

Protocol title: Singapore Population Health Studies (SPHS) – First Follow-up

Principal Investigator (PI): Professor Rob Martinus van Dam, Saw Swee Hock School of Public Health (SSHSPH), National University of Singapore (NUS), Tahir Foundation Building, 12 Science Drive 2, #10-01, Singapore 117549

Part A. I hereby acknowledge that:

1. I have received a copy of the Participant Information Sheet that explains the use of my data in this study.
2. By signing this consent form, I declare that I understand its contents and agree to:
 - (i) provide my NRIC number for the purpose of this study; and
 - (ii) undergo an interview that will be audio-recorded and if needed, be contacted to verify my survey/interview data for quality control purposes.
3. I can withdraw from the study at any point of time by informing the PI. I am aware that the withdrawal of consent does not affect the research information obtained before the consent is withdrawn and such information may still be retained and used for research.

Part B. I hereby further agree to:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Allow SSHSPH to obtain information about my health from the national registries or my health records for the purposes of this study. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Allow SSHSPH to obtain information about my health from the national registries or my health records to be used by NUS and/or NUS' collaborators for future Public Health Research. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Be re-contacted for further consent under the circumstances identified in the Participant Information Sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Be re-contacted for invitation to future follow-ups related to this study in 3-5 years. I understand that future follow-ups will be subject to an Institutional Review Board's (IRB) approval and SSHSPH may request the relevant ministry for my updated contact information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Be re-contacted for invitation to future Public Health Research. I understand that future studies will be subject to an IRB's approval. | <input type="checkbox"/> | <input type="checkbox"/> |

Part C. Donation of data for use in future Public Health Research.

- | | YES | NO |
|--|--------------------------|--------------------------|
| I agree to donate my data collected for this study to be used in future Public Health Research. I understand that the donated data will be coded and de-identified for research use by NUS researchers and/or NUS' collaborators including overseas collaborators. The future research will be subject to an IRB's approval. SPHS operations team may re-identify the data in order to contact me for the conditions I consent to in Part B above. | <input type="checkbox"/> | <input type="checkbox"/> |

**This research has been explained to me in _____ (state language), which I understand, by

(name of translator as per NRIC).

Name (as per NRIC) of participant

Signature/ thumb print (participant)

X	X	X	X	X					
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NRIC (participant)

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Date of Consent
Day (DD) Month (MM) Year (YYYY)

Name (as per NRIC) of consent taker

Signature (consent taker)

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Date of Consent
Day (DD) Month (MM) Year (YYYY)

** This research has been explained to the participant in _____ (state language),

Name (as per NRIC) of translator

Signature (translator)

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Date of Consent
Day (DD) Month (MM) Year (YYYY)

**Fill in these sections if the participant is unable to read participant information sheet and consent or any of the translated versions.

Consent Form for Research Participants Participating in Health Screening

Protocol title: Singapore Population Health Studies – First Follow-up

Principal Investigator (PI): Professor Rob Martinus van Dam

Saw Swee Hock School of Public Health (SSHSPH), National University of Singapore (NUS), Tahir Foundation Building, 12 Science Drive 2, #10-01, Singapore 117549

Part A. I hereby acknowledge that:

1. I have received a copy of the Participant Information Sheet that explains the use of my data and samples in this study.
2. By signing this consent form, I understand its contents and agree to a health screening. At the health screening, I may choose to donate up to 29mls (~3 tablespoons) of blood and 20mls of urine for research.
3. I can withdraw from the study at any point of time by informing the PI although if I have donated samples for the study, I can only withdraw my consent to discontinue the use of any unused portion of samples that are re-identifiable. I am aware that the withdrawal of consent does not affect the research information obtained before the consent is withdrawn and such information may still be retained and used for research.

Part B. I hereby further agree to:

1. Be contacted if a medical issue is found during the course of this study or in future research, in order to facilitate my seeking proper medical advice. I understand that my participation in the study is not considered medical treatment, and that the researchers are not qualified medical practitioners able to provide diagnoses. Yes No

Part C. Donation of data and samples for use in future Public Health Research.

