



HCHS/SOL- Family Lifestyle Outcomes Research

Individual Eligibility (ELEB)

QXQ

6/11/2021

General Instructions

Use this Individual Eligibility form to confirm a participant is eligible to participate in SOL FLOR with her child.

0a. and 0b. Please enter the date and your staff ID when completing this form.

0c. Please note if the form was administered in English or Spanish.

QxQ Instructions

A. Eligibility Screening Status for First-Born Child and Interest in Participation

Question 1: Are you the legal guardian of this child?

0=No **[Stop, ineligible]**

1= Yes

Question 2: Does your child live in your household at least 5 days/week?

0=No **[Stop, ineligible]**

1= Yes

Question 3: Does your child have any mental developmental or physical disabilities, for example, mental retardation?

0=No

1=Yes **[Stop, ineligible]**

Question 4: Mom/Child Participation Status

1=Unable to contact **[END]**

2=Refused screening **[END]**

3=Completed screen, Ineligible **[END]**

4=Eligible but refuses to participate **[END]**

5=Eligible and agrees to participate **[Schedule Visit]**

B. Father/second parent availability **[2021: Skip Section B, Go to Question 7]**

Question 5: Is the child's father/second parent currently living with you?

0=No

1=Yes



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Question 6: Can we contact the father/second parent to request consent?

0=No **[Go to Question 6a]**

1=Yes **[Go to Question 7]**

Question 6a: Determine reason why child's father/second parent is unavailable to give parental consent, determine the reason (per SOL FLOR MOP) and enter it below:

1=Parent is deceased

2=Incompetent

3=Whereabouts are unknown

4=Only mother has legal responsibility for the care and custody of the child

5=Not reasonably available

C. Scheduling Appointment

Question 7: Is your child able to stand and walk without the use of a **temporary** assisted movement devices (ex. crutches, wheelchair)?

0=No **[Recontact after injury recovery]**

1=Yes

Question 8: Does your child currently have any mouth injuries?

0=No **[Recontact after injury recovery]**

1=Yes

Question 9: Appointment Date:

Enter the agreed upon appointment date in MM/DD/YYYY format

Question 10: Appointment Time:

Enter the agreed upon appointment time in 24-hour format (i.e. 12:00 = 12 noon and 13:00 = 1 p.m.).

D. Safety Questions

Question 11: Does your child have either a heart pacemaker or defibrillator or any other internal electronic device inserted in the body that your child cannot remove?

0=No

1=Yes → **[USE WEIGHT ONLY SETTING FOR TANITA SCALE]**

Question 12: Does your child have a prosthetic limb or a non-removable cast that your child cannot remove or that your child may not be comfortable removing?

0=No

1=Yes → **[USE WEIGHT ONLY SETTING FOR TANITA SCALE]**