Institut de la statistique Québec

Family No.: | | | | | |

E7 Sweep

Growing Up in Québec Study – 2027 Sweep
Consent Form

Growing Up in Québec
Québec Longitudinal Study of Child Development, 2nd edition

Study partners

Lucie and André Chagnon Foundation, Ministère de la Famille et de la Jeunesse, Ministère de la Santé, de la Prévention et des Aînés, Ministère de l'Éducation nationale, Ministère du Travail, de l'Emploi et de la Solidarité sociale, Retraite Québec (into which the Conseil de gestion de l'assurance parentale has been integrated), and Institut de la statistique du Québec.

1. The study and its objective

This consent form relates to the *Growing Up in Québec* study conducted by the Institut de la statistique du Québec (the Institut). 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. Confidentiality

The study is conducted in accordance with the *Act respecting the Institut de la statistique du Québec*. Your answers will be kept **confidential** and will only be used for statistical purposes.

3. Voluntary participation

3.1. My participation and that of my child are voluntary. We are therefore free to participate or not in the study, and we can withdraw at any time without penalty to us in any way.

3.2. The authorizations granted to the Institut in previous years remain in effect. I can withdraw them by making a request in writing to the Institut.

4. Components of this year's sweep

Participation in the study this year consists in:

4.1. Receiving a home visit from an Institut interviewer who will fill out, with me or the other parent, a computerized questionnaire that takes about 60 minutes to complete. The questionnaire focuses on my participating child's development and environment (family, overall health, housing, educational activities, etc.);

4.2. Allowing the interviewer to do activities with my child for about 30 minutes in order to measure various aspects of my child's development, as well as my child's waist circumference, height and weight;

4.3. For each parent, filling out an online questionnaire that takes about 15 minutes to complete. The questions will cover topics such as health, activities done with the child, and your experience as a parent.

5. Benefits and drawbacks

My family will help build a better understanding of the processes underlying children's development, which will allow more children to reach their full potential. The only drawback is the time spent answering the questionnaires.

6. Data sharing and linkage

By signing this form, I authorize the Institut to:

6.1. Share the data collected in this study in a de-identified manner (meaning without any name, address or telephone number) with the partners and collaborating researchers who will have committed to respecting the Institut's data security and confidentiality standards. The list of researchers collaborating on the study can be provided to me upon request.

6.2. Match the answers I provide with de-identified information (meaning without any name, address or telephone number) from government ministries and agencies such as Retraite Québec, the Régie de l'assurance maladie du Québec and the Ministère de l'Éducation nationale, and with data from other surveys (e.g. *Québec Survey of Child Development in Kindergarten* [QSCDK]). This data linkage aims to reduce the number of questions asked and to carry out statistical and research work related to the general objective of the study.

7. **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 give my consent for my child and myself to participate in the study.**

CHILD

Child's first name (please print)	**Child's** last name (please print)

PARENT 1

Respondent's first name (please print)	Respondent's last name (please print)

Relationship to the child:

☐ Biological or legal mother ☐ Biological or legal father ☐ Legal representative

☐ Other (specify) _____

Respondent's signature	Date (YYYY / MM / DD)

PARENT 2

Respondent's first name (please print)	Respondent's last name (please print)

Relationship to the child:

☐ Biological or legal mother ☐ Biological or legal father ☐ Legal representative

☐ Other (specify) _____

Respondent's signature	Date (YYYY / MM / DD)