OMB#: 0925-XXXX
Exp. XX/XXXX

HCHS/ SOL Participant Scheduling and Screening

ID NUMBER:									FORM CODE: PSE VERSION: A 8/28/07	Contact Occasion			SEQ #		

Acrostic: _____

Administrative Information

0a. Completion Date (mm/dd/yyyy): ..... ☐☐/☐☐/☐☐☐☐

0b. Staff ID: ..... ☐☐☐

Instructions: This screening form must be completed before the participant can be seen in clinic for their Baseline Examination. Responses are noted on the Exam Itinerary Checklist for routing purposes.

Am I talking to: _(name of eligible HH resident, recruited or being recruited)_?

How old are you? ☐☐

(And) you are Hispanic/Latino, correct ?

Do you have any plans to move away from this area in the next 6 months?

☐ No (0)
☐ Yes (1) Probe to see how far away

If still eligible, proceed to schedule a time to come into the field center. Record date and time of appointment in the local tracking and scheduling system.

A. Safety and Eligibility Screening Questions

I need to ask you a few questions as I schedule your visit to the HCHS/SOL clinic.

1. Are you pregnant (FEMALES only)?

☐ No (0)
☐ Yes (1) **STOP, Reschedule Visit after delivery**

3. Do you need any kind of assistance in getting on an examination table, to read, or to hear questions from an interviewer?

☐ No (0)
☐ Yes (1) **GO to 3a**

4. Do you have a heart pacemaker or defibrillator?

☐ No (0)
☐ Yes (1) **Exclude from BIA measurement**

5. Has a doctor or health professional ever told you that you have diabetes (high sugar in blood or urine)?

☐ No (0)
☐ Yes (1) **Exclude from OGTT**

B. Periodontal Exam Exclusion Questions

A YES response to any of the questions that follow will Exclude the participant from the Periodontal portion of the Dental Examination, note on exam itinerary form.

7. Do you have artificial valves in your heart?

☐ No (0)
☐ Yes (1) **Periodontal Exam Exclusion**

8. Have you been treated by a physician for infective endocarditis?

☐ No (0)
☐ Yes (1) **Periodontal Exam Exclusion**

9. Do you have a serious heart condition from birth?

☐ No (0)
☐ Yes (1) **Periodontal Exam Exclusion**

10. Have you had a heart transplant?

☐ No (0)
☐ Yes (1) **Periodontal Exam Exclusion**

11. Do you have artificial joints or protheses?

☐ No (0)
☐ Yes (1) **Periodontal Exam Exclusion**