

## Consent Verification

### IF AGE >= 18 GO TO CONS1a

CONS1a TERMS OF CONSENT (AS TAKEN FROM THE APPROVED CONSENT SIGNATURE PAGE)

Date Consent Signed

MONTH

DAY

YEAR

Interviewer's name

Interviewer's number

VERSION NUMBER OF CONSENT

[IF VERSION NUMBER IS LESS THAN 20, DISPLAY THE FOLLOWING WARNING:  
**YOU HAVE ENTERED A VESRION NUMBER LOWER THAN 21]**

CONS2 THE SP INITIALED THE FOLLOWING FOLLOW-UP OPTIONS – MARK YES OR NO FOR EACH ONE.

<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.

**CONS121\_1 FMT\_YES\_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.

**CONS121\_2 FMT\_YES\_NO.**

3. I agree to do the **interview and physical measurements in my home**. I understand that these include tests of blood pressure, heart rate, height, weight, waist, hips and arms, and breathing capacity.

**CONS121\_3\_R2 FMT\_YES\_NO.**

4. I agree to **complete the packet** of questions that will be left at my house and understand that I will mail this back to SHOW.

**CONS121\_4\_R2 FMT\_YES\_NO.**

5. I agree to meet with SHOW staff for the **blood draw** and urine collection.

**CONS121\_5\_R2 FMT\_YES\_NO.**

6a. I agree to allow a trained phlebotomist to **draw my blood**. I understand that some tests and results will be sent to me.

**CONS121\_6A\_R2 FMT\_YES\_NO.**

6b. I agree to allow you to take a saliva sample for future DNA testing.

**CONS121\_6B FMT\_YES\_NO.**

6c. I agree to allow you to take a blood spot for future unspecified research.

**CONS121\_6C FMT\_YES\_NO.**

7. I understand and agree to having my blood stored for future unspecified research.

**CONS121\_7\_R2 FMT\_YES\_NO.**

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8. I agree to provide you with a **urine sample**. I understand and agree to have my urine stored for future unspecified research.

**CONS121\_8\_R2 FMT\_YES\_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. I agree to have this stored for future unspecified research.

**CONS121\_9\_R2 FMT\_YES\_NO.**

10. I agree that SHOW may call, send me a letter, and/or email me **about future studies** related to SHOW.

**CONS121\_10\_R2 FMT\_YES\_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.

**CONS121\_11 FMT\_YES\_NO.**

**[END SECTION]**