I understand that the donated data and samples will be coded and used for research by NUS researchers and/or NUS' collaborators including overseas collaborators. The future research will be subject to an IRB's approval. If I refuse the donation of samples for future research, no samples will be stored for future research. The SPHS operations team may re-identify the data in order to contact me for the condition I consent to in Part B above. I hereby agree to:

1. Donate 6mls of my urine sample to be used in future research. Yes No
2. Donate 20mls (~2 tablespoons) of my blood sample to be used in future research. Yes No
3. The use of my data and samples in future genetic research. Yes No
4. The use of my data and samples in future research involving testing and product development by commercial firms. I will not have any financial benefits that result from the commercial development of the research. Yes No

** This study has been explained to me in (state language), which I understand, by (name of translator).

.....
Name (as per NRIC) of participant

.....
Signature / thumbprint of participant

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NRIC of participant

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Day Month Year

Date of consent

I, the witness, certify to the following:

- a) I am 21 years of age or older.
- b) I have taken reasonable steps to ascertain the identity of the participant.
- c) To the best of my knowledge, the participant had the study fully explained in a language understood by him/ her and clearly understands the nature, risks and benefits of his/ her participation in the study.
- d) I have taken steps to ascertain that the consent has been given voluntarily without any coercion or intimidation.

.....
Name (as per NRIC) of witness

.....
Signature of witness

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Day Month Year

Date of consent

.....
Name (as per NRIC) of consent taker

.....
Signature of consent taker

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Day Month Year

Date of consent

** The study has been explained to the participant in (state language).

.....
Name (as per NRIC) of translator

.....
Signature of translator

--	--	--

Day Month Year

Date of consent

** Fill in these sections if the participant is unable to read participant information sheet and consent or any of the translated versions.

PHONE SCRIPT

Hello! Good morning/afternoon. I am _____ calling from Singapore Population Health Studies, NUS. May I speak to [participant name]?

If participant is not available	Is there a better day and time to reach [Mr/Mrs/Ms] [participant name]? Thank you for your assistance. I will try to call back then.
When participant is on the phone Introduction	This is a follow up about a research project that you've previously taken part on [state year] at [state site]. This follow up is for us to learn how has your lifestyle and health changes since the last time we interviewed you. As this is a cohort study, your participation is valuable to us to study how lifestyle factors contribute to our health. There are 2 parts to this study. First is telephone interview which will take about 20 minutes. Second is an optional health screening at one of our health screening sites.
Brief explanation	The interview will cover questions related to your health and lifestyle. If there are questions that you are not comfortable with, just let me know and we will skip those. Also our conversation will be audio recorded for quality control and training purposes.
Pre-consent	May I proceed to describe this study in detail? At the same time, I will ask for your consent about taking part in this study. As a proof of your consent or refusal, I will audio-record this conversation, is that ok? [If YES, proceed.] [If NO, reiterate the reason. If participant still refuse, end the recruitment]

Verbal Consent

We are inviting you to take part in Singapore Population Health Studies – First Follow-up study. This study is conducted by Saw Swee Hock School of Public Health, National University of Singapore. The principal investigator (person in charge of this research) is Professor Rob Martinus van Dam. The purpose of this revisit is to find out how factors like diet, exercise and smoking etc. are related to heart disease, diabetes, stroke and other common diseases in Singapore and how these important factors have changed since the last survey and health screening.

We need your NRIC/FIN to be sure that we are contacting the correct person for this study and for future contact purposes. May we use your NRIC for the use of this research?

_____ YES, verify NRIC/FIN _____ NO, do not proceed

May I interview you over the phone about your health, exercise, use of tobacco, alcohol and medicines? The interview will be audio-recorded for quality control and training purposes. This telephone interview will take about 20min. During the interview, if you are not willing to answer a particular question, let me know and we'll move on to the next question. _____ YES _____ NO, do not proceed

We may need to access to relevant national registries or your medical records to obtain the relevant information about your health status and medical condition for this study or future study. If you agree to this, we will be able to obtain the health information useful for this study. Researchers will only be given the health data without the names and NRICs attached. However, if you disagree to allow us to access the use of your relevant health status and medical condition for this study or future study, you can still participate in this study.

Do you agree to allow us to gather your health data from the relevant national registries or medical records that are useful for this study? _____ YES _____ NO

PHONE SCRIPT

Do you agree to allow us to gather your health data from the relevant national registries or medical records that are useful for future research? _____ YES _____ NO

As we are studying long term diseases, we will need to follow up on your health again later and to collect information about your lifestyle and health changes after 3-5 years. We will ask you for your consent each time we invite you to continue this study.

