

New Zealand

# Adult Nutrition Survey

2008/09

## CONSENT FORM

Please read each bullet point carefully before signing below:

- I have read and I understand the information pamphlet on the NZ Adult Nutrition Survey. I know I can ask questions at any time and I can contact the University of Otago or the Ministry of Health if I want further information.
- I know that I can stop the interview at any time and I don't have to answer every question. There is no disadvantage to me if I don't want to take part or if I stop at any time.
- I know that my participation in the NZ Adult Nutrition Survey is confidential and any information that could identify me will never be used in any reports on this study. All my answers are protected by the Privacy Act of 1993.

I agree to take part in the 2008/09 NZ Adult Nutrition Survey.	<input type="checkbox"/> yes <input type="checkbox"/> no
I agree to provide a blood and urine sample for the 2008/09 NZ Adult Nutrition Survey.	<input type="checkbox"/> yes <input type="checkbox"/> no
If any of my blood sample remains after the first analyses are completed I agree that my sample can be stored for additional nutrition-related tests approved by the Multi-region Ethics Committee.	<input type="checkbox"/> yes <input type="checkbox"/> no
Once all testing is completed, I would like an appropriate karakia (blessing) to be performed before my stored samples are disposed of safely in the laboratory.	<input type="checkbox"/> yes <input type="checkbox"/> no

Name (*please print*) .....

Signed ..... Date .....

Interviewer's signature .....