| SOL TUCTO CARRIER Hapanic Commentity Health Study | for revie a col estim Clea | 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. | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| HCHS/SOL Follow-up Interview Form Contact Year 5 | | | | | | | | | |
| ID NUMBER: | | | | | | | | | FORM CODE:FE5Contact05SEQ #01VERSION:1, 4/15/15Occasion05SEQ #01 |
| ADMINISTRATIVE INFORMATION 0a. Completion Date: //////////////////////////////////// | | | | | | | | | |
| Instructions: | Instructions: See the detailed QxQ instructions for completion of the Annual Follow-up form. | | | | | | | | |

INTRODUCTION

1.

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.

[GHE section for data entry screens begins here] A. GENERAL HEALTH STATUS

| 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 (CIE form), item 49 |
| Designated respondent contacted, reported alive | 3 Go to Hospitalizations (HOE form), item 3 |
| Other respondent contacted, reported alive | 4 Go to Contact tracking (CIE form), item 49 |
| Not contacted, reported deceased | 5 🗌 Continue to 1a, below |
| Unknown | 9 Go to Contact tracking (CIE form), item 49 |
| 1a. What was the date of death? | |
| 1b. What city, state, and country did the death occu | ur? |
| 1c. Do you know if (insert decedent's name) was h reason since (date of last time interviewed) and his | |
| No 0 🗌 End interview | |
| | nitelinetien endlan ED visit. Endlintenvisuu often leet |

Yes 1 Record date and name of each hospitalization and/or ER visit. End interview after last event is reported.

| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
|------------|--|--|--|--|--|--|--|--|--|

| Contact | 0 | E | ого # |
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| Occasion | U | 5 | SEQ # |



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 item 5 (OPE form) |
|------|-------|-------------------------|
| Yes | 1 🗌 | |
| Unsu | re9 🗌 | Go to item 5 (OPE form) |

"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 | |
| | Pregnancy related, birth, complication of pregnancy | 9 | |
| 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) | | |

Contact Occasion





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?
 - 0 Go to item 5 (OPE form) No
 - 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

"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 | 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 No 0 | ur chest: Yes 1 🗌 | Unsure | 9 🗌 | |
| worsening or a | | of your emp onchitis? tem 6 | essional that you were having an attack aphysema, chronic obstructive pulmona | |
| 5e. Did the doctor | or health care p | ofessional | Il prescribe a change in your medication | n, : |

change in your medication, such as your lungs or prescribing a steroid pill for increasing your inhalers, oxygen or pills for your lungs? No 0

| Yes 1 | Unsure 9 | |
|-------|----------|--|
|-------|----------|--|

| ID NUMBER: | | | | | | | | |
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|------------|--|--|--|--|--|--|--|--|

| Contact | Δ |
|----------|---|
| Occasion | 0 |

5

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?

| 5 | | | | | | |
|--------|---|--|------------------------|---------|------------------------|---|
| | 6a. Breathing test o No_0 □ | r 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 □ | [∙] chest Yes 1 □ | Unsure | 9 🗌 | | |
| | worsening or an No 0 [Yes 1 [| exacerbation of | | | l that you were havin | g an attack, |
| | increasing your your lungs? | inhalers, oxyger | n or pills fo | or | your lungs or prescr | r medication, such as ibing a steroid pill for |
| • | No 0 | | | Jnsure | | |
| | Yes 1 | | i <i>(date)</i> , hi | as a de | octor or health profes | sional told you that |
| 7a. Di | d the doctor recommon No 0 Yes 1 Unsure 9 | end any new or Go to item 8 Go to item 8 | different ti | reatme | ents? | |
| 7b.Wh | hat treatment was rec Pills Insulin Alone Insulin and pills Referred for eye exa Advice to change di Advice to stop smol Advice to increase o Other | am et xing | o not pron Specify: | npt for | specific response. N | lark all that apply) |

7.

| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
|------------|--|--|--|--|--|--|--|--|--|

| Contact | 0 |
|----------|---|
| Occasion | U |

5

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 Go to item 9 Unsure 9 Go to item 9 |
|--|
| 8a. Did the doctor recommend any new or different treatments? No 0 Go to item 9 Yes 1 Go to item 9 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 <i>(date)</i>, has a doctor or health professional told you that you had high blood cholesterol? No 0 G Go to item 10 <i>(EVE form)</i> Yes 1 G Unsure9 Go to item 10 <i>(EVE form)</i> |
| 9a. Did the doctor recommend any new or different treatments? No 0 Go to item 10 <i>(EVE form)</i> Yes 1 Go to item 10 <i>(EVE form)</i> Unsure 9 Go to item 10 <i>(EVE form)</i> |
| 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 |
| [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 🗌 | Unsure9 🗌 |
|----|-----|---------|-----------|
|----|-----|---------|-----------|

| ID NUMBER: FORM CODE: FE5 Contact 0 5 SEQ # 0 1 |
|---|
| 11. Since our last telephone interview with you on <i>(date)</i> , 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 <i>(date)</i> , 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 <i>(date),</i> 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 <i>(date)</i> , 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 <i>(date)</i> , 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 <i>(date)</i> , 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 <i>(date)</i> , 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 <i>(date)</i> , 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 <i>(date)</i> , have you had wheezing or whistling in your chest? |
| No 0 Go to item 21 Yes 1 G |
| 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?

| ID NUMBER: | | | | |
|------------|--|--|--|--|
| | | | | |

| Contact | 0 | 5 | SEQ # | |
|----------|---|---|-------|--|
| Occasion | 0 | 5 | SEQ # | |



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 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. | | | |
| 20. | (c) Strength | (d) Units | |
| | | | |
| | | | |
| | | | |

| ID N | UMBER: | FORM CODE: FE5 VERSION: 1, 4/15/201 | |
|------|---------------|--|---------------------|
| # | (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 NU | JMBER: | FORM CODE: VERSION: 1, 4/15 | |
|-------|---------------|--------------------------------|---------------------|
| # | (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."

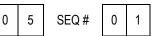
44. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does NOT include Tylenol or Advil or Motrin, ibuprofen.

| No 0 Go to item 49 (CIE) | form) |
|--------------------------------|------------|
| Yes 1 | |
| Unsure 9 🗌 Go to item 49 (CIE) | form) |
| | |
| 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.

| ID NUMBER: | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|
|------------|--|--|--|--|--|--|--|--|--|

Contact Occasion



[CIE section for data entry screens begins here.]

G. PARTICIPANT TRACKING

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

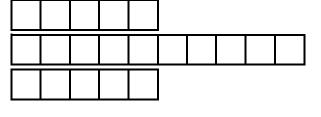
49.B.1. Street Number Prefix

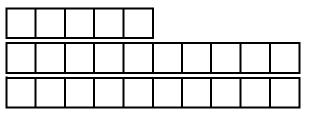
- 49.B.2. Street Number
- 49.B.3. Street Number Suffix
- 49.C.1. Street Name Prefix
- 49.C.2. Street Name

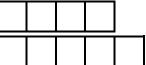
49.C.3. Street Name Type

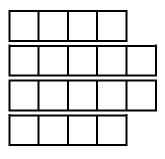
- 49.C.4. Street Name Suffix
- 49.D.1. Unit Type
- 49.D.2. Unit Type Identifier
- 49.D.3. Unit Subtype
- 49.D.4. Unit Subtype Identifier
- 49.E.1. Other

49.F.1. City









| ID NUMBER: FORM COL VERSION: 1, | - | Contact Occasion | 0 5 | SEQ # 0 1 |
|---|--|---|---|---------------|
| | | | | |
| 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 EXACT ADDRESS IS UNKNOWN, ENTER THE NAME OF TH HOME LOCATION IN 49.C.2. AND THE NAME OF THE BUILD IF THE ONLY KNOWN HOME ADDRESS IS A POST OF IT IN 49.A.1., BUT ALSO ENTER THE NAME OF THE INTERS HOME LOCATION IN 49.C.2. AND THE NAME OF THE BUILD | IE INTERSECT DING OR LOC/ FICE BOX, BO SECTION OR S | TION OR ST ATION IN 4 DX, OR ROU STREET CL | TREET CL 9.E.1. JTE AND LOSEST T | LOSEST TO THE |
| 50. Primary Phone Number: (| | | | |
| 51. What is the best time of day to reach you at this num Morning 1 Afternoon 2 Evening 3 | iber? | | | |
| 52. Secondary Phone Number: (| | | | |
| 53. What is the best time of day to reach you at this num Morning 1 Afternoon 2 Evening 3 | iber? | | | |

