HCHS/SOL Recruiter's Manual
Version 1.1, October 1, 2008

Addendum 2: Handheld Back-Up Protocols for Screening and Recruitment

The following protocols were developed to provide back up procedures for recruitment staff while in the field using the handheld devices. Some possible scenarios that would require the recruiter to use these procedures while working on household recruitment in the field include but are not limited to:

1. Accidently screening an incorrect address resulting in the need to visit the original address on the list (correct HH at the address sampled)
2. Opening the wrong household ID (HHID) for an address and shutting down MiForms or turning off the computer and unexpectedly causing the HHID and its address entry to disappear from the pick list
3. While processing, the hand held device appears to stop working or "freeze-up", or not respond after a wait of one minute

If any of the above scenarios occurs or any other situation that results in not being able to screen the original address electronically on the hand held device, i.e. the original address is no longer available on the MiForms HHID list, the following protocols apply:

1. Visit correct HH address to be screened
2. For screening, use a supplemental HSRB paper form provided by the CC
3. Submit via fax the HHID Change Notification form (see Appendix I) and the completed HSRB
4. Manually enter the information from the HSRB into the study DMS

The data for the household that was screened incorrectly **must** be kept in the DMS whether it was screened in or out of the study. The recruiter will need to visit the original HH address and screen that sampled household on paper using a supplemental HSRB form that has pre-printed fields. The screening data for that household will then be entered directly into the DMS.

The CC will supply each site with 10 HSRB forms for each device (see Appendix II). These forms will have pre-filled HHIDs and selection p and cut-point c values so that data collection will occur on paper. The data must then be entered directly into the DMS.

HCHS/SOL HHID Change Notification Tracking Worksheet

Instructions: Please submit a completed version of this form to the CC with a copy of the completed supplemental HSRB form that corrects the screening problem. Fax this form to the CSCC at 919-962-3265

Date / / **StaffID**

Month Day Year

New HHID

Address Associated with New HHID

Original HHID

Address Associated with Original HHID

Detailed Description of Reason for Use

Addendum Appendix II:
Replacement HSRB Form

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

REPLACEMENT
HCHS/SOL Household Screening Roster Form

HOUSEHOLD ID NUMBER:	

FORM CODE: HSR
VERSION: B 3/12//09

Contact Occasion: 0 1 SEQ #: 0 1

Address Screened

ADMINISTRATIVE INFORMATION **0A. COMPLETION DATE:** ☐☐/☐☐/☐☐☐☐ (mm dd yyyy)

0B. STAFF ID: ☐☐☐

Instructions: Mark a check in the appropriate box for the response. Unless instructed, mark ONLY one response. Complete only one form per household. If p is less than c, roster ALL eligible Hispanic/Latino individuals age 18-74 (Script B). If p is greater than or equal to c, roster ONLY eligible Hispanic/Latino individuals who are age 45-74 (Script A). After completion of form, complete HHID Notification Form and submit to the CC.

1. Does anyone live in this household who is Hispanic/Latino? No 0 ☐ → **STOP, READ CLOSING SCRIPT**
   ¿En esta casa vive alguna persona hispana o latina? Yes 1 ☐

2. What is the total number of people living in this household who are Hispanic/Latino? ☐☐ Total number
   En total, ¿cuántos hispanos o latinos viven en este hogar?

3. Of the individuals living in the household who are Hispanic/Latino, how many are between the ages of 18-74? ☐☐ Number of individuals
   De los individuos hispanos o latinos que viven en este hogar, ¿cuántos tienen entre 18 a 74 años de edad?

If Q3 = 00 → STOP, READ CLOSING SCRIPT

(Interviewer review selection p and cut-point c) →

Selection p = 0.
Cut-point c = 0.

3a. Is Selection p less than Cut-point c?

No 0 ☐ → **READ ROSTER SCRIPT A, roster only individuals 45 - 74**
Yes 1 ☐ → **READ ROSTER SCRIPT B**

Script A: We would like to invite all persons who are between the ages of 45-74 who are Hispanic/Latino living in this household to participate in the study. Please list the names of all individuals aged 45 – 74 who are Hispanic/Latino and who consider this their permanent residence (include yourself). We will need first name and last name, gender of the person, age, and relationship to you, and, if possible, the telephone number.
Nos gustaría invitar a todas las personas que tienen entre 45 a 74 años de edad que son hispanas o latinas que viven en este hogar para participar en el estudio. Por favor, déjenos saber los nombres de todas las personas que tienen entre 45 a 74 años de edad que son hispanas o latinas y que

consideran este lugar su dirección (hogar, vivienda) permanente (inclúyase usted). Necesitamos el nombre, el apellido, el sexo, la edad, y el parentesco o tipo de relación que tienen estas personas con usted. Y, si es posible, el número de teléfono.

Script B: We would like to invite all persons who are between the ages of 18 – 74 who are Hispanic/Latino living in this household to participate in this study. Please list the names of all individuals aged 18 – 74 who are Hispanic/Latino and who consider this their permanent residence (include yourself). We will need first name and last name, gender of the person, age, and relationship to you, and, if possible, the telephone number.
Nos gustaría invitar a todas las personas que tienen entre 18 a 74 años de edad que son hispanas o latinas que viven en este hogar para participar en el estudio. Por favor, déjenos saber los nombres de todas las personas que tienen entre 18 a 74 años de edad que son hispanas o latinas y que consideran este lugar su dirección (hogar, vivienda) permanente (inclúyase usted). Necesitamos el nombre, el apellido, el sexo, la edad, y el parentesco o tipo de relación que tienen estas personas con usted. Y, si es posible, el número de teléfono.

	First Name	Last Name	Gender M/F	Age	Relationship[a] to Respondent	Telephone Number[b]	Case Code[c]
A.					01		
B.							
C.							
D.							
E.							
F.							
G.							
H.							
I.							
J.							

a. Relationship to Respondent Codes

Respondent	01	Daughter	03	Mother	05	Sibling	07	Niece	09	Son-in-Law	11	Mother-in-Law	13	Other relative	15
Spouse	02	Son	04	Father	06	Cousin	08	Nephew	10	Daughter-in-Law	12	Father-in-Law	14	Other	16

b. Note on telephone number
Obtain telephone number on all persons who are in the home at the time of recruitment visit/call

c. Case Codes

1 Non-English AND non-Spanish speaker	3 Moving away	5 Refusal	7 Eligible
2 Active military	4 Homebound	6 Eligibility pending	