

National Health Study for a New Generation of U.S. Veterans Consent Form

Purpose: The Department of Veterans Affairs (VA) is conducting this research to learn more about the health of recent Veterans. Our goal is to improve health care and prevention efforts for all Veterans.

Authority to conduct research: This survey has been approved by the Institutional Review Board of the Washington, DC VA Medical Center and by the U.S. government's Office of Management and Budget.

Your rights:

- This survey is voluntary. It's up to you whether to answer the survey.
- You have a choice to fill out the paper survey or answer this same survey online. To answer online, please use the secure username and password found on the cover letter.
- You can stop at any time. You can skip any questions that you don't want to answer. If you withdraw, no new information will be collected and you will continue to receive all medical care or benefits for which you are eligible.
- If you do not participate, there will be no penalty and you will not lose benefits to which you are otherwise entitled. Participation will not affect your rights to VA care and benefits.
- You have the right to tell people about your answers or involvement in this study.
- If you have questions about your rights as a study participant, you may contact:
 - Associate Chief of Staff for Research — 202-745-8133
 - Chairman of the Institutional Review Board — 202-745-8373 or 888-553-0242 (toll free)
- If you have questions about the study, please contact 202-266-4695 or 800-211-5272 (toll free).

Privacy and confidentiality:

- VA complies with laws about privacy.
- VA will keep your answers strictly confidential. We will not share them with military commands, disability evaluators, insurance companies, or anyone else not directly involved in this research study.
- If the study findings are reported in medical journals or at meetings, you will not be identified by name or any other means.
- The research team will review VA medical and benefits records. Your unique personal identifiers (name, social security number) will be used to connect survey data with your medical and other military records. Afterwards, we will remove the unique identifiers from the study data files so no one can identify you.

About this survey:

- This is a 10-year study and we will invite Veterans to complete a survey every 3 years. **Right now we are asking for your participation in this survey only.**
- You are receiving a check for 10 dollars as a token of our appreciation.
- *Are there any benefits?* Participation will improve VA's understanding of what health services Veterans need.
- *Are there any risks?* Some of the questions deal with sensitive subjects, including your combat experience and mental health, so we can get a more complete understanding of your health. Some people get distressed when answering these types of questions. **If you experience any distress related to this survey or for other reasons, please call 1-800-273-TALK (8255) at any time.**
- *How long will it take?* We think it will take about 30-45 minutes to complete this survey.

Would you please fill out this survey? A postage-paid envelope is included. Please return this signed form to let us know your decision.

Yes, I voluntarily consent.

No, I do not want to participate.

Name of Veteran (Please print)

Signature of Veteran

Date

Thank you very much for your time. Your answers are very important and will help VA provide better health care for Veterans.