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

HCHS/SOL Participant Safety Screening Form

ID NUMBER:

FORM CODE: PSE
VERSION: B 1/03/11

Contact Occasion

0 1

SEQ #

0 1

ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy):

/ /

0b. Staff ID:

Instructions: This safety screening form must be completed before the participant can have their Baseline Examination either during a reminder phone call for the clinic visit, or immediately prior to the exam. Positive responses to Questions 2 – 10 should be noted on the Exam Itinerary Checklist for routing purposes during the visit.

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

A. Safety and Access Questions

1. FEMALES only: Are you pregnant?

No 0

Yes 1

→ **STOP, Exclude from Baseline Examination**

2. Do you need any kind of assistance reading, hearing questions, or getting on an examination table?

No 0

Yes 1

→ **GO to Question 3**

→ **GO to Question 2a**

2a. Specify: _____

3. Do you have either a heart pacemaker or defibrillator (AICD)?

No 0

Yes 1

→ **Exclude from BIA & Bronchodilator use**

4. Has a doctor or health professional ever told you that you have diabetes (high sugar in blood or urine)?

No 0

Yes 1

→ **Exclude from OGTT**

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B. Periodontal Exam Exclusion Questions

5. Do you have artificial valves in your heart?

No 0

Yes 1 → **Periodontal Exam Exclusion**

6. Have you been treated by a physician for infective endocarditis?

No 0

Yes 1 → **Periodontal Exam Exclusion**

7. Do you have a serious heart condition from birth?

No 0

Yes 1 → **Periodontal Exam Exclusion**

8. Have you had a heart transplant?

No 0

Yes 1 → **Periodontal Exam Exclusion**

9. Do you have artificial joints or prostheses?

No 0

Yes 1 → **Periodontal Exam Exclusion**

C. Pulmonary Function Test Exclusion Question

10. Have you had a heart attack, stroke, or eye surgery in the last 6 months (or 3 months prior to examination closeout)?

No 0

Yes 1 → **Pulmonary Test Exclusion**

D. Other Exclusion(s)

11. Specify condition or circumstance: _____

11a. Procedure(s)/test(s) excluded: _____

11b. Name or Staff ID authorizing this exclusion: _____

Record ALL Yes responses to Questions 2-10 on the Exam Itinerary Checklist form