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## NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY HOME INTERVIEW CONSENT

rint name of person question	ned			
1 1	First	Middle	Last	

You have been chosen to take part in the National Health and Nutrition Examination Survey (NHANES), conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). This research tells us about the health and nutrition of people in the United States. It combines an interview with a health exam. Our interviewer will ask questions about you and your family. Some questions are about your work and general health. Others are about health problems and other health topics. Health research using NHANES can be enhanced by combining your survey records with other data sources. The data gathered are used to link your answers to vital statistics, health, nutrition, and other related records. The questions today will take about one hour. We may contact you to check the work of your interviewer. We may contact you again for further studies.

Data gathered in this survey are used to study many health issues. We are required by law (read box below) to use your information for statistical research only and to keep it confidential.

You may take part in this survey or not. The choice is yours. You will not lose any benefits if you say no. If you choose to take part, you don't have to answer every question and you can stop the interview at any time.

We can do additional health research by linking the interview and exam data of everyone listed under "SP NAME" in the gray box below to vital statistics, health, nutrition, and other related records. May we try to link these survey records with other records?

Yes No N/A Do you have more questions about the survey? You can make a toll-free call to the Senior Medical Officer at 1-800-452-6115, Monday-Friday, 7:30 AM-4:30 PM ET. If you have questions about your rights about being in the survey, call 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 # 2018-01. Your call will be returned as soon as possible.

SIGNATURE OF PERSON ANSWERING QUESTIONS:		
I have read the information above. I agree to proceed with the	e interview.	
	Date	
IF PERSON ABOVE IS 16 OR 17 YEARS OLD, A PARENT (Unless participant is an emancipated minor )	Г/GUARDIAN MUST ALSO SIGN BELOW:	
Signature of parent/guardian	Date	
I observed the interviewer read this form to the person named above a Witness (if required)  Date    Name of staff member present when this form was signed:		
HOUSEHOLD ID	FAMILY #	
Which questionnaire(s) did person respond to? FAMIL' SP NAME SP ID		
Assurance of Confidentiality: We take your privacy ver describes identifiable characteristics of individuals, a pr statistical purposes. NCHS staff, contractors, and agen form without the consent of the individual or establishn Health Service Act (42 U.S.C. 242m(d)) and the Confide Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 1 employee, contractor, and agent has taken an oath and up to \$250,000, or both if he or she willfully discloses AI NCHS complies with the Federal Cybersecurity Act of 2	ractice, or an establishment will be used only for ts will not disclose or release responses in identifiable nent in accordance with section 308(d) of the Public ential Information Protection and Statistical 107-347). In accordance with CIPSEA, every NCHS is subject to a jail term of up to five years, a fine of NY identifiable information about you. In addition,	

identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf of, the government.