



Public reporting burden for this collection of information is estimated to average 02 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.

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.)