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## Québec Longitudinal Study of Child Development QLSCD (E6) - Round 2003

### Informed consent form

I understand that this form is part of the study entitled « In 2002... I was 5 years old! ». I have been advised that the PURPOSE of this study is to collect information about factors influencing child development in Québec.

I understand that my participation in this study is entirely VOLUNTARY, of MY OWN FREE WILL, and that the information I provide will be handled CONFIDENTIALLY and that I will NOT BE PERSONALLY IDENTIFIED in the reporting of the results. All information that I provide about ME, MY SPOUSE OR MY CHILD/CHILDREN or of which I authorize the use, will be handled and protected as required by the *Act respecting the INSTITUT DE LA STATISTIQUE DU QUÉBEC* and AN ACT RESPECTING ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION. The Québec Access to Information Commission authorized the *ministère de la Santé et des Services sociaux* to give the *Direction Santé Québec* of the *Institut de la statistique du Québec* my address, which was used to contact me.

I understand that an interviewer selected by the *Direction Santé Québec* of the *ISQ/BIP* will call me at home to complete the questionnaires with me. I was informed that the telephone interview lasts about 1 hour and 30 minutes. I will also receive questionnaires by mail to be filled out by me/my spouse and returned by mail. A group of researchers from the *Université de Montréal* and their research assistants will invite my child to play some simple games with him/her, lasting about 35 to 45 minutes, at the daycare or kindergarten attended by my child or at home, whichever is more convenient for me.

I also understand that to confirm my participation in the other parts of this annual study, the *Direction Santé Québec* of the *ISQ* will contact me over the next year.

I, the undersigned, freely agree to take part in this longitudinal study. I certify that the study has been verbally explained to me, that all my questions have been answered and that I was given enough time to come to this decision on my own.

I, the undersigned, further understand that I may withdraw my consent to participate at any time without penalty to me in any way.

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

### Consent Form for Data Sharing

I hereby authorize the *Institut de la statistique du Québec* to send data collected on me or on the people I represent as long as it is not identified (i.e., not revealing the name, address and telephone number) to research groups affiliated with five Québec universities, that is: *Université Laval*, *Université de Montréal*, *Concordia University*, *Université de Sherbrooke* and *McGill University*, as well as the *ministères de la Santé et des Services sociaux*, *de la Famille et de l'Enfance*, *de l'Emploi et de la Solidarité sociale* and *de l'Éducation*. I understand that I can obtain the list of these researchers upon request, and that these researchers will have signed a confidentiality agreement before my data or that of the people I represent are transmitted to them.

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent