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OMB#: 0925-0584
Exp. xx/xx/xxxx

DRAFT HCHS/SOL Visit 2 Eligibility Checklist

ID NUMBER:									
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FORM CODE: ELE
VERSION: 1, 1/14/2014

Contact Occasion

0	2
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SEQ #

0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): / /

0b. Staff ID:

Instructions: This individual eligibility screening form must be completed before the participant can be scheduled for their Baseline Examination.

Introductory Script: *Hello, may I speak to (name of eligible HH resident, recruited or being recruited). My name is ___ and I would like to schedule your second visit at the HCHS/SOL exam center. Before we find a time that is convenient for you, I would like to verify some details for my records to help us prepare for your visit.*

Introducción: *Hola, puedo hablar con (name of eligible HH resident, recruited or being recruited). Mi nombre es _____ y quisiera hacer una cita para su segunda visita al centro de HCHS/SOL. Antes de discutir una fecha conveniente para usted me gustaría verificar algunos detalles suyos para ayudarnos a preparar su visita.*

Eligibility Screening Status for Individual

Since I will not be the only person talking with you during your clinic visit, I would like to note your language of preference for other staff for our use. (Como yo no soy la única persona que le va a hablar durante su visita al centro, me gustaría anotar que idioma prefiere)

1. Do you prefer to communicate in Spanish or English?
(¿Prefiere comunicarse en español o en inglés?)
- Neither language/ en ninguno de los dos (0) **Ineligible**
- Spanish/Español (1) English/Inglés (2)

2. Do you have any plans to move away from this area in the next 6 months (more than 100 miles at San Diego and Chicago, or more than 250 miles at Bronx and Miami)?
(¿Tiene usted planes de mudarse de esta zona en los próximos 6 meses?)
- No (0) Yes/Sí (1) **Ineligible**

NOTE TO STAFF: If communication in Spanish/English is considered too difficult, then administratively exclude person being screened at this point and consider them *ineligible*. Otherwise, continue.

Do you have any questions about your participation in HCHS/SOL? Can we schedule your exam at the ___ now? (¿Tiene usted alguna pregunta sobre su participación en HCHS/SOL? ¿Podemos programar una visita para el examen ahora?)

3. Individual Participation Status:
- Refuses to participate (1)
- Unable to contact, status unknown (2)
- Ineligible (3) **Ineligible closing script**
- Agrees to participate (4) **Eligible closing script**

4a. Appointment Date (mm/dd/yyyy): / /

4b. Time: : (24hr.)