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Growing Up in Québec Study – 2024-2025 Sweep Consent Form



Study partners

Lucie and André Chagnon Foundation, Ministère de la Famille, Ministère de la Santé et des Services sociaux, Ministère de l'Éducation, Ministère de l'Emploi et de la Solidarité sociale, Conseil de gestion de l'assurance parentale, 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 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*.

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. This year's process

4.1. Participation in the study this year consists in:

- 4.1.1. receiving a home visit from an Institut interviewer, who will complete an approximately 60-minute-long computerized questionnaire with a parent. The questionnaire concerns my selected child's development and environment (family, overall health, dwelling, childcare setting, etc.);
- 4.1.2. allowing the interviewer to conduct activities with my child for about 30 minutes so that she can measure various aspects of my child's development, as well as my child's height and weight;
- 4.1.3. completing an approximately 15-minute-long paper questionnaire about my child's overall development;
- 4.1.4. completing an approximately 20-minute-long online (or paper) questionnaire that will include questions about parental health, habits and experiences. Each parent will be asked to complete their own questionnaire.

4.2. This year's sweep also includes a **questionnaire to be completed by my child's educator**¹, if applicable. During the call to schedule an appointment, I will be asked to consent to the Institut contacting my child's educator.

5. Benefits and drawbacks

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

6. Communication and matching of responses

By signing this form, I authorize the Institut to:

- 6.1. **Send the data** that has been collected as part of this study, in a de-identified manner (i.e., not revealing any name, address or telephone number), to the partners and collaborating researchers who will have committed to respecting the Institut's data security and privacy standards. The list of researchers collaborating on the study can be provided to me upon request;

¹ Anyone who cares for the child on a regular basis can complete the questionnaire.

6.2. Collect additional information from departments and agencies in order to keep in touch with me and my child, that is obtain our 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;

6.3. Collect additional information from departments and agencies in order to carry out statistical work related to the study's overall objective, that is obtain administrative or survey data about me or my child in various areas, such as:

- 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, school boards)
- government services (e.g. Québec Parental Insurance Plan, childcare, Family Allowance);
- income (e.g. Revenu Québec);

6.4. Send information that can identify me or my child (e.g. first name, last name, sex, date of birth) to certain departments and agencies **only to obtain the data referred to in 6.2 and 6.3.** 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;

6.5. Match all of the de-identified information (i.e., not revealing any name, address or telephone number) collected in the study in order to carry out statistical and research work. This work must be related to the study's overall objective.

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 consent to participating in the study.

CHILD

<input type="text"/>	<input type="text"/>
Child's first name (in capital letters)	Child's last name (in capital letters)

PARENT 1

<input type="text"/>	<input type="text"/>	
Respondent's first name (in capital letters)	Respondent's last name (in capital letters)	
Relationship to the child:		
<input type="checkbox"/> Biological or legal mother	<input type="checkbox"/> Biological or legal father	<input type="checkbox"/> Legal representative
<input type="checkbox"/> Other (specify) _____		
<input type="text"/>	<input type="text"/>	
Respondent's signature	YYYY / MM / DD Date	

PARENT 2

<input type="text"/>	<input type="text"/>	
Respondent's first name (in capital letters)	Respondent's last name (in capital letters)	
Relationship to the child:		
<input type="checkbox"/> Biological or legal mother	<input type="checkbox"/> Biological or legal father	<input type="checkbox"/> Legal representative
<input type="checkbox"/> Other (specify) _____		
<input type="text"/>	<input type="text"/>	
Respondent's signature	YYYY / MM / DD Date	