

# Canadian Longitudinal Study on Aging

## Participant Consent for Designating a Proxy

### For more information about the study:

**Residents of British Columbia, Alberta, Saskatchewan, Manitoba,  
Ontario, Quebec, New Brunswick, Prince Edward Island or Nova Scotia**

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

**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



## Consent Form

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I have read the CLSA Participant Information Package for the Proxy Decision Maker and Proxy Information Provider Contact and I understand it.

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I have had a chance to ask questions about designating a proxy decision maker and proxy information provider, and all my questions have been answered.

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I understand that at any time I can change the choices I make today about my proxy decision maker and proxy information provider, and how I would like to take part in the CLSA in the future.

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**Below, we have provided you with several options that allow you to continue to take part in the CLSA, should you be unable, in the future, to do so on your own. Please check ☒ the options you would like to use.**

**Should I become unable to take part in the CLSA on my own:**

	Yes	No
I would like my proxy to provide questionnaire-based information about me to a CLSA interviewer.	<input type="checkbox"/>	<input type="checkbox"/>

**If I have agreed to give my health card number:**

I would like the CLSA to continue to collect information about me by linking to health databases.	<input type="checkbox"/>	<input type="checkbox"/>
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Yes

No

I would like to continue to take part in data  
collection site visits for as long as it is feasible  
to do so.

☐☐

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

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

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

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

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



## Proxy Decision Maker

Please fill out the full contact information of a person who knows you well and could make decisions about taking part in the CLSA on your behalf. This person will be your Proxy Decision Maker.

In this role, this person will:

- Make decisions about how I will participate in the CLSA.

**Proxy Decision Maker Name:** \_\_\_\_\_ | \_\_\_\_\_  
First Name Last Name

**Proxy Decision Maker Address:** \_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

**Proxy Decision Maker Telephone:** \_\_\_\_\_

Yes

No

☐☐

The person identified as my proxy decision maker, above, is also the person I have already legally identified to look after my affairs if I can no longer do so.



## Proxy Information Provider

Please fill out the full contact information of a person who would be able to provide questionnaire-based information about you. This person will be your Proxy Information Provider.

In this role, this person will:

- Provide questionnaire-based information about me to a CLSA interviewer.

☐

The Proxy Information Provider is the same person as my Proxy Decision Maker

IF NOT the same person:

Proxy Information Provider Name: \_\_\_\_\_ | \_\_\_\_\_  
First Name Last Name

Proxy Information Provider Address: \_\_\_\_\_  
Address 1

Address 2

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
City Province Postal Code

Proxy Information Provider Telephone: \_\_\_\_\_

Accept Consent

Refuse Consent