



P97192.01

# 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  No  2				
10. SALIVA/URINE DISPATCHED (if applicable):				
DD MM YYYY				





#### SALIVA SAMPLE CONSENT

SERIAL NO.						
I consent to a trai on behalf of the S			Research	intervie	wer colle	ecting a sample of my saliva
that I will container	be asked t	o provide nen be s	e a saliva ealed an	sample d packa	collecte	ants leaflet and understand ed by dribbling into a small his measurement will take
<ul> <li>b) The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that: <ol> <li>The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis</li> <li>Links to my name and/or contact details will not be made at any time</li> <li>No personal test results from my saliva sample will be given to me</li> <li>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</li> <li>The sample will be destroyed after the analysis has been carried out</li> </ol> </li> <li>c) The interviewer has explained the procedure, and I have had an opportunity to discuss this with him/her.</li> </ul>						
Print name (	(participant):					
Sign name (	(participant):					
	Date:					
Print name ( Sign name (						
	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, 2<sup>nd</sup> Floor, 6 South Charlotte Street, Edinburgh, EH2 4AW.

If you would like more information on the survey please visit the *Scottish Health Survey* website: <a href="https://www.scottishhealthsurvey.org">www.scottishhealthsurvey.org</a>





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SALIVA SAMPLE CONSENT
SERIAL NO.
consent to a trained ScotCen Social Research interviewer collecting a sample of my saliva n 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 sma container that will then be sealed and packaged. This measurement will take approximately three (3) minutes to complete.
<ul> <li>b) The saliva sample will be sent to a secure storage facility where it will be analysed for cotinine. I understand that: <ol> <li>The sample and related information will be coded to ensure that my personal identity is not revealed to researchers carrying out scientific analysis</li> <li>Links to my name and/or contact details will not be made at any time</li> <li>No personal test results from my saliva sample will be given to me</li> <li>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</li> <li>The sample will be destroyed after the analysis has been carried out</li> </ol> </li> </ul>
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):
Data

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

URINE SAMPLE	CONSENT
SERIAL NO.	
I consent to a trained ScotCen Social Research intervon behalf of the Scottish Government	riewer collecting a sample of my urine
<ul> <li>a) I have read and understood the Information to that I will be asked to provide a urine samples</li> <li>approximately three (3) minutes to complete.</li> </ul>	
<ul> <li>b) The urine sample will be sent to a secure strassess salt levels. I understand that: <ol> <li>The sample and related information will be didentity is not revealed to researchers carrying ii. Links to my name and/or contact details will iii. No personal test results from my urine sample vit. The urine sample will only be tested for some not be tested for other substances like drugs v. The sample will be destroyed after the analyst of the interviewer has explained the procedure discuss this with him/her.</li> </ol> </li> </ul>	coded to ensure that my personal ing out scientific analysis not be made at any time ole will be given to me odium, potassium and creatinine. It will so or alcohol
Print name (participant):	
Sign name (participant):	
Date:	
Print name (interviewer):  Sign name (interviewer):	

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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 1 Female 2					
2.	DATE OF BIRTH: DD MM YYYY					
3.	SMOKING STATUS:  Current smoker 1  Non smoker / NA 2					
4.	SALIVA SAMPLE COLLECTED  Yes 1  No 2					
5.	URINE SAMPLE COLLECTED  Yes  No  2					
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						
Saliv Urin						