

Patient 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.

Page 1 of 2

<p>1. What language would you feel most comfortable speaking in with your health-care provider? Check ONE only.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. Amharic</td> <td><input type="checkbox"/> 14. Hungarian</td> <td><input type="checkbox"/> 27. Tagalog</td> </tr> <tr> <td><input type="checkbox"/> 2. Arabic</td> <td><input type="checkbox"/> 15. Italian</td> <td><input type="checkbox"/> 28. Tamil</td> </tr> <tr> <td><input type="checkbox"/> 3. ASL</td> <td><input type="checkbox"/> 16. Karen</td> <td><input type="checkbox"/> 29. Tigrinya</td> </tr> <tr> <td><input type="checkbox"/> 4. Bengali</td> <td><input type="checkbox"/> 17. Korean</td> <td><input type="checkbox"/> 30. Turkish</td> </tr> <tr> <td><input type="checkbox"/> 5. Chinese (Cantonese)</td> <td><input type="checkbox"/> 18. Nepali</td> <td><input type="checkbox"/> 31. Twi</td> </tr> <tr> <td><input type="checkbox"/> 6. Chinese (Mandarin)</td> <td><input type="checkbox"/> 19. Polish</td> <td><input type="checkbox"/> 32. Ukrainian</td> </tr> <tr> <td><input type="checkbox"/> 7. Czech</td> <td><input type="checkbox"/> 20. Portuguese</td> <td><input type="checkbox"/> 33. Urdu</td> </tr> <tr> <td><input type="checkbox"/> 8. Dari</td> <td><input type="checkbox"/> 21. Punjabi</td> <td><input type="checkbox"/> 34. Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> 9. English</td> <td><input type="checkbox"/> 22. Russian</td> <td><input type="checkbox"/> 35. Other (Please specify): _____</td> </tr> <tr> <td><input type="checkbox"/> 10. Farsi</td> <td><input type="checkbox"/> 23. Serbian</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 11. French</td> <td><input type="checkbox"/> 24. Slovak</td> <td><input type="checkbox"/> 88. Prefer not to answer</td> </tr> <tr> <td><input type="checkbox"/> 12. Greek</td> <td><input type="checkbox"/> 25. Somali</td> <td><input type="checkbox"/> 99. Do not know</td> </tr> <tr> <td><input type="checkbox"/> 13. Hindi</td> <td><input type="checkbox"/> 26. Spanish</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. Amharic	<input type="checkbox"/> 14. Hungarian	<input type="checkbox"/> 27. Tagalog	<input type="checkbox"/> 2. Arabic	<input type="checkbox"/> 15. Italian	<input type="checkbox"/> 28. Tamil	<input type="checkbox"/> 3. ASL	<input type="checkbox"/> 16. Karen	<input type="checkbox"/> 29. Tigrinya	<input type="checkbox"/> 4. Bengali	<input type="checkbox"/> 17. Korean	<input type="checkbox"/> 30. Turkish	<input type="checkbox"/> 5. Chinese (Cantonese)	<input type="checkbox"/> 18. Nepali	<input type="checkbox"/> 31. Twi	<input type="checkbox"/> 6. Chinese (Mandarin)	<input type="checkbox"/> 19. Polish	<input type="checkbox"/> 32. Ukrainian	<input type="checkbox"/> 7. Czech	<input type="checkbox"/> 20. Portuguese	<input type="checkbox"/> 33. Urdu	<input type="checkbox"/> 8. Dari	<input type="checkbox"/> 21. Punjabi	<input type="checkbox"/> 34. Vietnamese	<input type="checkbox"/> 9. English	<input type="checkbox"/> 22. Russian	<input type="checkbox"/> 35. Other (Please specify): _____	<input type="checkbox"/> 10. Farsi	<input type="checkbox"/> 23. Serbian		<input type="checkbox"/> 11. French	<input type="checkbox"/> 24. Slovak	<input type="checkbox"/> 88. Prefer not to answer	<input type="checkbox"/> 12. Greek	<input type="checkbox"/> 25. Somali	<input type="checkbox"/> 99. Do not know	<input type="checkbox"/> 13. Hindi	<input type="checkbox"/> 26. Spanish		<p>Staff use only:</p>
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<p>2. Were you born in Canada? <input type="checkbox"/> 1. Yes. <input type="checkbox"/> 2. No <input type="checkbox"/> 88. Prefer not to answer <input type="checkbox"/> 99. Do not know If NO, what year did you arrive in Canada? _____</p>																																								
<p>3. Which of the following best describes your racial or ethnic group? Check ONE only.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. Asian – East (e.g., Chinese, Japanese, Korean)</td> <td><input type="checkbox"/> 11. Latin American (e.g., Argentinean, Chilean, Salvadoran)</td> </tr> <tr> <td><input type="checkbox"/> 2. Asian – South (e.g., Indian, Pakistani, Sri Lankan)</td> <td><input type="checkbox"/> 12. Métis</td> </tr> <tr> <td><input type="checkbox"/> 3. Asian – South East (e.g., Malaysian, Filipino, Vietnamese)</td> <td><input type="checkbox"/> 13. Middle Eastern (e.g., Egyptian, Iranian, Lebanese)</td> </tr> <tr> <td><input type="checkbox"/> 4. Black – African (e.g., Ghanaian, Kenyan, Somali)</td> <td><input type="checkbox"/> 14. White – European (e.g., English, Italian, Portuguese, Russian)</td> </tr> <tr> <td><input type="checkbox"/> 5. Black – Caribbean (e.g., Barbadian, Jamaican)</td> <td><input type="checkbox"/> 15. White – North American (e.g., Canadian, American)</td> </tr> <tr> <td><input type="checkbox"/> 6. Black – North American (e.g., Canadian, American)</td> <td><input type="checkbox"/> 16. Mixed heritage (e.g., Black – African and White – North American) (Please specify): _____</td> </tr> <tr> <td><input type="checkbox"/> 7. First Nations</td> <td><input type="checkbox"/> 17. Other(s) (Please specify): _____</td> </tr> <tr> <td><input type="checkbox"/> 8. Indian – Caribbean (e.g., Guyanese with origins in India)</td> <td><input type="checkbox"/> 88. Prefer not to answer</td> </tr> <tr> <td><input type="checkbox"/> 9. Indigenous/Aboriginal – <i>not included elsewhere</i></td> <td><input type="checkbox"/> 99. Do not know</td> </tr> <tr> <td><input type="checkbox"/> 10. Inuit</td> <td></td> </tr> </table>		<input type="checkbox"/> 1. Asian – East (e.g., Chinese, Japanese, Korean)	<input type="checkbox"/> 11. Latin American (e.g., Argentinean, Chilean, Salvadoran)	<input type="checkbox"/> 2. Asian – South (e.g., Indian, Pakistani, Sri Lankan)	<input type="checkbox"/> 12. Métis	<input type="checkbox"/> 3. Asian – South East (e.g., Malaysian, Filipino, Vietnamese)	<input type="checkbox"/> 13. Middle Eastern (e.g., Egyptian, Iranian, Lebanese)	<input type="checkbox"/> 4. Black – African (e.g., Ghanaian, Kenyan, Somali)	<input type="checkbox"/> 14. White – European (e.g., English, Italian, Portuguese, Russian)	<input type="checkbox"/> 5. Black – Caribbean (e.g., Barbadian, Jamaican)	<input type="checkbox"/> 15. White – North American (e.g., Canadian, American)	<input type="checkbox"/> 6. Black – North American (e.g., Canadian, American)	<input type="checkbox"/> 16. Mixed heritage (e.g., Black – African and White – North American) (Please specify): _____	<input type="checkbox"/> 7. First Nations	<input type="checkbox"/> 17. Other(s) (Please specify): _____	<input type="checkbox"/> 8. Indian – Caribbean (e.g., Guyanese with origins in India)	<input type="checkbox"/> 88. Prefer not to answer	<input type="checkbox"/> 9. Indigenous/Aboriginal – <i>not included elsewhere</i>	<input type="checkbox"/> 99. Do not know	<input type="checkbox"/> 10. Inuit																				
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Please turn over...

