



Determinants of young Adult Social well-being and Health  
A survey of young people from different ethnic groups in London



**RESPONDENT  
IDNO**

NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	LETTER
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# CONSENT FORM 1

Please  
**initial** box

- I confirm that I have read and understood the Participant Information Sheet 1 (version 1, dated 12/08/11) 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, weight, waist/hip circumference, pulse rate, blood pressure, lung function and body fat composition and to provide information on my dietary intake.
- 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 Health Episode Statistics to access any centrally held English 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, other researchers may be provided access to the data in an irreversibly anonymised form, as set out in the Participant Information Sheet 1 (version 1, dated 12/08/11).

\_\_\_\_\_  
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*



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