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**W2/V2/P2158 Health and lifestyles of people aged 50 and over**

We have asked about your health and economic circumstances. To make this information complete we would like to find out

- more about your health and treatment from NHS health records and,
- more about your National Insurance Contributions, benefits and tax credits from data held by the Inland Revenue and the Department for Work and Pensions (formerly the DSS).

We need your written permission for any information to be released. Like everything else you have told us, the information will be completely confidential and will be used for research purposes only. Names and addresses are never included in the results and no individual can be identified from the research. You do not have to give your consent for us to collect this data if you don't want to. Please ask the interviewer about anything that concerns you or you can call the research team on 0800 652 4569.

I have read or heard this information and have had the opportunity to ask questions. I understand that all the information about me will be treated in strict confidence and used solely for the purpose of research.

**HEALTH DATA**

A. I authorise the Department of Health to disclose to the National Centre for Social Research a link to information about my health and treatment held on the Hospital Episodes database. The information we obtain will be limited to the purposes of this study and will cover dates of admission to and discharge from hospital, diagnoses received and treatments given. The link to this information can only be used by researchers who have gained ethical approval for analysing this database. This consent will remain valid until revoked by me in writing.

**NATIONAL INSURANCE CONTRIBUTIONS, BENEFITS AND TAX CREDITS**

B. I authorise the Department of Work and Pensions and the Inland Revenue to disclose to the National Centre for Social Research information about my National Insurance Contributions, benefit and tax credit records. This consent will remain valid until revoked by me in writing.

**Please cross out A or B above if you do not wish to give permission for them both. If you give permission for us to collect any of this information please sign below.**

Signature _____	Date _____								
Print Name _____									
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National Insurance Number (if known):