



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. 8/31/2017

HCHS/SOL Follow-up Interview Form Contact Year 7

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| ID NUMBER: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | FORM CODE: FE7 VERSION: 1, 4/15/15 | Contact Occasion | <input type="text"/> 0 <input type="text"/> 7 | SEQ # | <input type="text"/> 0 <input type="text"/> 1 |
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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 back.

Yes → Hello, (*participant name*), this is (*interviewer name*) with the Hispanic Community Health Study / Study of Latinos (SOL).

We can't thank you enough for the contributions that you are making in the understanding of Hispanic/Latino health.

I'm calling now to see how you have been since our 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 back.

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

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 (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 occur? _____

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FORM CODE: FE7
VERSION: 1, 4/15/2015

Contact
Occasion

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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 1 Very good 2 Good 3 Fair 4 Poor 5 ?

[HOE section for data entry screens begins here]

B. HOSPITALIZED & EMERGENCY ROOM VISITS

"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 Unsure 9 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 Room (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)

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FORM CODE: FE7
VERSION: 1, 4/15/2015

Contact Occasion

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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 **other** time since your last telephone interview? No 0 Go to item 5: OPE form

Yes 1

[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

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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

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FORM CODE: FE7
VERSION: 1, 4/15/2015

Contact
Occasion

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8b. What treatment was recommended? (*Do not prompt for specific response. Mark all that apply*)

- 8.b.1 Start new medicine
- 8.b.2 Increase dose of existing medicine
- 8.b.3 Advice to lose weight
- 8.b.4 Advice to change diet
- 8.b.5 Advice to stop smoking
- 8.b.6 Advice to increase exercise
- 8.b.7 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 49 (*CIE form*) Yes 1 Unsure 9 Go to item 49 (*CIE form*)

9a. Did the doctor recommend any new or different treatments?

No 0 Go to item 49 (*CIE form*) Yes 1 Unsure 9 Go to item 49 (*CIE form*)

9b. What treatment was recommended? (*Do not prompt for specific response. Mark all that apply.*)

- 9.b.1 Start new medicine
- 9.b.2 Increase dose of existing medicine
- 9.b.3 Advice to lose weight
- 9.b.4 Advice to change diet
- 9.b.5 Advice to stop smoking
- 9.b.6 Advice to increase exercise
- 9.b.7 Other 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.

[EVE section for data entry screens begins here] **Not Present in Year 7**

D. SELF REPORT OF EVENTS [Q10-22; not present in Y7]

[MEE section for data entry screens begins here] **Not Present in Year 7**

E. MEDICATIONS [Q23-44a.; not present in Y7]

F. Q45-48 [not present in Y7]

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[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 is strictly confidential and will not be shared with anyone else".

49. Current home address*

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

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49.B.1. Street Number Prefix

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49.B.2. **Street Number**

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49.B.3. Street Number Suffix

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49.C.1. Street Name Prefix

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49.C.2. **Street Name**

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49.C.3. **Street Name Type**

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49.C.4. Street Name Suffix

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49.D.1. Unit Type

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49.D.2. Unit Type Identifier

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49.D.3. Unit Subtype

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49.D.4. Unit Subtype Identifier

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49.E.1. Other

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49.F.1. City

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49.G.1. County

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49.H.1. State

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

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FORM CODE: FE7
VERSION: 1, 4/15/2015

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49.J.1. Zip Code

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FORM CODE: FE7
VERSION: 1, 4/15/2015

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*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: + () -

50a. This is a: Cell Phone 1 Home Phone 2

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

Morning 1
Afternoon 2
Evening 3

52. Secondary Phone Number: + () -

52a. This is a: Cell Phone 1 Home Phone 2

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: _____

55a. Is this an Alternate Respondent (ARE) contact? No 0 Yes 1

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56. Current home address of primary contact*

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

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56.B.1. Street Number Prefix

Not required for contacts

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

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56.B.3. Street Number Suffix

Not required for contacts

56.C.1. Street Name Prefix

Not required for contacts

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

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

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56.C.4. Street Name Suffix

Not required for contacts

56.D.1. Unit Type

Not required for contacts

56.D.2. Unit Type Identifier

Not required for contacts

56.D.3. Unit Subtype

Not required for contacts

56.D.4. Unit Subtype Identifier

Not required for contacts

56.E.1. Other

Not required for contacts

56.F.1. City

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56.G.1. County

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56.H.1. State

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

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56.J.1. Zip Code

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*IF THE CONTACT 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 AS WELL AS THE NAME OF THE BUILDING OR LOCATION IN 56.C.2.

