

# Attachment 7 – Adult Special Consent for Expanded Use of Video and Audio Recordings - to be asked of Adults, Parents/Guardians only



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control and  
Prevention

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National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, Maryland 20782

## Special Consent for Expanded Use of Video and Audio Recordings

### Purpose

NCHS' Center for Questionnaire Design and Evaluation Research (CQDER) staff often presents what we learn from our projects at training sessions. We would like your permission to show this recording to those who are interested in survey questions but who are not working directly on this project. If you agree, we may show the recording for students, or for other people who write survey questions. In these cases, the recording is always under the control of CQDER staff who have signed non-disclosure agreements.

### Why do we want to show the recordings?

The recordings show how people react to survey questions. They show how questions can be hard to understand or hard to answer. They help people write better survey questions. It may also teach other researchers how to test survey questions.

### Where might the recordings be shown?

We may show parts of the recording in a small meeting room or a classroom.

### What information will be on the recording?

The whole recording could be shown. But it is more likely that a short piece will be shown about a problem with a question. No information about you will be added to the recording. However, your face and/or voice will appear on the recording and you may be recognized.

### What if I say yes now, but change my mind later?

If you change your mind, contact Karen Whitaker by phone at (301) 458-4569, or by mail at the Centers for Disease Control and Prevention's National Center for Health Statistics, Room 6330, 3311 Toledo Rd., Hyattsville, MD 20782. You may change your mind at any time. When she receives your request, we will not allow special uses of your recording.

### Questions

If you have any questions about this study, please call the office of 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 #2010-19-XX [Note: The amendment number will be inserted into the form once NCHS ERB approval has been received]. Your call will be returned as soon as possible.

If you have questions about Centers for Disease Control and Prevention's National Center for Health Statistics privacy laws and practices, contact Eve Powell-Griner, Ph.D., Confidentiality Officer at 1-888-642-4159.

### Either video recording or audio recording will be selected

When video recording is selected:

### If You Agree, Please Read and Sign Below

- I allow the Centers for Disease Control and Prevention's National Center for Health Statistics to show my video recording to students, and to other people who write survey questions. I understand that my face and/or voice will appear on the recording. The recording will not be altered. The recording will be in the control of CQDER staff. If I change my mind at any time, I will contact Karen Whitaker, the NCHS Lab Manager.
- I do not allow the Centers for Disease Control and Prevention's National Center for Health Statistics to use my video recording in this way.

When audio recording is selected:

**If You Agree, Please Read and Sign Below**

- I allow the Centers for Disease Control and Prevention’s National Center for Health Statistics to show my audio recording to students, and to other people who write survey questions. I understand that my voice will appear on the recording. The recording will not be altered. The recording will be in the control of CQDER staff. If I change my mind at any time, I will contact Karen Whitaker, the NCHS Lab Manager.
- I do not allow the Centers for Disease Control and Prevention’s National Center for Health Statistics to use my audio recording in this way.

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**Respondent Signature**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Date**