OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL Visit 2 Eligibility Checklist

ID NUMBER:									FORM CODE: ELE VERSION: 1, 9/17/2014	Contact Occasion	0	2	SEQ #	0	1

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/*Sí* (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.)