



HCHS/SOL Visit 3 Enrollment Tracking (ETF)

ID NUMBER:

FORM CODE: ETF
VERSION: 2, 10/27/2020

Contact Occasion Occurrence

Instructions: HCHS staff will complete this form to document each contact attempt for Visit 3 enrollment. Complete this form for ALL cohort participants being invited to participate in any Visit 3 phone interview and/or in-person visit.

Phone call Date: / Time	b. Staff ID	c. Contact Method	c1. Type of Contact	d. Result Code	e. Comments/Notes
1. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
2. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
3. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
4. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
5. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
6. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
7. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
8. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
9. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		
10. <input type="text"/> / <input type="text"/> / <input type="text"/> (M M / D D / Y Y) a. Time: ___:___ (24hr.)		<input type="checkbox"/> 1=Phone <input type="checkbox"/> 2=Text/Email <input type="checkbox"/> 3=Home <input type="checkbox"/> 4=Letter	<input type="checkbox"/> 1=Phone Interview <input type="checkbox"/> 2=In person visit c2. If Phone, Interview #: _____		

***RESULT CODES**

- | | |
|---|--|
| 0. Pending contact/Tracing | 5. Screened, Not eligible |
| 1. Temporarily out of area, contact in the future | 6. Contacted, Refused to participate |
| 2. Screened, Eligible, Completed | 7. Contacted (or reported alive), Screening not done |
| 3. Screened, Eligible, Scheduled | 8. Reported Deceased |
| 4. Screened, Eligible, but Not Scheduled | 9. Unknown |