

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

"Preventing HIV Risk Behaviors among Hispanic Adolescents"

0920-09AU

Attachment 8: Screening Form

Public reporting burden of this collection of information is estimated to average 3 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 persons 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 Form

Letter ID#: _____

Date: _____

Facilitator/Interviewer #: _____

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

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 th grade (Not a problem if the adolescent is or has repeated the 9 th 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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