

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.



# HCHS/SOL Household Screening\_Spanish

HOUSEHOLD ID NUMBER:

FORM CODE: HSR  
VERSION: A 7/30/07

Contact Occasion

SEQ #

ADMINISTRATIVE INFORMATION COMPLETION DATE:   /   /      
mm dd yyyy

OB. STAFF ID:

**Instructions:** Mark a check in the appropriate box for the response. Unless instructed, mark ONLY one response. Complete only one form per household. Record the selection probability (p) and the cut-point (c) for the household from the selection worksheet provided by the Coordinating Center used in question 3a.

1. ¿Vive alguien en este domicilio que sea del origen Hispano/Latino? No 0  → **STOP, read closing script**  
Yes 1

2. ¿Por lo menos hay una persona que vive en el domicilio del origen Hispano/Latino entre las edades de 18 a 74? No 0  → **STOP, read closing script**  
Yes 1

3. ¿De todos de los Hispanos/Latinos que viven en el domicilio entre las edades de 18 a 14, son todos entre las edades de 45 a 74? No 0   
Yes 1  → **CONTINUE to item 4 below**

3a. Is Selection p less than Cut point c? → Yes 1  **CONTINUE to item 4 below**  
Otherwise, household not eligible → No 0  **STOP, read closing script**

Selection, p = 0.\_\_\_\_  
Cut-point, c = 0.\_\_\_\_

4. Por favor, enumera los nombres de todos de los individuos entre las edades de 18 a 74 quien son del origen Hispano/Latino se considera este residencia su residencia permanente (incluye usted mismo). Necesitamos el nombre y apellido, sexo de la persona, edad y parentesco a usted.

	First Name	Last Name	Gender M/F	Age	Relationship to Respondent
A.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01*
B.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *
C.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *
D.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *
E.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *
F.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *
G.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *
H.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *

\*Use the following codes for relationship to respondent:

Respondent	01	Daughter	03	Mother	05	Sibling	07	Niece	09	Son-in-Law	11	Mother-in-Law	13	Other relative	15
Spouse	02	Son	04	Father	06	Cousin	08	Nephew	10	Daughter-in-Law	12	Father-in-Law	14	Other	16

	First Name										Last Name										M/F	Age		to Respondent			
I.																											*
J.																											*
K.																											*
L.																											*
M.																											*
N.																											*
O.																											*
P.																											*

\*Use the following codes for relationship to respondent:

Respondent	01	Daughter	03	Mother	05	Sibling	07	Niece	09	Son-in-Law	11	Mother-in-Law	13	Other relative	15
Spouse	02	Son	04	Father	06	Cousin	08	Nephew	10	Daughter-in-Law	12	Father-in-Law	14	Other	16