HCHS/SOL Visit 3 Enrollment Tracking (ETF)

ID NUMBER:									FORM CODE: ETF VERSION: 2, 10/27/2020	Contact Occasion	0	3	Occurrence		

Instructions: *HCHS staff will complete this form to document each contact attempt for Visit 3 enrollment. Complete this form for ALL cohort participants being invited to participate in any Visit 3 phone interview and/or in-person visit.*

Phone call Date: / Time	b. Staff ID	c. Contact Method	c1. Type of Contact	d. Result Code	e. Comments/Notes
1. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
2. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
3. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
4. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
5. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
6. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
7. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
8. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
9. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		
10. _____ / _____ / _____ (M M / D D / Y Y) a. Time: __ __:__ __ (24hr.)		☐1=Phone ☐2=Text/Email ☐3=Home ☐4=Letter	☐1=Phone Interview ☐2=In person visit c2. If Phone, Interview #: _____		

*RESULT CODES

0. Pending contact/Tracing
1. Temporarily out of area, contact in the future
2. Screened, Eligible, Completed
3. Screened, Eligible, Scheduled
4. Screened, Eligible, but Not Scheduled
5. Screened, Not eligible
6. Contacted, Refused to participate
7. Contacted (or reported alive), Screening not done
8. Reported Deceased
9. Unknown