



# HCHS/SOL Participant Disability Screening (PDE)

ID NUMBER:	<input type="text"/>							
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FORM CODE: PDE  
VERSION: 1, 7/23/2019

Contact Occasion

0	3
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Occurrence

0	1
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## ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

**Instructions:** This disability screening form must be completed after informed consent administration and before the participant has their examination. Positive responses to Questions 1 – 6 should be noted on the Exam Itinerary Checklist for routing purposes during the visit.

*Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.*

### Introductory Script for staff:

*Now I would like to ask you about difficulties you may have in usual activities of daily living:*

#### A. Disability Status

**No**      **Yes**

- |  |                            |                            |
|--|----------------------------|----------------------------|
| 1. Are you deaf or do you have serious difficulty hearing?   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?            | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 4. Do you have serious difficulty walking or climbing stairs?  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 5. Do you have difficulty walking a half mile (approximately 1 kilometer)?   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 6. Do you have difficulty climbing 10 steps?   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 7. Do you have difficulty dressing or bathing?   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 8. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |