

**Attachment H: Assessment of Chemical Exposures (ACE) Investigations Sample General Survey Consent/Adolescent (14-17 yrs.) Assent/Parent Permission**

*Reading level: 6.9*

The [state health department] is doing this survey to find out about the health of people who may have been exposed to the [description of the emergency chemical release] on [date of release]. They are being assisted by the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a federal government agency.

This interview will take approximately 30 minutes to complete. It should take place in a private setting. We will ask you questions about:

- where you were when the [description of the emergency chemical release] happened,
- your health before and after the release,
- your lifestyle,
- and work history.

There are no known risks from taking part in the survey. Some of the questions are personal and ask about sickness and medicines. There is no direct benefit from being in the survey. However, what you tell us will help us better learn how chemical releases affect people's health. [Name of state] may also be able to use what we learn to help your community. They may also learn how to better prepare for future disasters.

We are asking you to take part in this survey because you were in the area of the release. You can choose if you want to be interviewed. You can stop the interview at any time. You can also refuse to answer any question. If you refuse, it will not affect any government benefits that you receive.

Names of people who take part and other identifying information will not be used in any report. If you would like a copy of the report, one can be sent to you. Everything we learn will be kept private to the fullest extent of the law. Only project team members will be allowed to view this information.

If you have any questions about this investigation, you can call the coordinator of the ATSDR Assessment of Chemical Exposures program, XXXXX. XX's number is (XXX) XXX-XXXX.

By signing below, you agree to take part in the interview. You are also saying we have given you a copy of this consent form. If there is any part of this form that is not clear to you, be sure to ask about it.

\_\_\_\_\_  
*Signature*

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

Sometimes public health officials want to follow-up with people who have been exposed during chemical releases. They may call or send a survey to check in and see how the people are doing. By signing below, you give your permission for us to contact you again.

\_\_\_\_\_  
*Signature*

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

If participant is a minor aged 14-17:



(For telephone interviews):

Participant name: \_\_\_\_\_

If participant is a minor aged 14-17:

Name of parent/guardian: \_\_\_\_\_

Are you willing to take part at this time?

- Yes  
 No → Thank the respondent and end the call

If participant is a minor: Has your parent or legal guardian agreed for you to participate?

- Yes  
 No → Thank the respondent and end the call

I verify that I have explained this survey to you. You have agreed to participate.

If participant is a minor: Your parent or legal guardian has also agreed for you to participate in this interview.

Sometimes public health officials want to follow-up with people who have been exposed during chemical releases. They may call or send a survey to check in and see how the people are doing.

Are you willing to be contacted again?

- Yes  
 No → Continue with general survey modules

If participant is a minor: Has your parent or legal guardian given permission for you to be contacted again?

- Yes  
 No → Continue with general survey modules

I verify that I have read you information about possible follow-up. You have voluntarily agreed to be contacted again.

If participant is a minor: Your parent or legal guardian has also agreed for you to be contacted again.

Reading level: 6.8

**Assessment of Chemical Exposures (ACE) Investigations Sample Household Survey  
Consent**

The [state health department] is doing this survey to find out about the health of people who may have been exposed to the [description of the emergency chemical release] on [date of release]. They are being assisted by the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a federal government agency.

This interview will take approximately 15 minutes to complete. It should take place in a private setting. We will ask you questions about:

- if anyone was home when the [description of the emergency chemical release] happened,
- how you heard about the release,
- if your household evacuated,
- health status of household members after the release,
- and medical care they received.

There are no known risks from taking part in the survey. Some of the questions are personal and ask about sickness. There is no direct benefit from being in the survey. However, what you tell us will help us better learn how chemical releases affect people's health. [Name of state] may also be able to use what we learn to help your community. They may also learn how to better prepare for future disasters.

We are asking you to take part in this survey because your home is in the area of the release. You can choose if you want to be interviewed. You can stop the interview at any time. You can also refuse to answer any question. If you refuse, it will not affect any government benefits that you receive.

Names and addresses of people who take part and other identifying information will not be used in any report. If you would like a copy of the report, one can be sent to you. Everything we learn will be kept private to the fullest extent of the law. Only project team members will be allowed to view this information.

If you have any questions about this investigation, you can call the coordinator of the ATSDR Assessment of Chemical Exposures program, XXXXX. XX's number is (XXX) XXX-XXXX.

By signing below, you agree to take part in the interview. You are also saying we have given you a copy of this consent form. If there is any part of this form that is not clear to you, be sure to ask about it.

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*Signature*

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*Date*

Sometimes public health officials want to follow-up with people who have been exposed during chemical releases. They may call or send a survey to check in and see how the people are doing. By signing below, you give your permission for us to contact you again.

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*Signature*

---

*Date*

(For telephone interviews):

Participant name: \_\_\_\_\_

Are you willing to take part at this time?

Yes

No → Thank the respondent and end the call

I verify that I have explained this survey to you. You have agreed to participate.

Sometimes public health officials want to follow-up with people who have been exposed during chemical releases. They may call or send a survey to check in and see how the people are doing.

Are you willing to be contacted again?

Yes

No → Continue with general survey modules

I verify that I have read you information about possible follow-up. You have voluntarily agreed to be contacted again.

