



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.

For HCHS/SOL Staff Use Only

ID NUMBER:									
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FORM CODE: EXE
VERSION: A 10/08/09

Contact
Occasion

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SEQ #

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Acrostic:

0a. Completion Date:

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0b. Staff ID:

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ID NUMBER:								
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1. How satisfied were you with the initial contact with HCHS/SOL at your home? Were you ...

- Satisfied 1
Dissatisfied 2

2. How much did you like your visit to the HCHS/SOL center? (Place an X in 1 box)

Not at All	Very Little	Somewhat	A lot
1	2	3	4

What aspects of your participation in HCHS/SOL did you like / not like? Please *check all that apply* from each list below.

3. LIKED

- a. Recruitment process
- b. Location/parking at center
- c. Appointment scheduling
- d. Clinic visit
- e. Instructions on equipment use

4. DID NOT LIKE

- a. Recruitment process
- b. Location/parking at center
- c. Appointment scheduling
- d. Clinic visit
- e. Instructions on equipment use

5. Were the tests you received in the HCHS/SOL center explained clearly? No 0
Yes 1

6. From the explanations you received, how closely did the clinic examination meet your expectations? Was it:

- Better than you expected 1
About what you expected 2
Worse than you expected 3

7. How would you rate the respect you were shown by the staff? Was it:

- Good 1
Fair 2
Poor 3

8. How would you rate the friendliness and courtesy of the staff who conducted the interviews and tests? Was it:

- Good 1
Fair 2
Poor 3

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9. How would you rate the total length of time for the examination that is from the time you arrived at the HCHS/SOL center to the time you left? Was it:

- Shorter than you expected 1
- What you expected 2
- Longer than you expected 3

10. If a friend or relative were to be asked to take part in the HCHS/SOL, how likely would you be to recommend that they participate?

- Likely 1
- Unlikely 2

11. Is there something we should do to make the visit to our center more comfortable?

No 0

Yes 1 → *If yes, please write comment:* _____

12. Is there something HCHS/SOL should do to improve the overall experience of participants?

No 0

Yes 1 → *If yes, please write comment:* _____

13. Do you have any additional comments?

No 0

Yes 1 → *If yes, please write comment:* _____

14. How did you hear about HCHS/SOL? Please *check all that apply* from the list below.

- a. Study letter of invitation
- b. Phone call from HCHS/SOL staff
- c. Home visit from HCHS/SOL staff
- d. Radio
- e. Newspaper article
- f. Television
- g. Health fair
- h. Community presentation
- i. HCHS/SOL DVD
- j. Other

If other, specify: _____

15. Did you watch the DVD about HCHS/SOL before coming to the center?

- No 0 → **GO TO QUESTION 17**
 Yes 1

16. How much did viewing the HCHS/SOL DVD affect your decision to participate in the HCHS/SOL? (Place an X in only 1 box)

- Not at all 1
 Very Little 2
 Somewhat 3
 A lot 4

17. Did you watch a DVD that contains information about your consent to participate in the study (Informed Consent)?

- No 0 → **STOP, Thank you for your participation.**
 Yes 1

18. How much did viewing the DVD about Informed Consent help you understand the HCHS/SOL study? (Place an X in only 1 box)

- Not at all 1
 Very Little 2
 Somewhat 3
 A lot 4

19. How much did viewing the DVD about Informed Consent affect your decision to participate in the HCHS/SOL study? (Place an X in only 1 box)

- Not at all 1
 Very Little 2
 Somewhat 3
 A lot 4

Thank you for being part of HCHS/SOL!