|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INFO**  **RESEARCH COORDINATOR**  (name of coordinator)  **CONTACT**  (phone number of coordinator)  **PRINCIPAL INVESTIGATORS**  DR. LESLEY FELLOWS  DR. MARIE-JOSÉE BROUILLETTE  DR. NANCY MAYO   |  |  | | --- | --- | | Internet world Free Icon | www.brainhealthnow.mcgill.ca | | Close envelope Free Icon | pozbhn.med@mcgill.ca | | You are invited to participate in a research study on Brain Health.  **YOUR PARTICIPATION IS VOLUNTARY**.  You do not need to participate if you do not want to.  Image result for brain health  The purpose of this study is to understand how your health condition affects the brain and how this impacts everyday activities.  A total of 900 people across Canada will participate in this study.  If you choose to participate in this study, you will meet with a research assistant 4 times over 3 years (once a year).  These visits can be at the same time as your regular scheduled doctor’s visits but will take additional time.  If you choose to participate, you will receive $40/visit to help cover the cost of transport, parking or childcare. |
| **Please turn over the page 🡪** | |

**Do you agree to meet with the research assistant to receive more information about the study?**

**YES**

**If you are interested in participating, please write down your contact information below and return the form to the reception.**

|  |  |
| --- | --- |
| **Phone number:** |  |
| **Email:** |  |

 **NO**

**If you are NOT interested in participating, you will not be contacted by the research team. It would nonetheless be useful for the research team to have a portrait of potential participants that do not wish to participate and their reason for refusal. Please answer the questions below. If you prefer not to answer the questions, please return the UNFILLED form to the reception. If you agree to answer, please FILL OUT the questions BELOW and return the form to the reception.**

|  |  |
| --- | --- |
| **Do you currently work?** | Yes  No |
| **What is the highest level of education that you have completed?** | Primary School  High School  CEGEP / College, Technical or Vocational Diploma  University Certificate, Bachelor (Undergraduate education)  University Postgraduate Study (MSc, PhD) or Professional Degree (Medicine, Law, etc.)  Other; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you forget to do things like turn off the stove or turn on your alarm clock?** | Never  Rarely  Sometimes  Often  Almost always |
| **Do you have difficulty remembering the names of people, even the ones you have met several times?** | Never  Rarely  Sometimes  Often  Almost always |

**Reason for refusing to participate:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please note that the information you provide will be kept confidential.