



# HCHS / SOL Visit 2 Enrollment Tracking form

PARTICIPANT ID NUMBER:

FORM CODE: ETF  
VERSION 1, 2/19/15

Contact Occasion

0  2

SEQ #

0a. Date of initial Screening call (mm/dd/yy):   /   /

**Instructions:** HCHS staff will complete this form to document each contact attempt for Visit 2 enrollment. Complete this form for ALL cohort participants being invited to participate in Visit 2.

Contact Tracking Results

Date (MM/DD/YY)	a. Time (24 hr)	b. Staff ID	c. Contact method (1=phone, 2=Email/text message, 3=Home, 4=Walk in, 5=Letter)	d. Result Code*	e. Notes
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

**\*RESULT CODES**

- 0. Pending contact/Tracing
- 1. Temporarily out of area, contact in the future
- 2. Screened, Eligible, and V2 Exam Scheduled
- 3. Screened, Eligible, but V2 Not Scheduled
- 4. Screened and Not eligible for V2
- 5. Contacted, Refused to participate
- 6. Contacted(or reported alive), Screening not done
- 7. Unknown