

## National Health and Nutrition Examination Survey (NHANES)

You have been chosen to take part in the National Health and Nutrition Examination Survey. The survey is one in a series conducted by the National Center for Health Statistics (NCHS). These surveys tell us about the health and nutrition of people in the United States. They combine an interview with a physical exam. At your home, our interviewer will ask some questions. They will be about your work and family. Other questions will be about illnesses and diseases you may have had. Some questions are about the kinds of health care you get and other health topics. Also, we will ask for your Social Security and Medicare numbers to do research on health and health care coverage. The interview will take from ½ to 1½ hours of your time. We may contact you again for further studies.

We use the data collected in this survey to study many health issues. We will use information only for research and statistical reports. All health data we collect in NHANES will be kept strictly private. We gather and protect all information in keeping with the requirements of Federal Law: the Public Health Service Act (42 USC 242k) authorizes collection and Section 308(d) of that law (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A) prohibit us from giving out information that identifies you or your family without your consent.

You may participate in the survey or not. That is your choice. No penalties or loss of benefits will come from refusing to take part. If you choose to take part, you may choose not to answer any question.

To discuss any aspect of the survey, you can make a toll-free call to Dr. Kathryn Porter at the U.S. Public Health Service office at 1-800-452-6115, Monday-Friday, 9 AM-6 PM EST. If you have questions about your rights as a survey participant, call Dr. Lester R. Curtin at 1-800-228-8118.

I have read the information above. I freely choose to participate in the NHANES household interview. I understand that data about me will be released only as described.

\_\_\_\_\_  
Signature of respondent Date

\_\_\_\_\_  
Signature of parent/guardian for participants under 18 Date

\_\_\_\_\_  
Signature of staff member Date Witness (if required) Date

Print name of respondent

\_\_\_\_\_  
First Middle Last

Family Questionnaire

SP Questionnaire

\_\_\_\_\_  
Household/Family ID

\_\_\_\_\_  
SP ID

Public reporting burden of this collection of information is estimated to average 6.6 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1800 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

OMB # 0920-0237

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