HCHS / SOL Screening Call Worksheet

HOUSEHOLD ID Number: _____

Date of Initial Call for Screening: ____/____/____
                                    MM / DD / YYYY

Day of Week Date (MM/DD/YY)	Time	Notes	Result Code	Interviewer Code
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			

*RESULT CODES (CIRCLE THE FINAL CONTACT RESULT CODE AND ENTER THE SCREENING CALL TRACKING FORM TO THE DATA ENTRY SYSTEM)

1   Address not a household (retail, group home, vacant lot, seasonal home)
2   Unable to contact HH after repeated attempts (phone and/or in person)
3   Able to contact, but HH refused to be screened; HH eligibility is unknown
4   Able to contact, but HH screening was never completed; HH eligibility is unknown
5   Screening completed, HH not eligible
6   Screening completed, HH eligible and not selected
7   Screening completed, HH eligible and selected but refused to participate
8   Screening completed, HH eligible and selected, HH agreed to participate (i.e. roster completed)

HCHS / SOL Screening Call Tracking form

HOUSEHOLD ID NUMBER: □□□□□□□

FORM CODE: SCT
VERSION: A   2/19/08

Contact Occasion □□   SEQ # □□

Administrative Information

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

0b. Staff ID: .... □□□

Instructions: *This form is completed by the screening and recruitment Interviewers to document the **FINAL** status of screening calls for the HCHS / SOL. Complete this form for ALL households who are selected to be screened for HCHS. Use the final result code from the HCHS Screening Call Scheduling Work Sheet to fill out Item 2. Do not fill out for intermediate calls. Only one form per Household is allowed.*

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1. Date of initial contact (MM/DD/YYYY) .... □□/□□/□□□□

2. Final result Code* (see below)............................. □

*RESULT CODES (taken from last entry of call tracking worksheet)
1   Address not a household (retail, group home, vacant lot, seasonal home)
2   Unable to contact HH after repeated attempts (phone and/or in person)
3   Able to contact, but HH refused to be screened; HH eligibility is unknown
4   Able to contact, but HH screening was never completed; HH eligibility is unknown
5   Screening completed, HH not eligible
6   Screening completed, HH eligible and not selected
7   Screening completed, HH eligible and selected but refused to participate
8   Screening completed, HH eligible and selected, HH agreed to participate (i.e. roster completed)

3. Date of final contact (MM/DD/YYYY).................... □□/□□/□□□□