BIRTH TO TEN: FIVE YEAR QUESTIONNAIRE 1995

STATEMENT BY RESEARCHER

procedures to the best of my ability.	explained their purpose. I have answered any questions that have ansen regarding these	have fully explained the procedures, identifying those which are investigational, and have
	n regarding these	ational, and have

explained their purpose. I have ans procedures to the best of my ability.	explained their purpose. I have answered any questions that have answer to see the best of my ability.
Signed by: Investigator/Researcher:	
Date:	1995
STATEMENT BY THE PARENT/GUARDIAN OF THE BTT CHILD	PARENT/GUARDIAN
I have been fully informed as to the blood pressure measurement.	I have been fully informed as to the procedures to be followed, including a blood sample an blood pressure measurement.
In signing this consent form I agre free to refuse or withdraw this coutime. I understand that any quest	In signing this consent form I agree to this investigation on my child and understand that I at free to refuse or withdraw this consent regarding my child's participation in the study at at time. I understand that any questions I may have at any time will also be answered.
BTT ID NUMBER:	
Full Name and Surname	

Signed by Parent/Guardian:

1995

Witness:

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CONSENT FORM

participation in the study until your child is 10 years old. All the conditions set out in that When you and your child entered the Birth to Ten study in 1990, you gave consent for your form still apply.

before and include the following: measurements and ask some additional questions of your child. These have not been done At the 5 year examination, we would like to ask consent from you to do some additional

- Some questions on smoking.
- Measure your child's blood pressure.
- ယ Take a blood sample to determine your child's blood fat profile

will also suggest what you should do about these findings These results will be made available to you if there are any abnormalities. The research team

development and his/her understanding of some health issues This data will be used with the other data gathered to monitor your child's growth, physical

form will be made available to you. All information will be treated as confidential regarding your child's participation in the study at any time. Participation in this study is voluntary. You are free to refuse or withdraw your consent A signed copy of this consent

This study was passed by the University of the Witwatersrand's Ethics Committee.