Client Information

Will you please provide us with information about yourself? This information will be used to increase access to services and improve the quality of care.

Answering these questions is voluntary. You can choose "prefer not to answer" to any or all questions. This will not affect your care.

This information will only be seen by your health-care team and will be kept confidential like all your other health-care information. If used in research, your information will be combined with data from other clients and you will not be identified.

1. What language would you feel most comfortable speaking in with your health-care provider? Check **ONE** only.

- ☐ 1. Amharic
- ☐ 2. Arabic
- ☐ 3. ASL
- ☐ 4. Bengali
- ☐ 5. Chinese (Cantonese)
- ☐ 6. Chinese (Mandarin)
- ☐ 7. Czech
- ☐ 8. Dari
- ☐ 9. English
- ☐ 10. Farsi
- ☐ 11. French
- ☐ 12. Greek
- ☐ 13. Hindi
- ☐ 14. Hungarian
- ☐ 15. Italian
- ☐ 16. Karen
- ☐ 17. Korean
- ☐ 18. Nepali
- ☐ 19. Polish
- ☐ 20. Portuguese
- ☐ 21. Punjabi
- ☐ 22. Russian
- ☐ 23. Serbian
- ☐ 24. Slovak
- ☐ 25. Somali
- ☐ 26. Spanish
- ☐ 27. Tagalog
- ☐ 28. Tamil
- ☐ 29. Tigrinya
- ☐ 30. Turkish
- ☐ 31. Twi
- ☐ 32. Ukrainian
- ☐ 33. Urdu
- ☐ 34. Vietnamese
- ☐ 35. Other (Please specify): _____
- ☐ 98. Do not know
- ☐ 99. Prefer not to answer

Staff use only:

2. Were you born in Canada? ☐1. Yes. ☐ 2. No ☐ 98. Do not know ☐ 99. Prefer not to answer

If **NO**, what year did you arrive in Canada? _____

3. Which of the following best describes your racial or ethnic group? Check **ONE** only.

- ☐ 1. Asian – East (e.g., Chinese, Japanese, Korean)
- ☐ 2. Asian – South (e.g., Indian, Pakistani, Sri Lankan)
- ☐ 3. Asian – South East (e.g., Malaysian, Filipino, Vietnamese)
- ☐ 4. Black – African (e.g., Ghanaian, Kenyan, Somali)
- ☐ 5. Black – Caribbean (e.g., Barbadian, Jamaican)
- ☐ 6. Black – North American (e.g., Canadian, American)
- ☐ 7. First Nations
- ☐ 8. Indian – Caribbean (e.g., Guyanese with origins in India)
- ☐ 9. Indigenous/Aboriginal – *not included elsewhere*
- ☐ 10. Inuit
- ☐ 11. Latin American (e.g., Argentinean, Chilean, Salvadoran)
- ☐ 12. Métis
- ☐ 13. Middle Eastern (e.g., Egyptian, Iranian, Lebanese)
- ☐ 14. White – European (e.g., English, Italian, Portuguese, Russian)
- ☐ 15. White – North American (e.g., Canadian, American)
- ☐ 16. Mixed heritage (e.g., Black – African and White – North American) (Please specify): _____
- ☐ 17. Other(s) (Please specify): _____
- ☐ 98. Do not know
- ☐ 99. Prefer not to answer

Please turn over...

4. Do you have any of the following? Check **ALL** that apply.

- ☐ 1. Chronic illness
- ☐ 2. Developmental disability
- ☐ 3. Drug or alcohol dependence
- ☐ 4. Learning disability
- ☐ 5. Mental illness
- ☐ 6. Physical disability
- ☐ 7. Sensory disability (i.e. hearing or vision loss)
- ☐ 8. Other (Please specify): _____
- ☐ 9. None
- ☐ 98. Do not know
- ☐ 99. Prefer not to answer

5. What is your gender? Check **ONE** only.

- ☐ 1. Female
- ☐ 2. Intersex
- ☐ 3. Male
- ☐ 4. Trans – Female to Male
- ☐ 5. Trans – Male to Female
- ☐ 6. Two-spirit
- ☐ 7. Other (Please specify): _____
- ☐ 98. Do not know
- ☐ 99. Prefer not to answer

6. What is your sexual orientation? Check **ONE** only.

- ☐ 1. Bisexual
- ☐ 2. Gay
- ☐ 3. Heterosexual ("straight")
- ☐ 4. Lesbian
- ☐ 5. Queer
- ☐ 6. Two-Spirit
- ☐ 7. Other (Please specify): _____
- ☐ 98. Do not know
- ☐ 99. Prefer not to answer

7. What was your total family income before taxes last year? Check **ONE** only.

- ☐ 1. $0 to $14,999
- ☐ 2. $15,000 to $19,999
- ☐ 3. $20,000 to $24,999
- ☐ 4. $25,000 to 29,999
- ☐ 5. $30,000 to $34,999
- ☐ 6. $35,000 to $39,999
- ☐ 7. $40,000 to $59,999
- ☐ 8. $60,000 or more
- ☐ 98. Do not know
- ☐ 99. Prefer not to answer

8. How many people does this income support?

_____ person(s)

- ☐ 98. Do not know
- ☐ 99. Prefer not to answer

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