Reading level: 9.5

**Assessment of Chemical Exposures (ACE) Investigations Sample Hospital Survey  
Consent Form**

The Agency for Toxic Substances and Disease Registry (ATSDR), an agency of the U.S. Department of Health and Human Services, is doing a survey to learn how the [chemical] release at the [location of release] on [date of release] affected hospital emergency departments (ED). This survey is being conducted by ATSDR on behalf of [state health department].

During this survey, you will be asked about how many people your hospital ED treated following the [chemical] release at [location of release], decontamination procedures used by the ED, how and when you were notified of the release, your hospital's preparedness plan and contact with other organizations, and any needs your ED had while treating victims of the chemical release incident. The interview will take about 30 minutes.

There are no expected risks or direct benefits to you from taking part in the survey. The information you provide during this survey will help ATSDR and [state health department] better understand how to better prepare for and respond to future chemical incidents.

Taking part in this survey is up to you. You have the right to refuse to answer any question at any time or refuse to complete the interview. If you refuse, it will not affect your employment or any benefits that your hospital receives.

All answers you provide will be kept private to the extent permitted by law. No data that identifies you or your hospital will be included in any report.

If you have any questions about this survey, you can call the coordinator of the ATSDR Assessment of Chemical Exposures program, XXXXX. XX's number is (XXX) XXX-XXXX.

I have read the description of the survey to study how the [chemical] release at the [location of release] on [date of release] affected hospital EDs. All of my questions have been answered to my satisfaction. I agree to participate in this survey.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Participant Signature

Date: \_\_\_\_\_





Reading level: 11.5

### **Assessment of Chemical Exposures (ACE) Investigations Sample Informed Consent/Adolescent Assent for Testing of Clinical Specimens**

The [state health department] is investigating health status of people who were in the area of [description of release]. They are being assisted by the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is a federal government agency. It is a sister agency to the Centers for Disease Control (CDC) and Prevention.

As part of the investigation, we are collecting (blood/urine) samples from people who were in the area to see if we can detect [the chemical] in their bodies.

You were chosen to participate in the investigation because you were in the area of [the release].

Before we collect the sample, we will ask you for contact information to register you in the Rapid Response Registry as someone who was in the area at the time of [the release]. We may also ask about your exposure to [the chemical].

#### Blood:

We will draw about 2 ½ teaspoons of blood from a vein in your arm. The blood sample will be sent to the ([state]/CDC) laboratory to test for [the chemical].

#### Urine:

We will ask for a 1-2 ounce sample of urine and send it to the ([state]/CDC) laboratory to test for [the chemical].

When the laboratory has finished testing the samples, they will discard any remaining (blood/urine). Your (blood/urine) will only be tested for the chemicals you may have been exposed to because of [description of release]. No other tests will be done on your (blood/urine).

As part of the investigation, we will also interview you to find out more about the health effects of [the release]. That may take place today, or we may contact you in a few days.

You will be mailed your test results as soon as the testing is complete. The test will show if you have an unusual level of [the chemical] in your body. If you do have an unusual level of [the chemical], you will be able to share the report with your doctor.

There is no cost to you for the testing.

There are no risks to providing a urine sample. Although very rare, there are risks from having blood drawn. They include:

- Bleeding
- Fainting or feeling light-headed
- Infection
- Scarring

Having a sample of your (blood/urine) tested entirely voluntary.

Participants' names and other identifying information will not be used in any report. Everything we learn will be kept private to the fullest extent of the law. Only project team members will be allowed access to this information. If you would like a copy of the report, one can be sent to you.



Reading level: 4.4

**Assessment of Chemical Exposures (ACE) Investigations Sample  
Child (Age 7-12) Assent/Parent Permission for Testing of Clinical Specimens**

Read form to the child.

The [state health department] is trying to find out if people got sick after [description of release].

We are collecting (blood/pee) samples from people who were in the area to see if we can find [the chemical] in their bodies.

We are asking you if we can get a sample of your (blood/pee) because you were in the area of [the release].

Blood:

If you let us, we will clean your arm by gently rubbing it with alcohol. Then we will take a little bit of blood from your arm with a needle. We will send your blood to the lab to test for [the chemical].

Urine:

We will ask you to go into the bathroom and pee into a cup for us. If you want your parents to help you they can. We will send your pee to the lab to test for [the chemical].

When the lab has finished testing the samples, they will throw away any leftover (blood/pee).

Blood:

The needle stick in your skin may hurt a little for a few seconds. The person taking the blood will be very careful. You might have a bruise afterward.

Pee:

It will not hurt for you to pee into a cup.

Your parents have said you can get your (blood/pee) tested if you want. But it is up to you to decide if you want to or not. If you don't want to get the test done, that's OK. Nothing will happen to you.

If you get the test done, we will send your parents a report that tells what the lab found. They can give the report to your doctor.

We will talk to your parents to find out where you were when the [description of release] happened. We will also ask if you got sick the week it happened.

Everything your parents tell us is private. We will not tell anyone who is not working with us what they said.

Do you have questions?

Do you want to talk to your (parents/mother/father/[guardian]) before you make up your mind about having your (blood/pee) tested? If you want to talk with your (parents/mother/father/[guardian]), tell us and we'll leave so you can talk to them.

