



HCHS/SOL Participant Safety Screen (PSE)

ID NUMBER:									
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FORM CODE: PSE
VERSION: 3, 6/10/2021

Contact Occasion

0	3
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Occurrence

0	1
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

0c. Participant Gender: (1=Male, 2=Female,) **[Prefill from VINL21a]**

0d. Age: **[At V3]**

Instructions: This safety screening form must be completed before the participant can have their Visit 3 Examination, either during a reminder phone call for the clinic visit, or immediately prior to the exam. Positive responses to Questions 2 – 4 should be noted on the Exam Itinerary Checklist for routing purposes during the visit. Participant must pass COVID screening to attend an exam on-site. 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.

NOTE TO STAFF: Use appropriate clinic scheduling script when completing this form.

A. Safety and Access Questions

1. FEMALES only: Are you pregnant?
[MUJERES solamente: ¿Está embarazada?]

No 0

Yes 1 **[STOP, reschedule visit after delivery]**

2. Do you need any kind of assistance reading, hearing questions, or getting on an examination table?
[¿Necesita algún tipo de ayuda para leer, escuchar preguntas o para subirse a una mesa de diagnóstico?]

No 0 **[GO to Question 3]**

Yes 1 **[GO to Question 2a]**

a. If yes, Specify: _____

3. Do you have either a heart pacemaker or defibrillator (AICD)?
[¿Tiene un marcapaso o desfibrilador (AICD por sus siglas en inglés)?]

No 0

Yes 1 **[Exclude from BIA]**

4. Has a doctor or health professional ever told you that you have diabetes (high sugar in blood or urine)?
[¿Alguna vez le ha dicho un doctor que usted tiene diabetes (azúcar alta en la sangre o en la orina)?]

No 0

Yes 1

5. Are you able to walk one (1) block without help?
[¿Puede caminar una cuadra sin ayuda?]

No 0

Yes 1

B. COVID-19 VACCINE

6. Have you received a vaccine for COVID-19? / ¿Ha recibido una vacuna para COVID-19?

No/No 0 → **Go to Q9**

Sí/Yes¹

Unsure²

7. Which vaccine did you receive? / ¿Qué vacuna recibió?

- Moderna¹
- Pfizer²
- AstraZeneca³
- Janssen or Johnson & Johnson/J&J⁴
- Don't know⁵
- Other⁶

7a. If other vaccine, please specify: _____

8. How many vaccine doses did you receive? / ¿Cuántas dosis de vacuna recibió?

- Una/ One¹
- Una, pero planea obtener la segunda/ One, but plan to get the second ²
- Dos/ Two³

8a. When did you receive your most recent dose of the vaccine? ¿Cuándo recibió la dosis más reciente?

/ (mm/yyyy)

Other Exclusion(s)

9. Passes the Local Field Center COVID-19 Screening: No Yes

10. Specify condition or circumstance: _____

a. Procedure(s)/test(s) excluded: _____

b. Name of staff authorizing this exclusion: _____

c. Staff ID

Record ALL Yes responses to Questions 2-4 on the Exam Itinerary Checklist form