



**The Raine Study – 16 Year Follow Up
Parent consent form (teenager assessment)**

I, _____ have read the Family Information Sheet explaining the 16 year old follow up. Any questions asked have been answered to my satisfaction.

Withdrawal from the study at any stage will be possible and will not interfere with access to routine care.

I agree that the research data gathered from the results of this study may be published, provided that names are not used.

I agree to my son/daughter _____ participating in the following parts of the study (please tick and initial as appropriate):

	Yes	No
Teenager Questionnaires	<input type="radio"/>	<input type="radio"/>
Physical examination, measurement, blood pressure, physical fitness test, coordination test	<input type="radio"/>	<input type="radio"/>
Postural, squat & back muscle endurance assessment	<input type="radio"/>	<input type="radio"/>
Pedometer test, 7 day physical activity diary	<input type="radio"/>	<input type="radio"/>
Abdominal ultrasound	<input type="radio"/>	<input type="radio"/>
Blood test measurement of fats, glucose, insulin, coeliac disease antibodies, iron levels, cortisol & ACTH	<input type="radio"/>	<input type="radio"/>
Urine test for measurement of sodium, potassium & creatinine concentrations	<input type="radio"/>	<input type="radio"/>
Saliva swabs (measurement of cortisol levels)	<input type="radio"/>	<input type="radio"/>
24 hour blood pressure test	<input type="radio"/>	<input type="radio"/>
School survey – questionnaires for the school principal and classroom teacher	<input type="radio"/>	<input type="radio"/>
Access to Year 7 and MSE 9 Western Australian Literacy and Numeracy Assessment results	<input type="radio"/>	<input type="radio"/>
Obtain additional information from Western Australian administrative records	<input type="radio"/>	<input type="radio"/>
Cognitive assessment (a computer game)	<input type="radio"/>	<input type="radio"/>

Dated _____ day of _____ 20 _____

Signed _____ (Parent/Guardian)

I, _____ have explained the above study to the signatory who states that he/she understand the same.

Signed _____ (Investigator)