NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
ALLERGEN DUST COLLECTION INFORMED CONSENT

Print Name Adult Respondent _____
First Middle Last

TO BE READ TO RESPONDENT IF NECESSARY

The technician will collect a dust sample for each person in your family seen in our mobile exam center. A small area of the floor and bed in the room where each person sleeps will be vacuumed. We would like your permission to enter each bedroom. If possible, we would like you or another adult in your house to watch during the dust collection.

The purpose of the study is to learn more about household dust and allergies. We will give you a brochure on how you can reduce allergy levels in your home.

I have been informed about the purpose and procedure of the allergy dust collection and agree to have the technician collect the samples in the bedrooms or sleeping areas of my home. I also understand that I have the right to watch this procedure. My participation is voluntary.

_____ _____
SIGNATURE OF RESPONDENT DATE

NOTE IF ALL SPs ARE LESS THAN 18 YEARS OLD RESPONDENT SHOULD BE PARENT OR GUARDIAN

_____ _____
SIGNATURE OF INTERVIEWER DATE

___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___ ___
FAMILY ID