Attachment I. Eligibility script

Hi, I'm _____. I work for the Research Collaborative Unit at Stroger Hospital.
We're doing a study on women's health.

> Do you have access to a phone where we can call you to ask you some questions?
> > (*If no*) → That's o.k. Thank you. →STOP
> > (*If yes*) → Good. Thank you.

*Research Assistant will determine, by observation, if patient is ineligible because of visual,
hearing, or mental impairment; or accompanied by a child over age three with no other adult
supervision or a companion who refuses to separate from her.*

(*If not eligible*) Patient will be thanked.
(*If eligible*) We'd like to invite you to participate in our study → (*Continue with consent form*).