



**The Raine Study – physical activity levels, respiratory disease,
and stress responsiveness in early adolescence**

Parent consent form (adolescent assessment)

I, _____ have read the Parent Information Sheet explaining the 13 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 circle as appropriate):

- | | | |
|---|-----|----|
| - Child questionnaire | yes | no |
| - Physical examination, measurement, blood pressure, physical fitness test, coordination test | yes | no |
| - School survey – questionnaires for the school principal and classroom teacher | yes | no |
| - Pedometer test, 7 day physical activity diary, 24 hour blood pressure test | yes | no |
| - Blood & urine test (Genetic test – see separate form) | yes | no |
| - Stress test | yes | no |
| - Test of bronchial responsiveness and lung function test | yes | no |
| - Skin prick tests for allergies | yes | no |

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)