



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

**Adolescent consent form**

I, \_\_\_\_\_ have read the Adolescent Information Sheet explaining the 13 year old follow up. Any questions I have asked have been answered so that I understand what is going to happen.

I understand that I don't have to participate if I don't want to.

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

I agree to participate 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<br>(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 \_\_\_\_\_

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

Signed \_\_\_\_\_ (Investigator)