WHAT WILL HAPPEN TO THE INFORMATION COLLECTED?

When you join the study you will be given a study ID. Researchers will use this ID to organize your data, instead of your name or other information that can identify you. The information collected will be stored in a secure electronic database.

ARE THERE ANY COSTS FOR PARTICIPATING?

There is no cost for participating. We will also reimburse you for transportation.

HOW CAN YOU GET INVOLVED?

If you are interested in getting more information about the study or have any questions, please contact:

Rachel Willis

Holland Bloorview Kids Rehabilitation Hospital

rwillis@hollandbloorview.ca (416) 425-6220 x3606

Contacting us does not obligate you or your child to participate in the study.



FOR MORE INFORMATION, PLEASE VISIT:

CPNET.CANCHILD.CA





CHILDHOOD
CEREBRAL PALSY
INTEGRATED
NEUROSCIENCE
DISCOVERY NETWORK
"CP-NET"

CLINICAL DATABASE PLATFORMS- PHASE 3





CP-NET IS DESIGNED TO THEIR FAMILIES.

WHO CAN PARTICIPATE?

Children 2 years of age or older who have CP and live in Ontario are invited to participate.

WHY SHOULD YOU CONSIDER **PARTICIPATING?**

Participation will allow researchers to study the causesof CP, improve diagnosisand developtreatments and interventions. Hopefully, we can find ways to prevent CP and improve carein the future.



WHAT DOES THE STUDY INVOLVE?

Families will have 2 options for participation.

Option A (1 Visit):

Participants will provide written consent for the study, complete questionnaires and give saliva sample(s). Total Time Commitment:

1.5-2 hours

Option B (2 Visits):

During visit 1, participantswill complete all tasks outlined in Option 1 (1.5-2 hours).

During visit 2, participants will complete additional questionnaires (1/2 hour). Visit 2 occurs anywhere from 1 to 4 years after your first visit.

Total Time Commitment: 2-2.5 hours

WHAT WILL MY FAMILY DO DURING THE STUDY?

OPTION A - 1 VISIT



Written Consent





Ouestionnaires



Provide Permission to **Obtain Past Brain Scans**



Saliva Sample(s)



Provide Permission to **Obtain Health** Records

OPTION B- 2 VISITS



Written Consent



Interview



Ouestionnaires



Provide Permission to Obtain Past **Brain Scans**



Saliva Sample(s)



Provide Permission to Obtain Health Records



1 to 4 years after your first visit

