



Family No.:

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Growing Up in Québec Study – 2021-2022 Sweep
Consent Form



1. Introduction

This form relates to the *Growing Up in Québec* study conducted by the Institut de la statistique du Québec (Statistique Québec). The overall objective of this study is to collect data that will help us better understand the development and well-being of children until they reach adulthood (longitudinal study).

2. By participating in this study, I understand that:

1. The data collected in this study will be treated as CONFIDENTIAL in accordance with the *Act respecting the Institut de la statistique du Québec* (CQLR, chapter I-13.011) and the *Act respecting Access to documents held by public bodies and the Protection of personal information*;
2. My participation is entirely VOLUNTARY. This means that I am FREE to participate in it or not and can withdraw from the study at any time without penalty to me in any way;
3. If I withdraw from the study, all the data collected in the study will be kept in databanks, unless written notice to the contrary is submitted by me to Statistique Québec;
4. **Data collection for 2021-2022** includes:
 - 2.4.1. a computerized questionnaire lasting about 1 hour and 15 minutes that will be completed by a Statistique Québec interviewer during a telephone or videoconference interview, depending on my preference. The questions will focus on my selected child's development and environment (family, dwelling, childcare, etc.);
 - 2.4.2. a self-administered questionnaire to be completed online (or on paper) by me and the other parent living with the selected child. This questionnaire takes about 30 minutes to complete. The questions will cover topics such as our health, some of our lifestyle habits, and our experience as parents.

3. By signing this form, I authorize Statistique Québec to:

1. **Invite me to participate** in each round of data collection, for the duration of the study or until I give notice to Statistique Québec that I am withdrawing from the study;
2. **Send my data**, that has been collected as part of this study, in an anonymous form (i.e., not revealing any name, address or telephone number) to partners and collaborating researchers who will have committed to respecting Statistique Québec's standards regarding the security and confidentiality of information. I can obtain the list of these partners and researchers upon request;
3. **Collect additional information from departments and agencies in order to:**
 - 3.3.1 keep in touch with me, that is obtain my contact information, including information that can facilitate communication, from departments and agencies holding this information, such as Retraite Québec, the Régie de l'assurance maladie du Québec, and the Ministère de l'Éducation;
 - 3.3.2 carry out statistical work related to the study's overall objective, that is, obtain administrative data about me and my child in the following areas:
 - health (e.g. Régie de l'assurance maladie du Québec, Ministère de la Santé et des Services sociaux, Québec Vaccination Registry)
 - education (e.g. Ministère de l'Éducation, school service centres)
 - government services (e.g. Québec Parental Insurance Plan, childcare, Family Allowance)
 - income (e.g. Revenu Québec)

and match them with the responses I will have provided. This will be done solely for the purpose of meeting the general objective of the study, using Statistique Québec's secure technologies.

If you have any questions, please contact us by e-mail (growingupinquebec@stat.gouv.qc.ca) or by telephone (1-866-433-7828).

Family No.:

To obtain the data referred to in 3.3.1 and 3.3.2, Statistique Québec may provide information that can identify me or my child (e.g. first name, last name, sex, date of birth) to certain departments and agencies. This information will only be used to obtain administrative data about me and my child. Once identification is complete, the information will be destroyed by these departments and agencies.

4. I hereby certify that I have read and understood this consent form. All my questions have been answered, and I have been given enough time to make my own decision. Consequently, by signing this form, I agree to participate in the *Growing Up in Québec* study.

CHILD

Child’s first name (in capital letters)	Child’s last name (in capital letters)
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PARENT 1

Respondent’s first name (in capital letters)	Respondent’s last name (in capital letters)
Relationship to the child :	
☐ Biological or legal mother	☐ Biological or legal father
☐ Other (specify) _____	☐ Legal representative
Respondent’s signature	YYYY / MM / DD Date

PARENT 2

Respondent’s first name (in capital letters)	Respondent’s last name (in capital letters)
Relationship to the child:	
☐ Biological or legal mother	☐ Biological or legal father
☐ Other (specify) _____	☐ Legal representative
Respondent’s signature	YYYY / MM / DD Date

Family No.:

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Consent to obtain information from the child's medical records

Giving your consent to this is not mandatory to participate in the *Growing Up in Québec* study.

Since some information concerning my child selected for the *Growing Up in Québec* study could not be obtained from his or her vaccination record, I authorize Statistique Québec to:

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Growing Up
in Québec

Québec Longitudinal Study
of Child Development, 2nd edition

1.

Provide information which identifies my child to his or her birthplace;

2.

Obtain the length of pregnancy, my child's 1-minute, 5-minute and 10-minute APGAR scores, as well as his or her anthropometric measurements at birth, i.e. height, weight and head circumference, via my child's medical records;

3.

Match this information with other information gathered during the study. This data matching will be done solely to carry out analyses relevant to the overall objective of the study;

4.

Send the matched data in an anonymous form (i.e., not revealing any name, address or telephone number) to partners and researchers who will have committed to respecting Statistique Québec's standards regarding the security and confidentiality of information. The data will be treated as **CONFIDENTIAL**, in accordance with the *Act respecting the Institut de la statistique du Québec* (CQLR, chapter I-13.011) and the *Act respecting Access to documents held by public bodies and the Protection of personal information*.
- Some hospitals may keep a copy of this signed consent form in accordance with their policy on access to medical records.
- I accept ☐ I refuse ☐
- CHILD**
- | | |
|---|--|
| <div></div> <div>Child's first name (in capital letters)</div> | <div></div> <div>Child's last name (in capital letters)</div> |
| <div>YYYY / MM / DD</div> <div>Child's date of birth</div> | |
| <div></div> <div>Name of birthplace (in capital letters)
(e.g. name of hospital or birthing center)</div> | <div></div> <div>City of birthplace (in capital letters)</div> |
- PARENT**
- | | |
|---|--|
| <div></div> <div>Respondent's first name
(in capital letters)</div> | <div></div> <div>Respondent's last name
(in capital letters)</div> |
| <div>Relationship to the child:</div> <div><div>☐ Biological or legal mother</div><div>☐ Biological or legal father</div><div>☐ Legal representative</div></div> | |
| <div></div> <div>Respondent's signature</div> | <div>YYYY / MM / DD</div> <div>Date</div> |
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