

## Informed Consent for Lead Dust Collection

**Purpose:** The purpose of the sampling is to find out if there is lead dust in your home. Lead in dust most often comes from peeling or chipping lead-based paint. It can cause health problems especially to young children. Lead-based paint in good condition and left alone usually is not a concern.

**Procedure:** The household interviewer will collect dust samples from the floor and window sill of one room in your house. The procedure will take about 5 minutes.

**Benefits:** If one or more of the dust samples are above thresholds published in Federal guidelines, you will receive a report on the findings of the lead dust collection, along with an informational pamphlet about lead in homes. The report and pamphlet will provide information that will help you deal with any lead hazards found in your home.

**Risks or discomforts:** No risks or discomforts are associated with the lead dust collection procedure. If you get the report on lead hazards in your home, Federal law requires you to disclose this information to buyers or renters at the time of purchase or rental, unless your home fits an exemption included in the law. The exemptions include (1) houses built after 1977; (2) dwellings without bedrooms, such as lofts, efficiencies, and studios; (3) short-term leases of 100 days or less, such as vacation homes; (4) housing that has been inspected by a certified inspector and found free of lead-based paint; and (5) housing for the elderly and the disabled, with no children residents. The interviewer will give you a pamphlet describing the disclosure requirements.

**Participant Protection:** We will use information collected in the survey only for research and statistical reports. All health data and samples that we collect in NHANES will be kept strictly private. Our staff is not allowed to discuss that you are part of this survey under penalty of Federal law: Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A).

**I have been informed about the purpose and procedure of the lead dust collection and understand both the risks and benefits. I agree to have the lead dust sampling conducted in my home.**

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

\_\_\_\_\_  
Date

**I do not want a report of my lead dust results.**

\_\_\_\_\_  
Signature of staff member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (if required)

\_\_\_\_\_  
(Date)

Print name  
of respondent

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

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