HCHS/SOL Visit 3 Participant Eligibility (ELE)

ID NUMBER: ____________________________ FORM CODE: ELE

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 3 Examination at the field center.

Introductory Script: Hello, may I speak to (name of participant being recalled for Visit 3). My name is ___ and I would like to schedule your third 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 3). Mi nombre es ________ y quisiera hacer una cita para su tercera 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

In your first visit, you indicated that your language of preference is ENGLISH [see Q1]. Since I will not be the only person talking with you during your clinic visit, I would like to confirm if this is still your language of preference.

En su primera visita, usted indicó el ESPAÑOL [see Q1] como su idioma de preferencia. Como yo no soy la única persona con la que va a hablar durante su visita, me gustaría confirmar si este es el idioma que prefiere para esta visita.

1. Reported preferred language from Visit 1: □
   [Note to interviewer: V1 reported language of preference, update if needed]
   1= Spanish  2= English

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/Sí (1) Schedule and Examine Immediately

Do you have any questions about your participation in HCHS/SOL? Can we schedule your exam now?

(¿Tiene usted alguna pregunta sobre su participación en HCHS/SOL? ¿Podemos programar una visita para el examen ahora?)

3. Individual Participation Status:
   □ Deceased (0)
   □ Refuses to participate (1)
   □ Unable to contact, status unknown (2)
   □ Moved out of area (3) Ineligible closing script
   □ Ineligible (4) Ineligible closing script
   □ Eligible and agrees to participate (5) Schedule visit

3a. Does this participant require a home visit? □ No (0) □ Yes (1)
   3a.1. If Yes on indicate reason:
   □ Health limitations / concerns (1)
   □ Work conflicts (2)
   □ Family commitments (3)
   □ Other (4) 3a.1.i. If Other, specify: __________________________

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