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HCHS/SOL Participant Feedback

Thank you for your participation in the HCHS/SOL. We are interested in your feedback. Please take a few minutes to tell us about your experience and how we can make this a successful study for the Hispanic/Latino community.

1. How satisfied were you with the initial contact with HCHS/SOL at your home? Were you ...

- Satisfied 1
Dissatisfied 2

2. How much did you like your visit to the HCHS/SOL center? (Place an X in 1 box)

Not at All	Very Little 1	Somewhat 2	A lot 3 4

What aspects of your participation in HCHS/SOL did you like / not like? Please *check all that apply* from each list below.

3. LIKED

- a. Recruitment process
- b. Location/parking at center
- c. Appointment scheduling
- d. Clinic visit
- e. Instructions on equipment use

4. DID NOT LIKE

- a. Recruitment process
- b. Location/parking at center
- c. Appointment scheduling
- d. Clinic visit
- e. Instructions on equipment use

5. Were the tests you received in the HCHS/SOL center explained clearly? No 0
Yes 1

6. From the explanations you received, how closely did the clinic examination meet your expectations? Was it:

- Better than you expected 1
About what you expected 2
Worse than you expected 3

7. How would you rate the respect you were shown by the staff? Was it:

- Good 1
Fair 2
Poor 3

8. How would you rate the friendliness and courtesy of the staff who conducted the interviews and tests? Was it:

- Good 1
Fair 2
Poor 3

9. How would you rate the total length of time for the examination that is from the time you arrived at the HCHS/SOL center to the time you left? Was it:

Shorter than you expected 1

What you expected 2

Longer than you expected 3

10. If a friend or relative were to be asked to take part in the HCHS/SOL, how likely would you be to recommend that they participate? Likely 1

Unlikely 2

11. Is there something we should do to make the visit to our center more comfortable?

No 0

Yes 1

If yes, please comment: _____

12. Is there something HCHS/SOL should do to improve the overall experience of participants?

No 0

Yes 1

If yes, please comment: _____

13. Do you have any additional comments?

No 0

Yes 1

If yes, please comment: _____

14. How did you hear about HCHS/SOL? Please *check all that apply* from each list below.

a. Study letter of invitation

e. Newspaper article

b. Phone call from HCHS/SOL staff

f. Television

c. Home visit from HCHS/SOL staff

g. Health fair

d. Radio

h. Community presentation

15. May HCHS/SOL send you a birthday card?

No 0

Yes 1

Thank you for being part of HCHS/SOL!

For HCHS/SOL Staff Use Only

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FORM CODE: EXE
VERSION: A 10/24/08

Contact Occasion

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SEQ #

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Acrostic: _____

0a.

Completion Date:

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0b.

Staff ID:

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