

## De Casa **3** Re-Screening Participant

Current Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Previous ID: DC3- \_\_\_\_\_

Previous Eligibility Date: \_\_\_\_\_

Previously Screened:  Yes  No



De Casa En Casa

CERVICAL CANCER PREVENTION  
Texas Tech University Health Sciences Center El Paso

**DE CASA ELIGIBILITY COVER PAGE**

Site: \_\_\_\_\_  
Date: \_\_\_\_\_

Promotora Name: \_\_\_\_\_  
Start Time: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
End Time: \_\_\_\_\_

<input type="checkbox"/> <b>Screening</b>	<input type="checkbox"/> Service Consent	Education Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education Leaflet <input type="checkbox"/> Doctor & Insurance List <input type="checkbox"/> Process Letter	Pap Scheduled <b>Appt. Date/Time:</b> _____ / _____	Randomization ID: _____ <table border="1"> <tr> <td><input type="checkbox"/> Group</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> Survey <input type="checkbox"/> IRB Consent?</td> <td><input type="checkbox"/> No Survey</td> </tr> </table>	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Survey <input type="checkbox"/> IRB Consent?	<input type="checkbox"/> No Survey
				<input type="checkbox"/> Group		<input type="checkbox"/> Individual			
				<input type="checkbox"/> Survey <input type="checkbox"/> IRB Consent?		<input type="checkbox"/> No Survey			
				<b>Originally BCCS Eligible:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
				<b>Taxi?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> <b>BCCS referral</b>	<input type="checkbox"/> Service Consent	Education Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education Leaflet <input type="checkbox"/> Doctor & Insurance List <input type="checkbox"/> Process letter						
<input type="checkbox"/> <b>Navigation</b>	<input type="checkbox"/> Service Consent	Education Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education Leaflet <input type="checkbox"/> Doctor & Insurance List <input type="checkbox"/> Process letter						
<input type="checkbox"/> <b>Education Only</b>	<input type="checkbox"/> Service Consent	Education Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Education Leaflet <input type="checkbox"/> Doctor & Insurance List <input type="checkbox"/> Process letter						
<input type="checkbox"/> <b>Incomplete</b>	<input type="checkbox"/> Service Consent	Education Completed <input type="checkbox"/> Yes <input type="checkbox"/> No							

*Data Entry Use Only: Participant ID* \_\_\_\_\_

**DE CASA ELIGIBILITY COVER PAGE**

**Do you agree to answer these questions about your eligibility? \_\_\_\_\_ (initials)**  
**If you do not wish to answer these questions, we will not continue. Thank you for your time.**

**e1.** First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**e2.** Which language do you prefer?

English

Spanish

Both

**e3.** What is your gender?

Female

Male

[STOP - education only - go to service consent/intake]

DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_

Age: \_\_\_\_\_

**e4.** How old are you?

Between 21 & 65 years

Less than 21 or more than 65

[STOP - education only - go to service consent/intake]

**e5.** Do you have a Texas Address?

Yes

No

[STOP - education only - go to service consent/intake]

**e6.** Cervical cancer is a cancer of the neck of the womb or uterus. Have you ever had cervical cancer?

No

Yes

[STOP - navigation - go to service consent/intake]

**e7.** A hysterectomy is when you have a major surgery with general anesthesia and the doctor removes your womb/ uterus. You are no longer able to have children. Have you ever had a hysterectomy?

No

Yes

[STOP - navigation - go to service consent/intake]

**e8.** Which of the following health insurance types do you have: Medicare, Medicaid, Commercial or insurance through job, other, health care options, or Charity Care Program?

g. Charity care (discount program; sliding scale; person pays out of pocket; this is available at Centro San Vicente, La Fe, Project Vida, etc.)  
 h. No insurance

a. Medicare  
 b. Medicaid  
 c. Private / Work ins.  
 d. Other health insurance  
 e. Health care options (UMC)  
 f. ACA (Obamacare)

**e9.** A pap smear is a routine test for women in which the doctor examines the cervix takes a cell sample from the cervix with a small stick or brush and sends it to the lab. When was your most recent pap smear?

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

0. Never  
 4. 3 to 4 years  
 5. more than 5 years

1. Less than 1 year  
 2. 1 to 2 years  
 3. 2 to 3 years

**e10.** Have you ever had a pap smear that was abnormal?

No

Yes

Date: \_\_\_\_\_

**e11.** Human papillomavirus or HPV is a test to check for a virus that can cause cervical cancer. Doctors can check for HPV at the time of the Pap smear. Have you been told by a doctor that you have infection with the HPV?

No

Yes

Date: \_\_\_\_\_

**PROMOTORA:  
 GO WITH HIGHEST NUMBER ELIGIBILITY**

**1** "Possibly screening eligible"  
 [continue next page]

**2** "Education"  
 [go to service consent]

**3** "Navigation"  
 [go to service consent form]