



RESPONDENT IDNO

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## CONSENT FORM I

Please **initial** box

- I confirm that I have read and understood the information sheet dated (version 4 dated 03/09/07) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- I agree to the following physical measures being conducted: height, sitting height, weight, waist/hip circumference, pulse rate, blood pressure, lung function, reaction time, grip strength and body fat composition
- I understand that I do NOT need to answer any question if I do not wish to and can refuse any measure that I do not want to undertake. I also understand that any information provided will be treated with the strictest of confidence
- I agree that the researchers may contact me again in the future to provide me with feedback about the Study or to discuss continuing to participate in research with the MRC. I am aware that I may withdraw at any time in the future by writing to the address below
- I agree that the researchers at the MRC SPHSU may pass my name, address and date of birth to the Information Statistics Division of NHS Scotland to access any centrally held Scottish Morbidity Records (coded hospital records) relevant to me. I understand that these details will be used for research purposes only and that I am free to withdraw my permission at any time in the future by writing to the address below.
- I agree that the data collected about me up till now and in the future may be looked at by members of the MRC research team and their close collaborators, and where relevant, provided in an irreversibly anonymised form to other researcher as set out in the Participant Information Sheet.

☐☐☐☐☐☐

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

When complete, 1 copy for participant; 1 copy returned to Unit for file