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# 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 esta 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