

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
HOUSEHOLD SURVEY CONSENT

Print name of person questioned \_\_\_\_\_
First Middle Last

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES), held by the Centers for Disease Control and Prevention (CDC). This research tells us about the health and nutrition of people in the United States. It combines an interview with a health exam. Our interviewer will ask questions about you and your family. Some questions are about your work and general health. Others are about health problems and other health topics. Also, we will ask for your Social Security and Medicare numbers to link to vital statistics, health, nutrition and other related records so we can do research on health, nutrition and food programs. The questions today will take about one hour. We may contact you to check the work of your interviewer. We may contact you again for further studies.

We use data gathered in this survey to study many health issues. All data gathered will be kept strictly confidential. We gather and protect all data in keeping with the requirements of Federal Laws (see box below). These laws do not allow us to give out data that identifies you or your family without your permission.

You may take part in this survey or not. The choice is yours. You will not lose any benefits if you say no. If you choose to take part, you don't have to answer every question.

Do you have more questions about the survey? You can make a toll-free call to Dr. Kathryn Porter at the U.S. Public Health Service at 1-800-452-6115, Monday-Friday, 8:30 AM-6:00 PM EST. If you have questions about your rights about being in the survey, call the Research Ethics Review Board at the National Center for Health Statistics, toll free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol # 2005-06. Your call will be returned as soon as possible.

I have read the information above. I freely choose to be in the NHANES household survey.

- I agree to have my survey audiotaped.
I decline to have my survey audiotaped.

Signature of person answering questions Date

IF PERSON ABOVE IS 16 OR 17 YEARS OLD, A PARENT/GUARDIAN MUST ALSO SIGN BELOW:
(Unless participant is an emancipated minor)

Signature of parent/guardian Date

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

Witness (if required) Date

Name of staff member present when this form was signed:

HOUSEHOLD ID FAMILY #

Which questionnaire(s) did person respond to?

FAMILY SP (IF CHECKED, PRINT BELOW)
SP NAME

SP ID

Blank lines for recording questionnaire responses and names.

The Public Health Service Act (42 USC 242k) authorizes collection and Section 308(d) of that law (42 USC 242m), as well as the Privacy Act of 1974 (5 USC 552A), and the Confidential Information Protection and Statistical Efficiency Act (PL 107-347), prohibit us from giving out information that identifies you or your family without your consent. Any NHANES employee who violates the law may be convicted of a class E felony and imprisoned for up to 5 years, or fined as much as \$250,000.