

SPID#: _____

- ☐₁ Yes ☐₂ No 1. I **have read or am aware** of all the facts in the **consent brochure**.
I have **asked questions** and all of my questions have been answered to my satisfaction. I have read the consent brochure describing how my information will be shared. I know that I can call the SHOW main office if I have any other questions. CONSO10 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 2. I understand that I can **choose to participate** in the survey and I can choose to stop participating at any time. I know that I may **refuse to answer** any question. CONSO20 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 3. I agree to do the **interview in my home**. CONSO30 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 4. I agree to **complete the packet** of questions that will be left at my house and understand that I will bring this to the survey center at the time of my visit to the center. CONSO40 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 5. I agree to meet with SHOW staff for the **physical exam** and to complete some additional questionnaires. I understand that these will be used for tests of blood pressure, heart rate, height, weight, waist, hips and arms, and breathing capacity. CONSO50 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 6a. I agree to allow you to **draw my blood**. I understand that some tests and results will be sent to me. (if no, please answer 6b.) CONSO60 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 6b. I agree to allow you to take a saliva sample for future DNA testing. CONSO70 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 7. I understand and agree to having my blood stored for future research. CONSO80 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 8. I agree to provide you with a **urine sample**. I understand and agree to having my urine stored for future research. CONSO90 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 9. I allow you to use a portion of my blood or saliva for **DNA testing**. I understand that the sample will be used to look for genetic causes of disease. I understand that my genetic information will not be sold and will not be used for cloning or stem cell research and will not be reported to me. CONS100 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 10. I agree that SHOW may call, send me a letter, and/or email me about **future studies** related to SHOW. CONS110 FMT_YES_NO.
- ☐₁ Yes ☐₂ No 11. I agree to have my **interview taped**. I understand that this is for quality assurance of the conduct of the study and that this tape will be destroyed and not kept as part of the database. CONS120 FMT_YES_NO.

_____ Date	_____ Signature of Subject	_____ Printed Name
---------------	-------------------------------	-----------------------

_____ Date	_____ Signature of SHOW staff obtaining consent	_____ Printed Name
---------------	--	-----------------------