

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 person taking consent (Print)

Date

Signature

Name of researcher (Researcher to Print)

Date

Signature