Checklist for participating in research studies: what should I ask?

Alzheimer *Society*

How do I find out about research studies happening in my community?

Please visit www.tdn.alz.to for information about research studies taking place in Toronto.

We suggest that you use this check sheet to take note of the details of each research study that interests you. *Make a copy for each study you are considering and leave one blank to use as a master copy.*

Name of research study: Contact information/website: Date:					
1. Details of the research study					
What is the purpose of the study?					
Why is this study important?					
Has this study been approved by a Research Ethics Board? \Box Yes \Box No					
What type of study is it?					
☐ Clinical trial (I might receive a new drug device, diet or exercise program)					
 Observational study (I might undergo extra interviews and/or tests, but I will not be given a new drug, device, diet or exercise program) 					
Who can participate?					
Who cannot participate? (for example: can I still take my medications?)*					
Who will be responsible for my care during the study?					
Can I leave after it is started? \square Yes \square No					
Are there any negative consequences for leaving early?					
What kind of tests and experimental treatments are involved?					

*Note: If you are told that you need to stop taking your medications, you should first discuss this with your family caregivers and health-care providers.

What else is required of participants? Is hospitalization required at any time? What happens if my memory or overall health gets worse while I am in the study? Do I need to have an available friend or family member to accompany me to the study? Yes No If "yes," what are their responsibilities and time commitment?
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Will results of the study be shared with me? \square Yes \square No
If I have abnormal results, will they be shared with me? \Box Yes \Box No
Who funds the study?
Where are the study sites in
my country my province
my community neighbouring States, provinces, communities?
2. Risks and benefits:
What are the possible side effects and adverse reactions?
How will my safety be protected?
How will my privacy be protected?
How will the study impact my current treatment and care?

3. Costs:				
Are there any costs associated with the study that I need to pay for?				☐ No
If "yes," what are the details?				
Will I be reimbursed for other expenses?	☐ Yes	☐ No		
Notes				

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