

MEC e-consent proposed screens: Adult 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 {SP/PROXY} AND EXPLAIN THAT YOU ARE REVIEWING THE SAME FORM  
HARDCOPY AND ELECTRONICALLY.

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 AND REPORT OF FINDINGS STATEMENTS. TURN SCREEN TO {SP/PROXY} AND ASK HIM/HER TO RECORD HIS/HER MEC EXAM AND REPORT OF FINDINGS CHOICE BELOW.

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

- YES
- NO

I would like a written report of my exam results.

- YES
- NO

REVIEW SELECTIONS AND ASK RESPONDENT TO SIGN.

LANGUAGE: ENGLISH

YES I agree to take part in the survey.

YES I would like a written report of my exam results.

Sign below

Clear

R1 JONES

OFFICE USE ONLY:  H  R

Note that if the respondent refuses the MEC exam (R), the e-consent process will not continue. The program would display the following message, "SP CANNOT BE EXAMINED WITHOUT SIGNED MEC CONSENT/ASSENT FORMS. MEC CONSENT/ASSENT FORMS SHOULD BE SIGNED BEFORE APPOINTMENT IS MADE."

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 SPECIMENT 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 {SP/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 {SP/PROXY} AND ASK HIM/HER TO RECORD HIS/HER SPECIMEN STORAGE CHOICE BELOW.

My blood and urine may 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.

Sign below

Clear

R1 JONES

AFTER EACH SIGNATURE SCREEN, THE PROGRAM WILL ASK IF A WITNESS/INTERPRETER WAS USED.



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 #: 601-01-0001-01-01      SP Name: LOGAN, RICHARD  
Telephone #: (410) 255-7416      Language: ENGLISH  
Gender: Male      Age: 46      Fasting Req: Afternoon/Evening  
DOB: 02/16/1971

**Type of Consent**

MEC Consent/Assent Signed By SP? Yes ▾  
FR Consent Signed By SP or REF? Yes ▾  
Agree my blood and urine may be kept? Yes ▾

**Special Considerations**

Add Delete Help

