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NORTHWESTERN  
UNIVERSITY

9/27/2010

Dr. [Martha Daviglus](#)

Professor of Preventive Medicine and Medicine

[Preventive Medicine](#)

680 N Lake Shore Dr, Suite 1102

Chicago, IL 60611

[daviglus@northwestern.edu](mailto:daviglus@northwestern.edu)

**IRB Project Number:** CR2\_STU00009660

**Project Title:** Hispanic Community Health Study/Study of Latinos (HCHS/SOL)

**Project Sites:**

Northwestern University (NU)

**Sponsor Information (Grant #, if applicable):**

[View](#) National Heart, Lung, and Blood Institute

**Submission Considered:** Continuing Review **Submission Number:** CR2\_STU00009660

**Review Type:** Full Review

**Meeting Date:** 9/27/2010

**Panel:** Panel Q

**Status:** APPROVED **Approval Period:** (10/26/2010 - 10/25/2011)

Dear Dr. Daviglus ,

The IRB considered and approved your submission referenced above through 10/25/2011 . As Principal Investigator (P.I.), you have ultimate responsibility for the conduct of this study, the ethical performance

of the project, and the protection of the rights and welfare of human subjects. You are required to comply with all NU policies and procedures, as well as with all applicable Federal, State and local laws regarding the protection of human subjects in research including, but not limited to the following:

- Not changing the approved protocol or consent form without prior IRB approval (except in an emergency, if necessary, to safeguard the well-being of human subjects).
- Obtaining proper informed consent from human subjects or their legally responsible representative, using only the currently approved, stamped consent form.
- Promptly reporting unanticipated problems involving risks to subjects or others, or promptly reportable non-compliance in accordance with IRB guidelines.
- Submit a continuing review application 45 days prior to the expiration of IRB approval. If IRB re-approval is not obtained by the end of the approval period indicated above, all research related activities must stop and no new subjects may be enrolled.

**IRB approval includes the following:**

**Written Consent Form/Consent Form and Authorization for Research:**

Name

[Addendum-consent-English-June7-2010](#)

[Addendum-consent-SPANISH-June7-2010](#)

[Main Consent English Language Clean 06-15-2010](#)

[Main Consent Spanish Language Clean 06-15-2010](#)

[Re Draw and Re Collection Lab Addendum English Clean 11-05-2009.doc](#)

[Re Draw and Re Collection Lab Addendum Spanish Clean 11-05-2009.doc](#)

[Stadiometer Consent Addendum English Clean 11-05-2009.doc](#)

[Stadiometer Consent Addendum SpanishClean 11-05-2009.doc](#)

**Protocol:**

Name

[0623-011 Field Center Procedures Part 1 8-29-2008.pdf](#)

[0623-011 Field Center Procedures Part 2 8-29-2008.pdf](#)

[0623-011 Field Center Procedures Part 3 8-29-2008.pdf](#)

[0623-011 Protocol Part 1.pdf](#)

[0623-011 Protocol Part 2.pdf](#)

**Investigator Brochure:**

Non-FDA Brochures

There are no items to display

**Recruitment Materials:**

Name

[0623-011 SRM Flyer 2 Spanish.pdf](#)

[0623-011 SRM Flyer 2.pdf](#)

[0623-011 SRM Flyer 3 Spanish.pdf](#)

[0623-011 SRM Flyer 3.pdf](#)  
[0623-011 SRM Flyer Spanish.pdf](#)  
[0623-011 SRM Flyer.pdf](#)  
[0623-011 SRM Public Service Announcement.pdf](#)  
[0623-011 SRM Subject Letter Spanish.pdf](#)  
[0623-011 SRM Subject Letter.pdf](#)  
[AFU Eng/Span Informational Letter-Updated on Letterhead 5/29/09](#)  
[AFU Informational Letter-English Updated 5/26/09](#)  
[AFU Informational Letter-English-Spanish](#)  
[AFU informational Letter-Spanish Updated 5/26/09](#)  
[AFU Moving Card-English-Spanish](#)  
[AFU Thank You Postcard-English-Spanish](#)  
[Chicago SOL Newsletter-English](#)  
[Chicago SOL Newsletter-Spanish](#)  
[SOL follow-up recruitment card-side1](#)  
[SOL Follow-up recruitment card-side2](#)

