De Casa 3 <u>Re-Screening</u> Participant

Yes

No

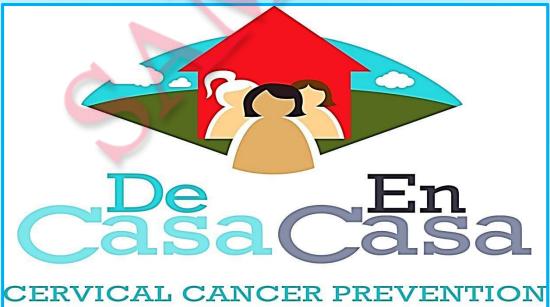
Current Date: _	
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Participant Name: _

Previous ID: <u>DC3-</u>

Previous	Eligibilit	y Date:
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Previously Screened:



Texas Tech University Health Sciences Center El Paso

DE CASA ELIGIBILITY COVER PAGE

Site: Date:		Promotora Name: Start Time:		Participant Name: _ End Time:		
Screening	Service Consent	Education Completed Yes INo	 Education Leaflet Doctor & Insurance List Process Letter 	Pap Scheduled Appt. Date/Time: / Originally BCCS Eligible: @ Yes @ No Taxi? @ Yes @ No	Randomization ID: Group Individual Survey IRB Consent? No Survey	
BCCS referral	Service Consent	Education Completed	 Education Leaflet Doctor & Insurance List Process letter 			
Navigation	Service Consent	Education Completed	 Education Leaflet Doctor & Insurance List Process letter 			
Education Only	Service Consent	Education Completed Ves No	 Education Leaflet Doctor & Insurance List Process letter 			
Incomplete	Service Consent	Education Completed		a		

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		e:	
e2.	Which language do you prefer?	① English	② Sp	anish	③ Both	
e3.	What is your gender?	① Female		 Male [STOP - education only - go to service consent/intake] 		
e4.	How old are you?		DOB: / /		Age: Age: Less than 21 or more than 65 [STOP - <u>education</u> only - go to service consent/intake]	
e5.	Do you have a Texas Address?	① Yes	① Yes		NO [STOP – <u>education</u> 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?	O No		1 Yes [STOP – <u>navigation</u> - 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?	⑦ No		1 Yes [STOP – <u>navigation</u> - 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 proscale; person pays out of pocket available at Centro San Vicente, Vida, etc.) h. No insurance	; this is	 a. Medicare b. Medicaid c. Private / Work ins. d. Other health insurance e. Health care options (UMC) f. ACA (Obamacare) 		
е9.	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		① 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	• "Possibly screening [continue next pa	-	"Educatio [go to servic consent]		