Participant Feedback

Thank you for your participation in the HCHS/SOL. We are interested in your feedback. Please take a few minutes to tell us about your experience and how we can make this a successful study for the Hispanic/Latino community.
1. How satisfied were you with the initial contact with HCHS/SOL at your home? Were you …
   Satisfied 1 ⊛
   Dissatisfied 2 ⊛

2. How much did you like your visit to the HCHS/SOL center? (Place an X in 1 box)
   Not at All 1
   Very Little 2
   Somewhat 3
   A lot 4

What aspects of your participation in HCHS/SOL did you like / not like? Please check all that apply from each list below.

3. LIKED
   a. Recruitment process
   b. Location/parking at center
   c. Appointment scheduling
   d. Clinic visit
   e. Instructions on equipment use

4. DID NOT LIKE
   a. Recruitment process
   b. Location/parking at center
   c. Appointment scheduling
   d. Clinic visit
   e. Instructions on equipment use

5. Were the tests you received in the HCHS/SOL center explained clearly? No 0 ⊛
   Yes 1 ⊛

6. From the explanations you received, how closely did the clinic examination meet your expectations? Was it:
   Better than you expected 1 ⊛
   About what you expected 2 ⊛
   Worse than you expected 3 ⊛

7. How would you rate the respect you were shown by the staff? Was it:
   Good 1 ⊛
   Fair 2 ⊛
   Poor 3 ⊛

8. How would you rate the friendliness and courtesy of the staff who conducted the interviews and tests? Was it:
   Good 1 ⊛
   Fair 2 ⊛
   Poor 3 ⊛
9. How would you rate the total length of time for the examination that is from the time you arrived at the HCHS/SOL center to the time you left? Was it:
   Shorter than you expected 1
   What you expected 2
   Longer than you expected 3

10. If a friend or relative were to be asked to take part in the HCHS/SOL, how likely would you be to recommend that they participate?  Likely 1
    Unlikely 2

11. Is there something we should do to make the visit to our center more comfortable?  No 0
    Yes 1  → If yes, please write comment: ______________________________________________________

12. Is there something HCHS/SOL should do to improve the overall experience of participants?  No 0
    Yes 1  → If yes, please write comment: ______________________________________________________

13. Do you have any additional comments?  No 0
    Yes 1  → If yes, please write comment: ______________________________________________________

14. How did you hear about HCHS/SOL? Please check all that apply from the list below.
   a. Study letter of invitation
   b. Phone call from HCHS/SOL staff
   c. Home visit from HCHS/SOL staff
   d. Radio
   e. Newspaper article
   f. Television
   g. Health fair
   h. Community presentation
   i. HCHS/SOL DVD
   j. Other

   If other, specify: ________________________________
15. Did you watch the DVD about HCHS/SOL before coming to the center?
   No   0  →  GO TO QUESTION 17
   Yes  1

16. How much did viewing the HCHS/SOL DVD affect your decision to participate in the HCHS/SOL? (Place an X in only 1 box)
   Not at all 1
   Very Little 2
   Somewhat 3
   A lot 4

17. Did you watch a DVD that contains information about your consent to participate in the study (Informed Consent)?
   No 0  →  STOP, Thank you for your participation.
   Yes 1

18. How much did viewing the DVD about Informed Consent help you understand the HCHS/SOL study? (Place an X in only 1 box)
   Not at all 1
   Very Little 2
   Somewhat 3
   A lot 4

19. How much did viewing the DVD about Informed Consent affect your decision to participate in the HCHS/SOL study? (Place an X in only 1 box)
   Not at all 1
   Very Little 2
   Somewhat 3
   A lot 4

Thank you for being part of HCHS/SOL!