

**DREAM Atlanta CHW Intervention
Telephone Screening Form**

Ver. 06.23.2020

Completed By: _____

Date: ____/____/____

Referral? ☐ Yes

IF YES:

Referred by: _____

BP measured at screening? ☐ Yes: ____ / ____

☐ No

Eligibility confirmed by: _____ (initials)

First Name:

Last Name:

Address:

Phone #: Cell:

Preferred days/times to call:

Home:

Please answer the following questions.

1. Are you of South Asian descent? ☐ **Yes** → ☐ Bangladeshi ☐ Indian ☐ Pakistani
☐ Nepali ☐ Sri Lankan ☐ Indo-Caribbean
☐ Maldivian ☐ Bhutanese
☐ No *[Not eligible]*

2. Which languages are you comfortable speaking and reading in?

Speaking:

- ☐ English
☐ Bangla/Bengali
☐ Urdu
☐ Punjabi
☐ Hindi
☐ Nepali
☐ Other: _____

Reading:

- ☐ English
☐ Bangla/Bengali
☐ Urdu
☐ Punjabi
☐ Hindi
☐ Nepali
☐ Other: _____

3. What is your date of birth? ____ / ____ / ____

[If the person was born before 1945 or born after 1999 then they are not eligible.]

4. What is your gender? ☐ Female ☐ Male

5. *[Females only, if male, SKIP]* Are you currently pregnant? ☐ Yes ☐ No *[Not eligible]*

6. Have you received a diagnosis of diabetes? ☐ Yes ☐ No

7. Have you received a diagnosis of hypertension or been told you have high blood pressure? ☐ Yes ☐ No

a. What was your last blood pressure reading? ____ / ____

b. *(If they do not know, or do not have the documentation readily available, please plan a time to take a measurement.)* Measurement scheduled for:

8. Are you interested in participating in 5 monthly classes on diabetes management and healthy living? The classes will be provided in your language and at no cost.

☐ Yes ☐ No ☐ Maybe

DREAM Atlanta CHW Intervention**Telephone Screening Form**

Ver. 06.23.2020

9. Would you be willing to participate in a virtual session?

☐ Yes ☐ No ☐ Don't know

9b. If yes, do you have access to a device to participate in a virtual session?

☐ Yes ☐ No ☐ Don't know

9c. If yes, which device(s)? Check all that apply:

☐ Tablet ☐ Smart phone ☐ Desk top ☐ Laptop
☐ Don't know

10. Are you able to access a device with strong internet connections for virtual sessions?

☐ Yes ☐ No ☐ Don't know

11. Do you have a weight scale at home that you can use to take weight measurements?

☐ Yes ☐ No

12. Are you able to participate in moderate physical activity such as brisk walking without having symptoms such as chest pain or dizziness?

☐ Yes☐ No - *If "No", may not be eligible. Please check with Study Coordinator.*☐ Don't know

Notes:

13. What days and times are you available to attend classes? Please check the days/write in the times below.

Day	<input type="checkbox"/> Sunday		<input type="checkbox"/> Monday		<input type="checkbox"/> Tuesday		<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday		<input type="checkbox"/> Friday		<input type="checkbox"/> Saturday	
Time	From	To	From	To	From	To	From	To	From	To	From	To	From	To
	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM

Notes:

14. Are you planning to go on a vacation or visit family members outside of Atlanta for longer than one month during the next 6-7 months? ☐ Yes - For how long? _____☐ No

Notes: