HCHS/SOL Visit 2 Eligibility Checklist

ID NUMBER: ____________________________ FORM CODE: ELE VERSION: 1, 9/17/2014

ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): ______/______/______ 0b. Staff ID: ________

Instructions: The individual eligibility screening form must be completed before the participant can be scheduled for their Visit 2 Examination.

Introductory Script: Hello, may I speak to (name of participant being recalled for Visit 2). My name is ____ and I would like to schedule your second visit at the HCHS/SOL exam center. Before we find a time that is convenient for you, I would like to verify some details for my records to help us prepare for your visit.

Introducción: Hola, puedo hablar con (name of participant being recalled for Visit 2). Mi nombre es ______ y quisiera hacer una cita para su segunda visita al centro de HCHS/SOL. Antes de discutir una fecha conveniente para usted me gustaría verificar algunos detalles suyos para ayudarnos a preparar su visita.

Eligibility Screening Status for Individual

Since I will not be the only person talking with you during your clinic visit, I would like to note your language of preference for other staff for our use. (Como yo no soy la única persona que le va a hablar durante su visita al centro, me gustaría anotar que idioma prefiere)

1. Do you prefer to communicate in Spanish or English? (¿Prefiere comunicarse en español o en inglés?)
   - [ ] Neither language/ en ninguno de los dos (0) ineligible GO TO 3
   - [ ] Spanish/ Español (1)
   - [ ] English/ Inglés (2)

2. Do you have any plans to move away from this area in the next 6 months (more than 100 miles at San Diego and Chicago, or more than 250 miles at Bronx and Miami)? (¿Tiene usted planes de mudarse de esta zona en los próximos 6 meses?)
   - [ ] No (0)
   - [ ] Yes/ S/ (1) Schedule and Examine Immediately

NOTE TO STAFF: If communication in Spanish/English is considered too difficult, then administratively exclude person being screened at this point and consider them ineligible. Otherwise, continue.

Do you have any questions about your participation in HCHS/SOL? Can we schedule your exam at the ____ now? (¿Tiene usted alguna pregunta sobre su participación en HCHS/SOL? ¿Podemos programar una visita para el examen ahora?)

3. Individual Participation Status: [ ] Refuses to participate (1)
   [ ] Unable to contact, status unknown (2)
   [ ] Ineligible (3) ineligible closing script
   [ ] Agrees to participate (4) Eligible closing script

4a. Appointment Date (mm/dd/yyyy): ______/______/______
4b. Time: ______:______ (24hr.)