| ID NUMBER: | FORM CODE: FE5 VERSION: 1, 4/15/2015 | Contact Occasion | 0 5 | SEQ # | 0 1 |
|---|---|---------------------|-----|-------|-----|
| 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 conta 56.A.1. PO Box, Box &/or Route and | | | | | |
| 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 | | | | | |
| | | | | | |

| ID NUMBER: |
|------------|
|------------|

FORM CODE: FE5 VERSION: 1, 4/15/2015 Contact 0 Occasion 5 SEQ #

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.

| | / | | | | | |
|----------------|---|--|--|---|--|--|
| 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:

| ID NUMBER: | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
|------------|--|--|--|--|--|--|--|--|

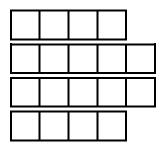
FORM CODE: FE5 VERSION: 1, 4/15/2015 Contact Occasion 0 SEQ # 0

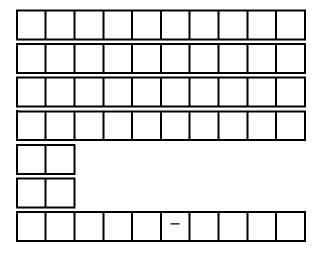
1

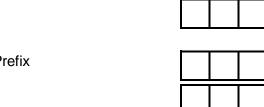
60. Current home address of secondary contact* 60.A.1. PO Box, Box &/or Route and Number

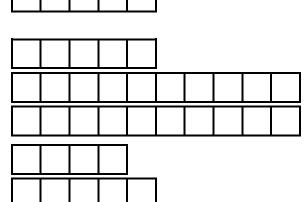
5

- 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: FE5 Contact O 5 SEQ # 0 1 |
|---|
| 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 T 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:b. |
| 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 |
| |

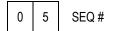
| ID NUMBER: | | FORM COD | | | Contac Occasio | | 5 | SEQ # | 0 |
|--|-------------------|--------------|---------|--------|-------------------|--------|-------|----------|-------------------|
| 64.C.3. Street Name | Туре | | | | | | | | |
| 64.C.4. Street Name S | Suffix | | | | | | | | |
| | | | | 1 | | | | | |
| 64.D.1. Unit Type | | | | | | | | | |
| 64.D.2. Unit Type Ider | ntifier | | | | | | | | |
| 64.D.3. Unit Subtype | | | | | | | | | |
| 64.D.4. Unit Subtype | dentifier | | | | | | | | |
| 64.E.1. Other | | | | | | | | | |
| 64.F.1. City | | | | | | | | | T |
| | | | | | | | | | $\overline{\Box}$ |
| 64.G.1. County | | | | | | | | | $\overline{\Box}$ |
| 64.H.1. State | | | | 1 | | | | | |
| 64.I.1. Country/Territo | ry (Select code f | rom list) | | Ĩ | | | | | |
| 64.J.1. Zip Code | | | | | | - | | | |
| 65. Telephone: (| | - | | | | | | | |
| 66. For this portion of the ca health care provider (H0 | | re question. | What is | the na | ame of | your p | hysic | ian or c | other |
| a. Name: | | | | | | | | | |
| | | | | | | | | | |
| b. Address: | | | | | | | | | |
| | | | | | | | | | |
| c. City: | , State: | | | | , Zip | Code | : | | |
| H. END OF THIS PO | ORTION 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"

| ID NUMBER: | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
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FORM CODE: FE5 VERSION: 1, 4/15/2015

Contact Occasion



0 1

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
- 10 Belize 11 Bolivia
- 12 Brazil
- 13 Canada
- 14 Chile
- 14 Chine 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
- 40 Israe 41 Italy
- 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