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OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL- Visit 2- Participant Feedback

ID NUMBER:

FORM CODE: PFE
VERSION: 1 , 6/28/2014

Contact Occasion

0 2

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.

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"/>

Please specify: _____

2. Overall, how motivated are you to continue participating with the study?

Not Motivated	1 <input type="checkbox"/>	Motivated	2 <input type="checkbox"/>	Very motivated	3 <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"/>

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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"/> |
- Please 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!