

"Preventing HIV Risk Behaviors among Hispanic Adolescents"

**Attachment 3a: Care Giver and Adolescent  
Screening Form (English Language)**

**Form Approved**  
**OMB No. 0920-XXXX**  
**Expiration Date XX/XX/20XX**

## Screening Form

**Letter ID#:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facilitator/Interviewer #:** \_\_\_\_\_

**Name of Parent that spoke to (if different than Primary Caregiver):**

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Public reporting burden of this collection of information is estimated to average 3 minutes per response. 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-XXXX)

**Screening Criteria For Primary Parent**

- |  |     |    |
|--|-----|----|
| 1. Adolescent is self-identified as Hispanic by primary caregiver.                                       | Yes | No |
| 2. Adolescent living with a primary caregiver who is willing to participate.                             | Yes | No |
| 3. Family has plans (tentative or firm) to move out of the South Florida area during the next two years. | Yes | No |
| 4. Primary caregiver has been hospitalized for psychiatric reasons.                                      | Yes | No |

**Screening Criteria for Adolescent**

- |   |     |    |
|---|-----|----|
| 5. Adolescent is currently in the 9 <sup>th</sup> grade (Not a problem if the adolescent is or has repeated the 9 <sup>th</sup> grade). | Yes | No |
| 6. Adolescent is willing to participate.  | Yes | No |
| 7. Adolescent has been hospitalized for psychiatric reasons.  | Yes | No |

**Screening Outcome:**

**\*\*\*If the parent or adolescent answers “No” to questions 3, 4, 6, or 7 the family is deemed ineligible\*\*\***

Family is eligible to participate.	Yes	No
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