



Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Participant ID: _____

Canadian Longitudinal Study on Aging

Participant Consent for Designating a Proxy

For more information about the study:

Residents of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Prince Edward Island or Nova Scotia

PLEASE CALL:

Toll-free: 1-866-999-8303

E-mail: info@clsa-elcv.ca

French and English

Residents of Newfoundland or Labrador

PLEASE CALL:

English Toll-free: 1-888-908-4988

French Toll-free: 1-866-999-8303

(Dr. Zhiwei Gao, Site Investigator, Memorial University)

Supported by: Government of Canada through the Canadian Institutes of Health Research and the Canada Foundation for Innovation

Please return this copy in the stamped envelope provided.



Participant ID: _____

Consent Form

I have read the CLSA Participant Information Package for the Proxy Decision Maker and Proxy Information Provider Contact and I understand it.

I have had a chance to ask questions about designating a proxy decision maker and proxy information provider, and all my questions have been answered.

I understand that at any time I can change the choices I make today about my proxy decision maker and proxy information provider, and how I would like to take part in the CLSA in the future.

Below, we have provided you with several options that allow you to continue to take part in the CLSA, should you be unable, in the future, to do so on your own. Please check the options you would like to use.

Should I become unable to take part in the CLSA on my own:

	Yes	No
I would like my proxy to provide questionnaire-based information about me to a CLSA interviewer.	<input type="checkbox"/>	<input type="checkbox"/>

If I have agreed to give my health card number:

I would like the CLSA to continue to collect information about me by linking to health databases.	<input type="checkbox"/>	<input type="checkbox"/>
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Participant ID: _____

Yes

No

I would like to continue to take part in data collection site visits for as long as it is feasible to do so.

Participant Name: _____ Date: _____

Participant Signature: _____

FOR OFFICE USE ONLY
Principal Investigator or delegate

Name: _____ Date: _____

Signature: _____



Participant ID: _____

Proxy Decision Maker

Please fill out the full contact information of a person who knows you well and could make decisions about taking part in the CLSA on your behalf. This person will be your Proxy Decision Maker.

In this role, this person will:

- Make decisions about how I will participate in the CLSA.

Proxy Decision Maker Name: _____

Proxy Decision Maker Address: _____

Proxy Decision Maker Telephone: (_____) _____ - _____

The person identified as my proxy decision maker, above, is also the person I have already legally identified to look after my affairs if I can no longer do so.

Yes

No



Participant ID: _____

Proxy Information Provider

Please fill out the full contact information of a person who would be able to provide questionnaire-based information about you. This person will be your Proxy Information Provider.

In this role, this person will:

- Provide questionnaire-based information about me to a CLSA interviewer.

The Proxy Information Provider is the same person as my Proxy Decision Maker

IF NOT the same person:

Proxy Information Provider Name: _____

Proxy Information Provider Address: _____

Proxy Information Provider Telephone: (_____) _____ - _____



www.clsa-elcv.ca

