

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
HOUSEHOLD INTERVIEW CONSENT

Print name of respondent
First Middle Last

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES) conducted by the National Center for Health Statistics (NCHS). This survey 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 leisure and your health care. Others are about illnesses and health conditions and other health topics. Also, we will ask for your Social Security and Medicare numbers for linkage to other data sources to do research on health and health care. The interview will take about one hour. We may contact you again for further studies.

We use data collected in this survey to study many health issues. We use information only for research and statistical reports. All data collected will be kept strictly private. We gather and protect all information in keeping with the requirements of Federal Laws: the Public Health Service Act (42 USC 242k) authorizes collection and Section 308(d) of that law (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A) prohibit us from giving out information that identifies you or your family without your consent.

You may take part in the survey interview or not. That is your choice. No penalties or loss of benefits will come from refusing. If you choose to take part, you may choose not to answer any question.

Do you have more questions about the survey? You can make a toll-free call to Dr. Kathryn Porter of the U.S. Public Health Service at 1-800-452-6115, Monday-Friday, 9 AM-6 PM EST. If you have questions about your rights as a survey participant, call the Institutional Review Board Chairperson at 1-800-223-8118.

I have read the information above. I freely choose to participate in the NHANES household interview.

Signature of person answering household questionnaire(s) Date

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

Signature of parent/guardian Date

Signature of staff member Date Witness (if required) Date

HOUSEHOLD ID FAMILY #

Which questionnaire(s) did person respond to?

FAMILY [ ] SP [ ] (IF CHECKED, PRINT BELOW)

SP NAME SP ID

Blank lines for printing SP NAME and SP ID.

[ ] I agree to have my interview audiotaped.

Public reporting burden of this collection of information is estimated to average 6.6 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).