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OMB#: 0925-0585
Exp. xx/xx/xxxx

HCHS/SOL- Visit 2- Participant Feedback

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FORM CODE: PFE VERSION: 1, 12/10/2013	Contact Occasion	<input type="text" value="0"/>	<input type="text" value="2"/>	SEQ #	<input type="text"/>	<input type="text"/>
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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 <input type="checkbox"/>	Motivated	2 <input type="checkbox"/>	Not Motivated	1 <input type="checkbox"/>
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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"/>

ID NUMBER:								
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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 <input type="checkbox"/> | 1 <input type="checkbox"/> | If yes, please write comment: |

Thank you for being part of HCHS/SOL!