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HCHS/SOL Household Screening

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. Does anyone live in this household that is of Hispanic/Latino origin? No 0 → **STOP, read closing script**
Yes 1

2. Is at least one person of Hispanic/Latino origin living in the household between the ages of 18 – 74? No 0 → **STOP, read closing script**
Yes 1

3. Are ALL Hispanics/Latinos living in the household that are between the ages of 18-74, also between the ages of 45-74? 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. Please list the names of all individuals aged 18 – 74 who are of Hispanic/Latino origin and who consider this their permanent residence (include yourself). We will need first name and last name, gender of the person, age, and relationship to you.

	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