Do you agree to be re-contacted in 3-5 years' time to conduct further follow-up or related studies of major health conditions? _____ YES _____ NO

Besides this study, there are various public health research also conducted by the school. Do you allow us to contact you to provide news about our research or invite you to participate in other research studies by the school? _____ YES _____ NO

It is your choice whether you want to participate or not. You may also withdraw your participation at any time by calling the SPHS hotline at 6478 9608 during office hours or send an email to sphs@nus.edu.sg. You can also contact us to ask about the study.

If you wish to ask about your rights and welfare as a participant of this study, you can contact the NUS Institutional Review Board (IRB) at 6516 1234.

I certify that the participant consented verbally to participate in this study.

Name and signature of staff obtaining verbal consent

Date

Interview

Now let us start the interview.

[End of interview]

Offer health screening

If you want to go for the health screening, I will arrange an appointment for you. The health screening will take around 1 ½ to 2 hours to complete. During the health screening there will be blood and urine tests, measurement of your height, weight and blood pressure, ECG, foot assessment and a hand grip test.

[For SCCS/CR/AR/SH2012 participants]

You will also receive a vision test and a test of your ability to walk a short distance. You may also be selected for a test of your lung function.

[For MECT participants]

You may also be selected for a survey about your well-being.

[For SH2 participants]

You will also receive a vision test and a test of your ability to walk a short distance. You may also be selected for a survey about the environment in your community.

After completing the health screening, you will be reimbursed another \$50 in cash for your transportation and as a token of appreciation for your time taken to go for the health screening. A copy of the results will be mailed to you around 4 weeks after the health screening.

Would you want to go for the health screening?

[If Yes, offer location and appointment slots and book]

At the health screening centre, our staff will explain to you the procedures and ask you to sign a consent form before your health screening.

PHONE SCRIPT

In appreciation for your time, we would like to reimburse you with a token \$5. This could be transferred to you by PayNow if your personal mobile number is registered to receive payment via PayNow. [If participant does not have this service set up] Alternatively, I could send to you a \$5 NTUC voucher via mail.
[Verify again mobile number/address is correct]

Please note that your personal information such as your name and contact details may be disclosed to third parties authorised by NUS to enable them to perform processes or services related to this project. Let me know if you need more details. [The processes/services include mail, telecommunications, messaging, IT and financial services]

Thank you for your support and participation in our research. Have a nice day.

[THE END]

**CONSENT FORM
(FOR ONLINE SURVEY)**

I have read the Participant Information Sheet that explains the use of my data in this study.

By submitting this consent form, I declare that I understand its contents and agree to provide my NRIC number for the purpose of this study and complete a survey about my social background, health and lifestyle, and if needed, be contacted to verify my survey data for quality control purposes.

I understand that I can withdraw from the study at any point of time by informing the Principal Investigator. I am aware that the withdrawal of consent does not affect the research information obtained before the consent is withdrawn and such information may still be retained and used for research.

	Yes	No
1. I agree to allow the Saw Swee Hock School of Public Health (SSHSPH) to obtain information about my health from the national registries or my health records for the purposes of this study.	<input type="checkbox"/>	<input type="checkbox"/>
2. I agree to allow SSHSPH to obtain information about my health from the national registries or my health records to be used by NUS and/or NUS' collaborators for future Public Health Research.	<input type="checkbox"/>	<input type="checkbox"/>
3. I agree to be re-contacted for further consent under the circumstances identified in the Participant Information Sheet.		
4. I agree to be re-contacted for invitation to future follow-ups related to this study in 3-5 years. I understand that future follow-ups will be subject to an Institutional Review Board's (IRB) approval and SSHSPH may request the relevant ministry for my updated contact information.	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree to be re-contacted for invitation to future Public Health Research. I understand that future studies will be subject to an IRB's approval.	<input type="checkbox"/>	<input type="checkbox"/>
6. I agree to donate my data collected for this study to be used in future Public Health Research. I understand that the donated data will be coded and de-identified for research use by NUS researchers and/or NUS' collaborators including overseas collaborators. The future research will be subject to an IRB's approval. SPHS operations team may re-identify the data in order to contact me for the conditions I consent to above.	<input type="checkbox"/>	<input type="checkbox"/>

I agree to participate	I do not wish to participate
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Participant who fills this form online prior to the online survey and chooses "agree" will be directed to a page where the PIS and CF can be printed out and where he/she can start the survey. Participant who chooses otherwise will be directed to a page where the following options will be available:

- *Print PIS and CF can be printed out and where he/she can.*
- *Register interest to be given an appointment for health screening*
- *Exit the application*