



Canadian Longitudinal Study on Aging  
Étude longitudinale canadienne sur le vieillissement

Participant ID: \_\_\_\_\_

## Canadian Longitudinal Study on Aging Participant Consent Form

### For more information about the study

Residents of British Columbia, Alberta, Saskatchewan, Manitoba,  
Ontario, Quebec, New Brunswick, Nova Scotia or PEI

**PLEASE CALL:**  
Toll-free: 1-866-999-8303  
French and English  
E-mail: [info@clsa-elcv.ca](mailto:info@clsa-elcv.ca)

Residents of Newfoundland or Labrador

**PLEASE CALL:**  
English Toll-free: 1-888-908-4988  
French Toll-free: 1-866-999-8303  
(Dr. Gerry Mugford, 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.



## Consent Form

**If you do not agree with any of these statements please take the time to talk about your questions or concerns with the interviewer who speaks with you.**

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I have read the Information Package for the Canadian Longitudinal Study on Aging (CLSA) and I understand it.

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I have had a chance to ask questions about the study, and all my questions have been answered.

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I understand that as long as I choose to take part in the CLSA, information about me will be collected for 20 years.

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I understand that information about me will be stored for 25 years after the end of the study.

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I understand that if I choose to give my Health Card Number, it will be used to link information about me in my public healthcare records held by the Provincial Government.

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I understand that my information will be used for research purposes only and this research may also have commercial uses that benefit society.

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I understand that I can withdraw my consent at any time. If I choose to withdraw consent, I will be offered a number of options for how the information already collected about me will be used.

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**If you would like to take part in this study please read and sign the next page. Please note that you can take part in the study without agreeing to Option #2. However, by agreeing to Option #2 you are offering more opportunities to help us learn about health and aging.**

Participant ID: \_\_\_\_\_

**Please select YES or NO by placing an “X” in the appropriate box for Options 1 and 2 below**

**Option 1: I agree to participate in the Canadian Longitudinal Study on Aging.**

I understand this involves having telephone interviews at my convenience every 3 years. I also understand that I will be contacted at the mid-point of 3 years for a short interview to maintain contact and collect a small amount of additional information.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Option 2: I give permission to the Provincial Government to provide the CLSA team with information about me held in provincial health databases.**

I understand that this will allow researchers to link my provincial health information to information collected from me by the CLSA.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I also understand that, should I withdraw my consent, data about me that has already been linked will remain part of the CLSA database.

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**  
**Principal Investigator or delegate**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_