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**
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***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