

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

MEC e-consent proposed screens: 12-17 yo SP

MEC Consent/Assent

PROVIDE MEC CONSENT BROCHURE AND REVIEW PACKET.

[Let's take a look at a brochure as I explain the exam process to you.]

HAND RESPONDENT THE EXAMINATION CONSENT BROCHURE IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS FROM BROCHURE AND HEALTH MEASUREMENTS LIST, OR READ FORMS OUT LOUD.

REVIEW MEC DIAGRAM AND LAB TESTS ON BLOOD FLYERS AS NECESSARY.

REVIEW KEY POINTS FROM THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAM AT MEC FORM IN THE LANGUAGE HE/SHE READS, OR READ FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.

REVIEW STATEMENTS AND ALLOW RESPONDENT TO MAKE SELECTIONS.

LANGUAGE: ENGLISH

OMB# 0920-0950

EXPLAIN THE MEC EXAM AND MEC INTERVIEW RECORDING STATEMENTS. TURN SCREEN TO {PROXY} AND ASK HIM/HER TO RECORD HIS/HER MEC EXAM AND MEC INTERVIEW RECORDING CHOICE BELOW.

I have read the Examination Consent Brochure and Health Measurements List. I agree to allow SP to take part in the survey.

- YES
- NO

I agree to have SP's interview about current health status, diet, and health behaviors recorded for quality control.

- YES
- NO

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH

OMB# 0920-0950

YES I agree to allow SP to take part in the survey.

YES I permit NHANES to record SP's interview about current health status, diet, and health behaviors.

Sign below

Clear

R1 JONES

OFFICE USE ONLY: H R

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

- WITNESS
- INTERPRETER
- NO

601-01-0001-01-02

HPQ v. 17.40/5.00

other signature

RIQ350



Specimen Storage

PROVIDE SPECIMEN STORAGE FORM AND REVIEW KEY POINTS.

HAND RESPONDENT THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR SPECIMEN STORAGE AND CONTINUING STUDIES FORM IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS WITH RESPONDENT OR READ CONSENT FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.

DISPLAY IMAGE OF CONSENT FORM.

LANGUAGE: ENGLISH

OMB# 0920-0950

TURN SCREEN TO {PROXY} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES)
Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

Print name of participant _____
 First Middle Last

Q Why will a sample of blood and urine be kept for future health studies?

A We will store some of the blood and urine from persons who are examined in NHANES for future health studies. These samples will be frozen and kept in a specimen bank for as long as they last. You can request that your samples be removed at any time. Your participation is voluntary and no loss of benefits will result if you refuse.

Q What studies will be done with the samples?

A At this time, no specific studies are planned besides the tests included in the NHANES exam. As scientists learn more about health and diseases, other studies will be conducted that may include stored samples. There can be many additional studies on these samples.

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Q Who can use the stored samples for further study?

A Researchers from Federal agencies, universities, and other scientific centers can submit proposals to use the stored specimens. These proposals will be reviewed for scientific merit and then by a separate board that determines if the study proposed is ethical. The NHANES program will always know which samples belong to you or your child, but we will not give other researchers any information that could identify you or your child.

Q Will I receive results from any future testing of my specimens?

A Science and medicine are continually advancing. New tests and new ways of looking at results will be developed in the future. We can't predict what tests will be done or what the results will mean for your health. The NHANES program will not contact you or your family with results from these future studies. We will describe the completed studies on our website. If you are interested in your results from any of these studies, you may call our toll-free number, 1-800-452-6115 to request your specific results as they come available.

Q What are the benefits and risks for allowing my blood or urine sample to be used for future studies?

A You will not directly benefit but these studies may eventually help the health of people in the future. The risk of

REVIEW STATEMENTS AND ALLOW RESPONDENT TO MAKE SELECTIONS.

LANGUAGE: ENGLISH

OMB# 0920-0950

EXPLAIN SPECIMEN STORAGE FOR FUTURE HEALTH STUDIES CHECK BOXES. TURN SCREEN TO {PROXY} AND ASK HIM/HER TO RECORD HIS/HER SPECIMEN STORAGE CHOICE BELOW.

