

Tab 6 Eligibility Screening Form (Phase 2 Study)

Script for approaching patients for eligibility screening

“Hi, my name is _____. I’m a research staff person here at the clinic. We are conducting a research study to learn more about clinic services that might help improve patients’ attendance for medical care. I was wondering whether you might be interested in learning more about the study and possibly joining the study if you are eligible to participate. It will only take a few minutes to find out if you are eligible for the study.

“Would you like to see if you are eligible to be in our study”?

IF YES: “Thank you.” ***Proceed with Eligibility Screening Form (below).***

IF NO: “Ok. Are you willing to answer a few questions about why you don’t want to be screened for this study?”

IF YES. “Thank you.”

Mark “Yes” on Q7 on the Screening Form and proceed with Q8.

IF NO. “Thank you for your time.”

Mark “No” on Q7 on the Screening Form. You are done.

Record # _____ Study Site _____

Date: ___/___/___ (MM/DD/YY)

Interviewer's Initials: _____

Acceptance of Screening

- Patient approached and DECLINED screening (START at Q7)
- Patient approached and AGREED to screening (START at Q1)

Patient Type

- New Patient
- Established Patient

1. What is your age? (must be at least 18 years old)	_____ age in years
2. Are you able to read and understand English, Spanish, or Creole? (Answer must be "Yes")	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you planning to move out of the area in the next 12 months? (Answer must be "No")	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does this patient meet all the core eligibility criteria? - At least 18 years old - Speaks English, Spanish, or Creole - NOT planning to move out of the area in the next 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", STOP here and thank the patient for their time; inform the patient they are not eligible for the study)
5. Is the patient willing to participate in the study, including signing informed consent?	<input type="checkbox"/> Yes (Read over the informed consent form with the patient before continuing on to Q6) <input type="checkbox"/> No (Go to Q7 if eligible but unwilling to enroll)

<p>6. Participant Study ID number</p> <p>(assign unique 4-digit study ID number AFTER patient signs informed consent)</p> <p>The Participant study ID # begins with a 1-digit study site ID code</p> <ul style="list-style-type: none"> 1- BOSTON 2- SUNY 3- HOPKINS 4- MIAMI 5- UAB 6- BAYLOR/THOMAS STREET <p>The last 3 digits of the participant study ID number are numbered consecutively starting with 001 for the first patient enrolled in the study (e.g. the first participant enrolled at Boston is '1001', at SUNY it is '2001', etc.)</p>	<p>_____</p> <p>(enter the unique 4-digit participant study ID # here once participant signs informed consent form)</p>
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COMPLETE THIS SECTION FOR PATIENTS WHO DECLINE SCREENING or WHO ARE ELIGIBLE BUT DECLINE TO ENROLL (if possible)

Read: We would like to better understand the reasons why patients may not want to be in this study.

<p>7. Are you willing to answer a few questions about why you don't want to [be screened for] OR [enroll in] this study?</p>	<p><input type="checkbox"/> Yes (Go to Q8)</p> <p><input type="checkbox"/> No (Go to Q9)</p>
<p>8. Please tell me why . . .</p> <p>(interviewer choose one statement to complete question):</p> <ul style="list-style-type: none"> a. you don't want to be screened for this study? b. you don't want to be part of this study? <p>Note to interviewer: Check all responses most similar</p>	<p><input type="checkbox"/> I don't have time to do it</p> <p><input type="checkbox"/> If I join the study, others might find out I am HIV+</p> <p><input type="checkbox"/> I don't trust research studies</p> <p><input type="checkbox"/> I don't have reliable transportation</p> <p><input type="checkbox"/> I have young children or others to take care of so I can't do it</p> <p><input type="checkbox"/> Someone I know might get upset if I join the study</p> <p><input type="checkbox"/> It's not worth my time and effort</p> <p><input type="checkbox"/> I am healthy, so I do not need to be in the</p>

<p>to reasons verbalized but DO NOT read the list of reasons to the patient.</p>	<p>study</p> <p><input type="checkbox"/> I don't feel well enough today to do it</p> <p><input type="checkbox"/> Answering survey questions is a waste of time</p> <p><input type="checkbox"/> I need to get my partner's permission first</p> <p><input type="checkbox"/> Other reason not listed</p>
<p>9. Are you willing to tell me your sex, race, and ethnicity?</p>	<p><input type="checkbox"/> Yes (“Thank you” - Go to Q10)</p> <p><input type="checkbox"/> No (STOP here and thank the patient for their time)</p>
<p>10. What is your sex? (Check one)</p>	<p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Transgender</p>
<p>11. Do you consider yourself to be Hispanic or Latino?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>12. What is your race? (Check all that apply)</p> <p>STOP here for patients who were eligible but declined to enroll -- Thank the patient</p>	<p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>

***** ONLY ASK THIS QUESTION OF PATIENTS WHO DECLINED SCREENING BUT AGREED TO ANSWER DEMOGRAPHIC ITEMS *****

<p>13. What is your age?</p>	<p>_____ age in years</p>
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