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

57. Telephone: + () -

57a. This is a: Cell Phone Home Phone

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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: _____

59a. Is this an Alternate Respondent (ARE) contact? No Yes

60. Current home address of secondary contact*

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

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60.B.1. Street Number Prefix

Not required for contacts

60.B.2. **Street Number**

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60.B.3. Street Number Suffix

Not required for contacts

60.C.1. Street Name Prefix

Not required for contacts

60.C.2. **Street Name**

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60.C.3. **Street Name Type**

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60.C.4. Street Name Suffix

Not required for contacts

60.D.1. Unit Type

Not required for contacts

60.D.2. Unit Type Identifier

Not required for contacts

60.D.3. Unit Subtype

Not required for contacts

60.D.4. Unit Subtype Identifier

Not required for contacts

60.E.1. Other

Not required for contacts

60.F.1. City

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60.G.1. County

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60.H.1. State

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FORM CODE: FE7
VERSION: 1, 4/15/2015

Contact Occasion

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

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60.J.1. Zip Code

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*IF THE CONTACT 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 AS WELL AS THE NAME OF THE BUILDING OR LOCATION IN 60.C.2.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE 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 AND THE NAME OF THE BUILDING OR LOCATION IN 60.C.2.

61. Telephone: +

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61a. This is a: Cell Phone Home Phone

Local Contact 3

62. a. Title: _____ b. First Name: _____

c. Middle/Second Name: _____

d. Paternal Last Name: _____

e. Maternal Last Name: _____

63. Relationship: _____

63a. Is this an Alternate Respondent (ARE) contact? No Yes

64. Current home address of third contact*

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

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64.B.1. Street Number Prefix

Not required for contacts

64.B.2. **Street Number**

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64.B.3. Street Number Suffix

Not required for contacts

64.C.1. Street Name Prefix

Not required for contacts

64.C.2. **Street Name**

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

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| ID NUMBER: | | | | | | | | | |
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FORM CODE: FE7
VERSION: 1, 4/15/2015

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| Contact Occasion | 0 | 7 |
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| SEQ # | 0 | 1 |
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| | |
|---------------------------------|---------------------------|
| 64.C.4. Street Name Suffix | Not required for contacts |
| 64.D.1. Unit Type | Not required for contacts |
| 64.D.2. Unit Type Identifier | Not required for contacts |
| 64.D.3. Unit Subtype | Not required for contacts |
| 64.D.4. Unit Subtype Identifier | Not required for contacts |
| 64.E.1. Other | Not required for contacts |

| | |
|---|----------------------|
| 64.F.1. City | <input type="text"/> |
| 64.G.1. County | <input type="text"/> |
| 64.H.1. State | <input type="text"/> |
| 64.I.1. Country/Territory (Select code from list) | <input type="text"/> |
| 64.J.1. Zip Code | <input type="text"/> |

*IF THE CONTACT 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 AS WELL AS THE NAME OF THE BUILDING OR LOCATION IN 64.C.2.

IF THE ONLY KNOWN HOME ADDRESS IS A POST OFFICE BOX, OR ROUTE AND NUMBER, ENTER IT IN 64.A.1., BUT ALSO ENTER THE NAME OF THE INTERSECTION OR STREET CLOSEST TO THE ACTUAL HOME LOCATION AND THE NAME OF THE BUILDING OR LOCATION IN 64.C.2.

65. Telephone: + () -

65a. This is a: Cell Phone Home Phone

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: _____

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FORM CODE: FE7
VERSION: 1, 4/15/2015

Contact
Occasion

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SEQ #

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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 49, 56, 60, 64

| | | | | | | | |
|----|---------------------|----|---------------|----|-------------|----|----------------|
| 01 | Afghanistan | 20 | Denmark | 39 | Ireland | 56 | Portugal |
| 02 | Anguilla | 21 | Dominican | 40 | Israel | 57 | Puerto Rico |
| 03 | Antigua and Barbuda | | Republic | 41 | Italy | 58 | Russia |
| 04 | Argentina | 22 | Ecuador | 42 | Japan | 59 | South Africa |
| 05 | Aruba | 23 | El Salvador | 43 | Korea | 60 | Spain |
| 06 | Australia | 24 | Finland | 44 | Lebanon | 61 | Sweden |
| 07 | Austria | 25 | France | 45 | Malaya | 62 | Switzerland |
| 08 | Bangladesh | 26 | Germany | 46 | Mexico | 63 | United States |
| 09 | Belgium | 27 | Great Britain | 47 | New Zealand | 64 | Uruguay |
| 10 | Belize | 28 | Greece | 48 | Nicaragua | 65 | Venezuela |
| 11 | Bolivia | 29 | Guam | 49 | Norway | 66 | Virgin Islands |
| 12 | Brazil | 30 | Guatemala | 50 | Pakistan | 67 | Other |
| 13 | Canada | 31 | Haiti | 51 | Panama | 99 | |
| 14 | Chile | 32 | Holland | 52 | Paraguay | | Unknown/re |
| 15 | China | 33 | Honduras | 53 | Peru | | fused |
| 16 | Colombia | 34 | Hungary | 54 | Philippines | | |
| 17 | Costa Rica | 35 | India | 55 | Poland | | |
| 18 | Cuba | 36 | Indonesia | | | | |
| 19 | Czech Republic | 37 | Iran | | | | |
| | | 38 | Iraq | | | | |