I agree to allow SP's blood and urine to be kept for future health studies, and I understand that I will not be contacted with the results from these studies.

- YES
- NO

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH

OMB# 0920-0950

YES I permit NHANES to keep SP's blood and urine for future health studies, and I

understand that I will not be contacted with the results from these studies.

Sign below

Clear

R1 JONES

OFFICE USE ONLY:

R

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO

601-01-0001-01-02

HPQ v. 17.40/5.00

other signature

RIQ350



Authorization for Transportation

PROVIDE AUTHORIZATION FOR TRANSPORTATION FORM AND REVIEW KEY POINTS.

HAND RESPONDENT THE AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR MINOR FORM IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS WITH RESPONDENT OR READ THE FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.

DISPLAY IMAGE OF CONSENT FORM.

LANGUAGE: ENGLISH

OMB# 0920-0950

TURN SCREEN TO {PROXY NAME} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

CDC HEALTH SURVEY
AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR
PERSONS BIRTH TO 17 YEARS OF AGE

NAME OF CHILD: _____ AGE: _____

- I consent to transportation of my child to and from the Mobile Exam Center/
Field Office by members of the CDC health survey staff.
- I consent to transportation of my child to and from the Mobile Exam Center/
Field Office in a taxi arranged and paid for by the CDC health survey.
- I will drive.

Children birth to 15 years old must come to the Mobile Exam Center accompanied by someone aged 18 and over. Please complete the subsequent section with this in mind. Children birth to 15 years old who arrive alone will not be examined.

- Mother will accompany.
- Father will accompany.
- Other person 18 and over will accompany _____
Specify
- Will come alone (only for children ages 16 and 17).

REVIEW STATEMENTS AND ALLOW RESPONDENT TO MAKE SELECTIONS.

LANGUAGE: ENGLISH

OMB# 0920-0950

EXPLAIN THE TRANSPORTATION AND ESCORT CHECK BOXES. TURN SCREEN TO {PROXY NAME} AND ASK HIM/HER TO RECORD HIS/HER CHOICES BY TOUCHING ONE TRANSPORTATION AND ONE ESCORT STATEMENT BELOW.

TRANSPORTATION (CHOOSE ONE): I consent to transportation of {SP} to and from the Mobile Exam Center (MEC)/Field Office...

- by members of the CDC health survey staff
- in a taxi arranged and paid for by the CDC health survey
- Parent/Guardian will arrange transportation, to and from the MEC/Field Office, for {SP}

ESCORT (CHOOSE ONE): I understand that children birth to 15 years old must come to the MEC accompanied by someone aged 18 and over.

- Mother will accompany
- Father will accompany

- Other person 18 and over will accompany
- Will come alone

If “Other person 18 and over will accompany” is selected, the respondent can select the adult from the household roster. If the adult is someone living outside the household, the respondent will be asked to provide the adult’s first and last name.

If the SP is 15 years old or younger, the option “Will come alone” would not be available.

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH	OMB# 0920-0950
Parent/Guardian will arrange transportation, to and from the Mobile Exam Center/Field Office, for {SP}.	
Mother will accompany {SP} to the MEC.	
Sign below	
<input type="text"/>	
<input type="button" value="Clear"/>	
R1 JONES	
OFFICE USE ONLY:	<input type="checkbox"/> R

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

- WITNESS
- INTERPRETER
- NO

601-01-0001-01-02

HPQ v. 17.40/5.00

other signature

RIQ350



Transition to minor SP as respondent

Is {SP} present and available to sign?

- YES
- NO. COME BACK LATER TO COLLECT MINOR'S SIGNATURES
- NO. COLLECT MINOR'S SIGNATURES AT MEC

Is {SP} able to give assent and sign forms?

- YES
- NO. SP HAS COGNITIVE PROBLEMS
- NO. SP HAS PHYSICAL PROBLEMS

If the SP cannot give assent and sign due to a cognitive or physical problem, the minor's parent/guardian may sign for the child.

MEC Consent/Assent

PROVIDE MEC CONSENT BROCHURE AND REVIEW PACKET.

[Let's take a look at a brochure as I explain the exam process to you.

