

A study of the effects of local support for smokers who wish to cut down but not quit.

LREC Study Number:

Patient Study Number:

Name of Researcher:

Please read carefully and initial the box if you are in agreement with the statement.

1. I confirm that I have read and understand the Participant Information Sheet dated xx/xx/xx for the above study and have had an opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without my medical care or legal rights being affected.

3. I understand that to take part in this study it is necessary for me to be able to increase the amount of moderate intensity physical activity (typically up to a level where I can just still hold a conversation).

4. I agree to take part in the above study.

Signatures

Name of patient (Patient to Print)

Date

Signature

Name of person taking consent (Print)

Date

Signature

Name of researcher (Researcher to Print)

Date

Signature