



Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

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1-866-999-8303
www.clsa-elcv.ca

Supplementary Appendix 8 – Letter for participants without potential concerns about their cognition

Date

Dear [Participant name],

During your Data Collection Site visit for the Canadian Longitudinal Study on Aging (CLSA) Memory Study, our assessment did not identify any concerns about your memory. Please find below information that may be given to a physician to provide context for the examination result.

This person is a participant in the Canadian Longitudinal Study on Aging (CLSA) (www.clsa/elcv.ca). The study is funded by the Canadian Institutes of Health Research (CIHR) and will involve 50,000 participants aged 45 to 85 years from across Canada who will be followed for up to 20 years.

The CLSA is conducting a substudy on the topic of memory funded by the Public Health Agency of Canada (PHAC). Participants in this study complete a clinical assessment done by a clinician specializing in geriatric psychiatry, neurology, or psychiatry with experience in cognitive assessment. The clinical assessment includes questions about the participant's medical history, a brief cognitive test, a neurocognitive examination, and observation of mobility. A family member or friend who knows the participant well answered questions regarding the participant's cognitive health, ability to complete daily tasks, and behaviour.

The clinical assessment was completed for research purposes only and was not intended for clinical use. One component of the clinical assessment was the administration of the Montreal Cognitive Assessment (MoCA) which is used to screen for potential cognitive problems. The participant score on the MoCA was _____. The interpretation of a MoCA score requires judgement by an experienced clinician who is aware of other aspects of the participant's health. A score itself does not indicate a specific diagnosis.

If you have any questions, please feel free to contact [Site Coordinator name or Site PI name as per DCS-specific protocol] at [phone number].

Sincerely,

[Clinician name]

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