Rick Hansen Institute | RHSCIR
Institut Rick Hansen

Consent Tracking

All Data Collection Points

All Participants

CT-ALL

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Consent Status

1. **Facility Entering Consent Status:** _____

2. **Date Consent Status Determined:**
   If consent obtained, enter date consented. If consent not obtained, enter date non-consent status was determined. If consent withdrawn, enter date consent withdrawn.

   ☐☐☐☐ / ☐☐ / ☐☐
   YYYY   MM   DD

3. Consent Status:
   - ☐ Consent obtained from participant
   - ☐ Consent obtained from surrogate
   - ☐ Consent obtained from surrogate with participant assent
   - ☐ Consent not obtained
   - ☐ Consent withdrawn (valid only if participant was previously consented)

Consent Obtained: Complete questions 4-6 only if consent was obtained.

4. **Add to RHI Mailing List?**
   - ☐ Yes
   - ☐ No

5. **Verbal restrictions given:** (check ALL that apply)
   - ☐ No contact for future research
   - ☐ No community follow-up
   - ☐ N/A (no verbal restrictions given)

6. **If surrogate consent obtained, please indicate:**
   a) Name of surrogate: _____
   b) Relationship of surrogate to participant: _____
   c) Reason for surrogate consent: _____

Consent Not Obtained: Complete questions 7 & 8 only if consent was not obtained.

7. **If consent not obtained, please indicate reason:** (check ONE response)
   - ☐ Participant not identified during visit to facility → Must complete question 8
   - ☐ Consent declined
   - ☐ Deceased
   - ☐ Participant identified during visit to facility but discharged before able to approach
   - ☐ Language barrier (specify language): _____
   - ☐ Unable to consent (due to pre-morbid or new, lasting cognitive disorder [e.g., head injury, dementia, psychiatric disorder, mental disability, etc.] AND no surrogate is available)
   - ☐ Other (specify): _____

   } Skip to Data Collection Details.

Consent Status - continued

Consent Not Obtained - continued

8. **If participant was not identified during visit to facility, how was he/she identified?**
    - ☐ Discharge Abstract Database (DAD)
    - ☐ National Rehabilitation Reporting System (NRS)
    - ☐ Health care team
    - ☐ Other (specify): _____

Consent Withdrawal

9. **Consent Withdrawn By:**
    - ☐ Participant
    - ☐ Surrogate
      Name of surrogate: _____

      Relationship of surrogate to participant: _____

10. **Reason for Withdrawal:**
    - ☐ No longer interested in participating
    - ☐ Other (specify): _____
    - ☐ Unknown, reason not provided

Data Collection Details

Collected by: (please print name)		**Initial Here:**		**Date Abstraction Completed:**	YYYY-MM-DD

(Data Collection Details are for local use only and are not data entered)