Scottish Health Survey 2015

CONSENT BOOKLET
Please use capital letters and write with a ballpoint pen

SERIAL NO.  _______________  _______________  _______________  Month ____________

House / flat number (or name): ____________________________________________

Postcode:  _______________  _______________

1. Interviewer number  _______________  _______________  _______________  _______________

2. Date of birth  DD  _______________  MM  _______________  YYYY  _______________  _______________  _______________

3. Full name (of person interviewed) _________________________________________

4. Sex  Male  1  Female  2

5. Date interview completed  DD  _______________  MM  _______________  YYYY  _______________  _______________  _______________

6. Full name of parent/guardian (if person under 18) ___________________________

7. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM  YES  NO

   Sample of saliva to be taken  01  02
   Sample of urine to be taken  03  04

8. SALIVA SAMPLE COLLECTED:  Yes  1  No  2

9. URINE SAMPLE COLLECTED:  Yes  1  No  2

10. SALIVA/URINE DISPATCHED (if applicable):  DD  _______________  MM  _______________  YYYY  _______________  _______________  _______________
SALIVA SAMPLE CONSENT

I consent to a trained ScotCen Social Research interviewer collecting a sample of my saliva on behalf of the Scottish Government

a) I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a saliva sample collected by dribbling into a small container that will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.

b) The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that:
   i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis
   ii. Links to my name and/or contact details will not be made at any time
   iii. No personal test results from my saliva sample will be given to me
   iv. The saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for other substances like drugs or alcohol or for DNA testing
   v. The sample will be destroyed after the analysis has been carried out

c) The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.

Print name (participant): ________________________________
Sign name (participant): ________________________________
Date: ________________________________

Print name (interviewer): ________________________________
Sign name (interviewer): ________________________________
Date: ________________________________

You can cancel this permission at any time in the future by writing to us at the following address:
Scottish Health Survey, ScotCen Social Research, Scotiabank House, 2nd Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW.

If you would like more information on the survey please visit the Scottish Health Survey website:
www.scottishhealthsurvey.org
I consent to a trained ScotCen Social Research interviewer collecting a sample of my saliva on behalf of the Scottish Government

a) I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a saliva sample collected by dribbling into a small container that will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.

b) The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that:
   i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis
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c) The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.

Print name (participant):

Sign name (participant):

Date:

Print name (interviewer):

Sign name (interviewer):

Date:

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URINE SAMPLE CONSENT

SERIAL NO. ____________________  ____________________

I consent to a trained ScotCen Social Research interviewer collecting a sample of my urine on behalf of the Scottish Government

a) I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a urine sample. This measurement will take approximately three (3) minutes to complete.

b) The urine sample will be sent to a secure storage facility where they will test it to assess salt levels. I understand that:
   i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis
   ii. Links to my name and/or contact details will not be made at any time
   iii. No personal test results from my urine sample will be given to me
   iv. The urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for other substances like drugs or alcohol
   v. The sample will be destroyed after the analysis has been carried out

c) The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.

Print name (participant): __________________________________________

Sign name (participant): __________________________________________

Date: __________________________________________________________________

Print name (interviewer): __________________________________________

Sign name (interviewer): __________________________________________

Date: __________________________________________________________________

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URINE SAMPLE CONSENT

I consent to a trained ScotCen Social Research interviewer collecting a sample of my urine on behalf of the Scottish Government

a) I have read and understood the Information for Participants leaflet and understand that I will be asked to provide a urine sample. This measurement will take approximately three (3) minutes to complete.

b) The urine sample will be sent to a secure storage facility where they will test it to assess salt levels. I understand that:
   i. The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis
   ii. Links to my name and/or contact details will not be made at any time
   iii. No personal test results from my urine sample will be given to me
   iv. The urine sample will only be tested for sodium, potassium and creatinine. It will not be tested for other substances like drugs or alcohol
   v. The sample will be destroyed after the analysis has been carried out

c) The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.

Print name (participant): __________________________________________________________
Sign name (participant): __________________________________________________________
Date: __________________________________________________________________________

Print name (interviewer): _________________________________________________________
Sign name (interviewer): __________________________________________________________
Date: __________________________________________________________________________

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SCOTTISH HEALTH SURVEY 2015

DISPATCH NOTE FOR SALIVA AND URINE SAMPLES

Complete all sections CLEARLY and LEGIBLY.

SERIAL NO. ____________

1. SEX:
   - Male
   - Female

2. DATE OF BIRTH: DD ______ MM ______ YYYY ______

3. SMOKING STATUS:
   - Current smoker
   - Non smoker / NA

4. SALIVA SAMPLE COLLECTED
   - Yes
   - No

5. URINE SAMPLE COLLECTED
   - Yes
   - No

6. DATE SAMPLE(S) TAKE: DD ______ MM ______ YYYY ______

7. INTERVIEWER NO: ______ ______ ______ ______

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

STORAGE FACILITY USE ONLY

TUBES ENCLOSED: ✓ if rec’d

- Saliva
- Urine