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OMB#: 0925-0584
Exp. 2/28/2011

HCHS/SOL Household Screening Form

HOUSEHOLD ID NUMBER:	
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FORM CODE: HSR
VERSION: A 2/12/08

Contact Occasion	0	1	SEQ #	0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
mm dd yyyy

0b. 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.

1. Does anyone live in this household who is Hispanic/Latino? No 0 → **STOP, READ CLOSING SCRIPT**
¿En esta casa vive alguna persona hispana o latina? Yes 1

2. What is the total number of people living in this household who are Hispanic/Latino? Total number
En total, ¿cuántos hispanos o latinos viven en este hogar?

3. Of the individuals living in the household who are Hispanic/Latino, how many are between the ages of 18-74? Number of individuals
De los individuos hispanos o latinos que viven en este hogar, ¿cuántos tienen entre 18 a 74 años de edad?

If Q3 = 00 → **STOP, READ CLOSING SCRIPT**

4. Are **ALL** of these ___#___ individuals between the ages of 45-74? No 0
De este ___#___ individuos, ¿todos ellos tienen entre 45 a 74 años de edad? Yes 1 → **GO TO QUESTION 5**

4a. Is Selection p less than Cut-point c? (If no, household **not** eligible)
No 0 → **STOP, READ CLOSING SCRIPT**
Yes 1 → **GO TO QUESTION 5**

Selection, p = 0.
Cut-point, c = 0.

5. Please list the names of all individuals aged 18 – 74 who are Hispanic/Latino 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, and, if possible, the telephone number. *Por favor, déjenos saber los nombres de todas las personas que tienen entre 18 a 74 años de edad que son hispanas o latinas y que consideran este lugar su dirección (hogar, vivienda) permanente (inclúyase usted). Necesitamos el nombre, el apellido, el sexo, la edad, y el parentesco o tipo de relación que tienen estas personas con usted. Y, si es posible, el número de teléfono.*

	First Name						Last Name						Gender M/F	Age	Relationship ^a to Respondent		Telephone Number ^b						Case ^c Code	
A.																0	1							
B.																								
C.																								
D.																								
E.																								
F.																								
G.																								
H.																								
I.																								
J.																								
K.																								
L.																								
M.																								
N.																								

a. Relationship to Respondent Codes

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

b. Note on telephone number

Obtain telephone number on all persons who are in the home at the time of recruitment visit/call

c. Case Codes

1 Non-English AND non-Spanish speaker	3 Moving away	5 Refusal	7 Eligible
2 Active military	4 Homebound	6 Eligibility pending	