

MEC e-consent proposed screens: 7-11 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.

DISPLAY IMAGE OF CONSENT FORM.

LANGUAGE: ENGLISH

TURN SCREEN TO {PROXY} 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.

LANGUAGE: ENGLISH

EXPLAIN THE MEC EXAM STATEMENT. TURN SCREEN TO {PROXY} AND ASK HIM/HER TO RECORD HIS/HER MEC EXAMCHOICE 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

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH

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

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

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.

**Assurance of confidentiality** – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA, every NCHS

**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

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

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

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

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

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH

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

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*



## 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 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 ASSENT BROCHURE IN THE LANGUAGE HE/SHE READS.

REVIEW KEY POINTS FROM BROCHURE OR READ BROCHURE OUT LOUD.

REVIEW KEY POINTS FROM THE MEC CHILD ASSENT FORM IN THE LANGUAGE HE/SHE READS,  
OR READ FORM OUT LOUD.

ANSWER ANY RESPONDENT QUESTIONS.

DISPLAY IMAGE OF CONSENT FORM.

LANGUAGE: ENGLISH

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

**National Health and Nutrition Examination Survey (NHANES)**

Your parents say that you can take part in this special survey. You have just read about the survey in this book. The survey tells us about the health of people. We will ask you to have an exam at our vans that are here in your town. This exam is a little like going to the doctor. Other kids and their families will be at the center. You do not have to do this if you do not want to. You can also stop at any time and you do not have to do any tests that you do not want to. If you take part, you will learn some things about yourself. You will help us learn a lot about other kids in the United States.

If you want to take part in the survey, write your name below.

---

Signature of participant 7-11 years old

---

Print name of participant



REVIEW STATEMENTS AND ALLOW RESPONDENT TO MAKE SELECTIONS.

LANGUAGE: ENGLISH

EXPLAIN THE MEC EXAM PARTICIPATION STATEMENT. TURN SCREEN TO {SP} AND ASK HIM/HER TO RECORD HIS/HER MEC EXAM PARTICIPATION CHOICE BELOW.

I have read the Examination Assent Brochure. I agree to take part in the survey.

- YES
- NO

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH

YES I agree to take part in the survey.

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*



## Specimen Storage

PROVIDE SPECIMEN STORAGE FORM AND REVIEW KEY POINTS.

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

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

ANSWER ANY RESPONDENT QUESTIONS.]

DISPLAY IMAGE OF CONSENT FORM.

LANGUAGE: ENGLISH

TURN SCREEN TO {SP} 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.

**Assurance of confidentiality** – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA, every NCHS

**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

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

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.

<b>Participant #:</b>	619-20-0011-01-02	<b>SP Name:</b>	JONES, C7
<b>Telephone #:</b>	( ) -	<b>Language:</b>	ENGLISH
<b>Gender:</b>	Female	<b>Age:</b>	7
		<b>Fasting Req:</b>	Afternoon/Evening
		<b>DOB:</b>	RF/RF/RF

---

<b>Type of Consent</b>		<p><b>Special Considerations</b></p> <p>Add Delete Help</p>
MEC Consent/Assent Signed By Parent?	Yes ▾	
Child Assent Signed By SP?	Yes ▾	
FR Consent Signed By Parent or REF?	Yes ▾	
<b>Agree my child's blood and urine may be kept?</b>	<b>Yes ▾</b>	
FR Consent Signed By SP or REF?	Yes ▾	
<b>Agree my blood and urine may be kept?</b>	<b>Yes ▾</b>	
Authorization for Transportation Form Signed?	Yes ▾	