HAND SP THE EXAMINATION CONSENT BROCHURE IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS FROM BROCHURE AND HEALTH MEASUREMENTS LIST, OR READ FORMS OUT LOUD AS NECESSARY.

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REVIEW KEY POINTS FROM THE CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAM AT MEC IN THE LANGUAGE HE/SHE READS, OR READ FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.]

DISPLAY IMAGE OF CONSENT FORM.

LANGUAGE: ENGLISH

OMB# 0920-0950

TURN SCREEN TO {SP} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM HARDCOPY AND ELECTRONICALLY.

OMB # 0920-0950

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

Print name of participant _____
First Middle Last

PARENT OR GUARDIAN OF SURVEY PARTICIPANT WHO IS UNDER 18 YEARS OLD:

For the Parent or Guardian of the Survey Participant who is a minor (unless the participant is an emancipated minor)

I have read the Examination Brochure and the Health Measurements List, which explain the nature and purpose of the survey. I freely choose to let my child take part in the survey.

Signature of parent/guardian Date

FOR PARENT OR GUARDIAN OF SURVEY PARTICIPANT 12-17 YEARS:

I agree to have my child's interview about his/her current health status, diet, and health behaviors recorded for quality control.

I do not agree to have my child's interview about his/her current health status, diet, and health behaviors recorded for quality control.

SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER:

I have read the Examination Brochure and the Health Measurements List, which explain the nature and purpose of the survey. I freely choose to take part in the survey.

Signature of participant Date

If you are 18 and older and do not want a written report of your exam results, check here

REVIEW STATEMENTS AND ALLOW RESPONDENT TO MAKE SELECTIONS.

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I have read the Examination Consent Brochure and Health Measurements List. I agree to take part in the survey.

- YES
- NO

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH

OMB# 0920-0950

YES I agree to take part in the survey.

PARENT/GUARDIAN agreed to allow NHANES to record my interview about current health status, diet, and health behaviors.

Sign below

Clear

{SP}

OFFICE USE ONLY:

R

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

- WITNESS
- INTERPRETER
- NO

601-01-0001-01-02

HPQ v. 17.40/5.00

other signature

RIQ350



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OMB# 0920-0950

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OMB# 0920-0950

EXPLAIN SPECIMEN STORAGE FOR FUTURE HEALTH STUDIES CHECK BOXES. TURN SCREEN TO {SP} AND ASK HIM/HER TO RECORD HIS/HER SPECIMEN STORAGE CHOICE BELOW.

My blood and urine to be kept for future health studies, and I understand that I will not be contacted with the results from these studies.

- YES
- NO

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH

OMB# 0920-0950

YES I permit NHANES to keep my blood and urine for future health studies, and I

understand that I will not be contacted with the results from these studies.

PARENT/GUARDIAN agreed to allow NHANES to keep my blood and urine for future health studies.

Sign below

Clear

{SP}

OFFICE USE ONLY:

R

IS A WITNESS/INTERPRETER SIGNATURE REQUIRED?

WITNESS
 INTERPRETER
 NO

601-01-0001-01-02

HPQ v. 17.40/5.00

other signature

RIQ350



DISPLAY SUMMARY OF RESPONDENT'S SELECTIONS. BECAUSE CONSENT WAS GIVEN ELECTRONICALLY, THE PROGRAM WILL FILL THE DROP-DOWN LISTS.

Participant #: 619-20-0007-01-01 SP Name: , {SP} S
Telephone #: () - Language: ENGLISH
Gender: Female Age: 12 Fasting Req: Afternoon/Evening
DOB: RF/RF/RF

Type of Consent

MEC Consent/Assent Signed By Parent?	Yes	▼
Agree my child's MEC interviews may be recorded?	Yes	▼
MEC Consent/Assent Signed By SP?	Yes	▼
FR Consent Signed By Parent or REF?	Yes	▼
Agree my child's blood and urine may be kept?	Yes	▼
FR Consent Signed By SP or REF?	Yes	▼
Agree my blood and urine may be kept?	Yes	▼
Authorization for Transportation Form Signed?	Yes	▼

Special Considerations

Add Delete Help



Español

