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OMB#: 0925-0584
Exp. 2/28/2011

HCHS/SOL Individual Eligibility Checklist

ID NUMBER:

FORM CODE: ELE
VERSION: A 2/25/08

Contact Occasion

SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): / /

0b. Staff ID:

0c. Household ID (HSR):

0d. Roster row letter (HSR Q5):

Instructions: This individual eligibility screening form must be completed before the participant can be scheduled for their Baseline Examination. Record the Household ID from the Household Screening Roster (HSR) in the administrative item "0c" and record the roster row letter from HSR Q5 for the respondent in administrative item "0d".

NOTE TO STAFF: Use appropriate recruitment or clinic scheduling script when completing this form.

Eligibility Screening Status for Individual

1. Do you prefer to communicate in Spanish or English? Neither language 0 → **INELIGIBLE**
 ¿Prefiere comunicarse en inglés o español? Spanish 1
 English 2

2. How old are you? → **If less than 18, INELIGIBLE**
 ¿Cuántos años tiene?

3. Do you consider yourself to be Hispanic/Latino? No 0 → **INELIGIBLE**
 ¿Se considera usted hispano/latino? Yes 1

4. Do you have any plans to move away from this area in the next 6 months (more than 100 miles/160 kilometers at San Diego and Chicago, more than 250 miles/400 kilometers at Bronx, or out of Miami-Dade County in Miami)?
 ¿Tiene planes de mudarse fuera de esta área en los próximos 6 meses (más de 100 millas/160 kilómetros en San Diego y Chicago, más de 250 millas/400 kilómetros en el Bronx y fuera del condado de Miami-Dade en Miami)?

No 0
 Yes 1 → **INELIGIBLE**

5. Are you active military duty? No 0
 ¿Está en servicio militar activo? Yes 1 → **INELIGIBLE**

6. Individual Participation Status:

Unable to contact, eligibility not confirmed 1
 Refused screen, eligibility not confirmed, 2
 Completed screen, Ineligible 3
 Eligible, Refuses to participate 4
 Eligible, Agrees to participate 5 > **SCHEDULE VISIT**

7a. Appointment Date (mm/dd/yyyy): / /

7b. Appointment Time: : _ _ (am/pm)