, was born abroad to a U.S. citizen parent or parents 3 ☐ End Questionnaire
Yes, is a citizen by naturalization 4 ☐ End Questionnaire
Specify year: ___________________
Refused 8 ☐ End Questionnaire
Don't know/Not Sure 9 ☐ End Questionnaire

70. If the previous answer is "No", what of the following situations describes you best? Select only one answer.

Permanent resident card holder ("Green card" holder)	1 ☐
Have applied for a "Green card"	2 ☐
Holder of another type of visa	3 ☐
Specify: ______________________________	
None of the above	4 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

J. 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

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