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).*