



HCHS/SOL Visit 3 Participant Eligibility (ELE)

ID NUMBER:							
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FORM CODE: ELE
VERSION: 2, 12/10/2019

Contact
Occasion

0	3
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Occurrence #

0	1
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ADMINISTRATIVE INFORMATION

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

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0b. Staff ID:

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Instructions: The individual eligibility screening form must be completed before the participant can be scheduled for their Visit 3 Examination at the field center.

Introductory Script: Hello, may I speak to (name of participant being recalled for Visit 3). My name is ___ and I would like to schedule your third 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 3). Mi nombre es _____ y quisiera hacer una cita para su tercera 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

In your first visit, you indicated that your language of preference is ENGLISH [see Q1]. Since I will not be the only person talking with you during your clinic visit, I would like to confirm if this is still your language of preference.

En su primera visita, usted indicó el ESPAÑOL [see Q1] como su idioma de preferencia. Como yo no soy la única persona con la que va a hablar durante su visita, me gustaría confirmar si este es el idioma que prefiere para esta visita.

1. Reported preferred language from Visit 1: ☐
[Note to interviewer: V1 reported language of preference, update if needed]
1= Spanish 2=English

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**

Do you have any questions about your participation in HCHS/SOL? Can we schedule your exam now?

(*¿Tiene usted alguna pregunta sobre su participación en HCHS/SOL?*)

¿Podemos programar una visita para el examen ahora?

3. Individual Participation Status: ☐ Deceased (0)
- ☐ Refuses to participate (1)
- ☐ Unable to contact, status unknown (2)
- ☐ Moved out of area (3) **Ineligible closing script**
- ☐ Ineligible (4) **Ineligible closing script**
- ☐ Eligible and agrees to participate (5) **Schedule visit**

3a. Does this participant require a home visit? ☐ No (0) ☐ Yes (1)

3.a.1. If Yes on indicate reason:

☐ Health limitations / concerns (1)

☐ Work conflicts (2)

☐ Family commitments (3)

☐ Other (4) 3.a.1.i. If Other, specify: _____

4a. Appointment Date (mm/dd/yyyy):

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4b. Time:

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 (24hr.)