



**WEST OF SCOTLAND
TWENTY-07 STUDY
HEALTH IN THE COMMUNITY**

Respondent ID.

Cohort (1, 3 or 5)

ID.

--	--	--	--

CONSENT FORM

I agree to be interviewed as part of the WEST OF SCOTLAND TWENTY-07 STUDY, as described in the information sheet, and to have the following simple physical measures taken:

height, weight, waist and hip circumference, pulse rate, blood pressure, lung function, reaction time, and a saliva sample.

I understand that I do not need to answer all the questions if I do not wish to, and that any information that I provide will be treated with the strictest confidence.

Name (*block capitals*) _____

Signed _____

Date _____