

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
HOME INTERVIEW CONSENT

Print name of person questioned _____
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 interview.

Date

IF PERSON ABOVE IS 16 OR 17 YEARS OLD, A PARENT/GUARDIAN MUST ALSO SIGN BELOW:
(Unless participant is an emancipated minor)

Signature of parent/guardian

Date

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

Witness (if required)

Date

Name of staff member present when this form was signed: _____

HOUSEHOLD ID _____

FAMILY # _____

Which questionnaire(s) did person respond to? FAMILY SP (IF CHECKED, PRINT BELOW)
SP NAME SP ID SP NAME SP ID

