INFORMED CONSENT TO TAKE PART IN THE HISPANIC HEALTH RESEARCH CENTER HEALTH IMPROVEMENT EFFORTS
"DIABETES IMPACT STUDY HOUSEHOLD SURVEY"
Slowing the Epidemic of Obesity and Type 2 Diabetes and their consequences in South Texas Border Region

Invitation to Take Part:
You are being invited to take part in the research study: "Hispanic Health Research Center Health Improvement Efforts' Diabetes Impact Study Household Survey". Your decision to take part is strictly voluntary and you may refuse to participate, or choose to stop participating, at any time. A decision not to participate or to stop being a participant of the research project will not change the services that are otherwise available to you. You are aware that you can ask questions at any time to the individuals who may be interviewing you.

Purpose of the Study:
This study is being done to help scientists determine how frequent diabetes occurs in the border cities and to identify individuals for more detailed examinations.

Procedure:
The first part of this study involves a census of your household and brief questions to determine who already has diabetes. Your consent allows us to ask questions about you, your phone number and contact information. We will also ask about, who normally lives in your house, including their names, ages, gender, ethnicity and whether they have diabetes.
Please understand that people in your household who are 8 years of age or older will be invited for a detailed examination that will take 2 and ½ to 3 hours. The individuals selected for testing will be contacted separately and the detailed studies will be explained to them and to their parents if they are minors (8 – 17 years of age). They will then be asked individually to provide their consent, parent permission and assent (if minors 8 – 17 years of age) for taking part in the more detailed studies.

Time Commitment:
If you agree to take part, this should take approximately 20 to 30 minutes to answer.

Benefits:
Taking part in this study may not lead to benefit for you or for your family but may lead to better information about how frequent diabetes occurs in the border cities. More knowledge may help prevent or lower problems caused by these diseases.

Risks and/or Discomforts:
Every effort will be made to protect your confidentiality as explained below, but there is a slight risk for possible loss of confidentiality.

Confidentiality:
You will not be personally identified in any reports or publications that may result from this study. Any personal information about you that is gathered during this study will remain confidential to every extent of the law. A special number will be used to identify you in the study and only the investigator or those collecting the information will know your name. Please understand that representatives of the Food and Drug Administration (FDA), the Committee for the Protection of Human Subjects, and the sponsor of this

research may review your research records for the purposes of verifying research data, and will see personal identifiers.

Study withdrawal:
You participation in this study is complete voluntary and you may choose to stop taking part at any time.

Cost and Compensation:
Your participation in this study will not cost anything. You will not be paid for taking part in this study.

Questions:
If you have any questions regarding this study, please feel free to contact:
In Brownsville the Clinic Research Unit, University of Texas Health Science Center at Houston-Brownsville Regional Campus located at 800 W. Jefferson St. Suite 230 and contact Rocio Uribe, Project Manager at (956) 755 0695.
In Laredo the Clinic Research Unit, University of Texas Health Science Center San Antonio-Laredo Regional Campus located at 1937 Bustamante St. Room 1.105 and call 956 523 7533.

Signatures:
Sign below only if you understand the information given to you about the research and choose to take part. Make sure that any questions have been answered satisfactorily and that you understand the study. If you have any questions or concerns about your rights as a research subject, call the Committee for the Protection of Human Subjects at (713) 500-7943 or IRB-HS at 956-882-7739. If you decide to take part in this research study, a copy of this signed consent will be given to you.

_____	_____	_____
Signature of Subject	Date	Time

_____
Printed Name of Subject

_____	_____	_____
Signature of Person Obtaining Consent	Date	Time

_____
Printed Name of Person Obtaining Consent

*This study **HSC-SPH-03-007-A** has been reviewed and approved by the Committee for the Protection of Human Subjects (CPHS) for the University of Texas Houston Health Science Center and IRB-HS-UTB/TSC-#2005-044-IRB-1. For any inquiries regarding research subject's rights, or to report any research-related injury, call the CPHS at (713) 500-7943.*