### **Survey/Questionnaires:**

#### **Name**

[0623-011 Alcohol Use Questionnaire Spanish.pdf](#)  
[0623-011 Alcohol Use Questionnaire.pdf](#)  
[0623-011 Ankle Arm Blood Pressure.pdf](#)  
[0623-011 Anthropometry.pdf](#)  
[0623-011 Audiometry Exam.pdf](#)  
[0623-011 Biospecimen Collection Form.pdf](#)  
[0623-011 Clinic Check Sheet.pdf](#)  
[0623-011 Dietary Behavior Questionnaire Spanish.pdf](#)  
[0623-011 Dietary Behavior Questionnaire.pdf](#)  
[0623-011 Economic Questionnaire.pdf](#)  
[0623-011 Health Care Use Spanish.pdf](#)  
[0623-011 Health Care Use.pdf](#)  
[0623-011 Health Survey.pdf](#)  
[0623-011 Hearing Exam Questionnaire.pdf](#)  
[0623-011 Hearing History Questionnaire.pdf](#)  
[0623-011 Informed Consent Tracking.pdf](#)  
[0623-011 Medical Family History Questionnaire Spanish.pdf](#)  
[0623-011 Medical Family History Questionnaire.pdf](#)  
[0623-011 Medication Use Questionnaire Spanish.pdf](#)  
[0623-011 Medication Use Questionnaire.pdf](#)  
[0623-011 Neurocognitive Assessment.pdf](#)  
[0623-011 Occupation Classification and Exposures Questionnaire Spanish.pdf](#)  
[0623-011 Occupation Classification and Exposures Questionnaire.pdf](#)  
[0623-011 Oral Health Questionnaire Spanish.pdf](#)  
[0623-011 Oral Health Questionnaire.pdf](#)  
[0623-011 Otoscopy Exam.pdf](#)  
[0623-011 Participant Safety Screening Form Spanish.pdf](#)  
[0623-011 Participant Safety Screening Form.pdf](#)  
[0623-011 Personal Identifiers.pdf](#)

[0623-011 Personal Information Questionnaire.pdf](#)  
[0623-011 Phantom Form.pdf](#)  
[0623-011 Physical Activity Questionnaire Spanish.pdf](#)  
[0623-011 Physical Activity Questionnaire.pdf](#)  
[0623-011 Respiratory Questionnaire Spanish.pdf](#)  
[0623-011 Respiratory Questionnaire.pdf](#)  
[0623-011 Sleep Questionnaire Spanish.pdf](#)  
[0623-011 Sleep Questionnaire.pdf](#)  
[0623-011 Social Network Index Questionnaire Spanish.pdf](#)  
[0623-011 Social Network Index Questionnaire.pdf](#)  
[0623-011 Sociocultural Questionnaire Spanish.pdf](#)  
[0623-011 Sociocultural Questionnaire.pdf](#)  
[0623-011 Tobacco Use Questionnaire Spanish.pdf](#)  
[0623-011 Tobacco Use Questionnaire.pdf](#)  
[0623-011 Tympanometry Exam.pdf](#)  
[0623-011 Weight History Questionnaire Spanish.pdf](#)  
[0623-011 Weight History Questionnaire.pdf](#)  
[0623-011 Well-Being Questionnaire Spanish.pdf](#)  
[0623-011 Well-Being Questionnaire.pdf](#)  
[AFU FPQ Response Card-English-Spanish](#)  
[AFU Informant Interview-English](#)  
[AFU Informant Interview-Spanish](#)  
[AFU Informant interview-Spanish Updated 5/26/09](#)  
[AFU Interview Form-English](#)  
[AFU Interview Form-Spanish](#)  
[AFU Interview Form-Spanish 5/26/09 Updated](#)  
[AFU Physician Questionnaire-English](#)  
[AFU Tracking Form](#)  
[COM08RETAnnualFollowupYear205282010](#)  
[COM08RETAnnualFollowupYear2Spanish03022010](#)  
[Food Propensity Questionnaire-English-Version B](#)  
[Food Propensity Questionnaire-Spanish-Version B](#)

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For more information regarding OPRS submissions and guidelines, please consult  
<http://www.northwestern.edu/research/OPRS/irb>.

This Institution has an approved Federalwide Assurance with the Department of Health and Human Services: FWA00001549.

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