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

HCHS/SOL- Visit 2- Participant Feedback

ID NUMBER:

FORM CODE: PFE
VERSION: 1 , 12/10/2013

Contact Occasion

0 2

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. Use the CDART Notelog window to code 'Don't know/refused, Missing, etc.' for those questions that do not list these as an option.

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. What are the main reason(s) for your continued participation in the HCHS/SOL study? | No | Yes |
| a. To help my community | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. To learn more about my health and what questions to ask my doctor | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. To receive the monetary incentive | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. To receive free medical tests and referrals | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. To have an opportunity to participate in other studies | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. Other | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

Specify: _____

2. Overall, how motivated are you to continue participating with the study?
- Very motivated 3 Motivated 2 Not Motivated 1

3. For the past several years, we have contacted you every year to follow-up and see how you are doing. Please let us know how satisfied you were with the following:
- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| | Not Satisfied | Satisfied | Very Satisfied |
| a. The opportunity to be interviewed in either English or Spanish | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. The respect and professionalism of the staff | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. The health information and community resources received | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. The length of time required to complete each follow-up interview | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

- | | | |
|---|----------------------------|----------------------------|
| 4. Have you experienced any of the following during your visit: | No | Yes |
| a. Problems communicating with the staff | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. Difficulty finding transportation to the clinic | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Difficulty or discomfort with the clinic visit and the tests | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. Unfriendly or disrespectful staff | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

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5. At times, it has been difficult to continue regular contact with the study because...

- | | No | Yes |
|---|----------------------------|----------------------------|
| a. I have changed my address or phone number many times | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. I have many family obligations | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. I am not very interested in the study | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. The study is time consuming | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. I have a busy work schedule | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. Other | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

Specify: _____

6. Throughout the year, we like to stay in touch by mailing you study updates. How much do you like receiving the following?

- | | Very Little | Somewhat | Very Much |
|--|----------------------------|----------------------------|----------------------------|
| a. ¡Salud SOL! Newsletters | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Cards such as: Thank you /Birthday/Holiday/Sorry I missed you | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Annual Follow-Up Reminder letter | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Health Education Materials | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Other | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

Please specify: _____

7. Do you have any additional comments?

- No** **Yes**
0 1 If yes, please write comment:

Thank you for being part of HCHS/SOL!