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

- | | |
|--|---|
| <input type="checkbox"/> 1. Chronic illness | <input type="checkbox"/> 88. Prefer not to answer |
| <input type="checkbox"/> 2. Developmental disability | <input type="checkbox"/> 99. Do not know |
| <input type="checkbox"/> 3. Drug or alcohol dependence | |
| <input type="checkbox"/> 4. Learning disability | |
| <input type="checkbox"/> 5. Mental illness | |
| <input type="checkbox"/> 6. Physical disability | |
| <input type="checkbox"/> 7. Sensory disability (i.e. hearing or vision loss) | |
| <input type="checkbox"/> 8. Other (Please specify): _____ | |
| <input type="checkbox"/> 9. None | |

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

- | | |
|--|---|
| <input type="checkbox"/> 1. Female | <input type="checkbox"/> 6. Other (Please specify): _____ |
| <input type="checkbox"/> 2. Intersex | <input type="checkbox"/> 88. Prefer not to answer |
| <input type="checkbox"/> 3. Male | <input type="checkbox"/> 99. Do not know |
| <input type="checkbox"/> 4. Trans – Female to Male | |
| <input type="checkbox"/> 5. Trans – Male to Female | |

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

- | | |
|---|---|
| <input type="checkbox"/> 1. Bisexual | <input type="checkbox"/> 7. Other (Please specify): _____ |
| <input type="checkbox"/> 2. Gay | <input type="checkbox"/> 88. Prefer not to answer |
| <input type="checkbox"/> 3. Heterosexual (“straight”) | <input type="checkbox"/> 99. Do not know |
| <input type="checkbox"/> 4. Lesbian | |
| <input type="checkbox"/> 5. Queer | |
| <input type="checkbox"/> 6. Two-Spirit | |

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

- | | |
|--|---|
| <input type="checkbox"/> 1. \$0 to \$29,999 | <input type="checkbox"/> 88. Prefer not to answer |
| <input type="checkbox"/> 2. \$30,000 to \$59,999 | <input type="checkbox"/> 99. Do not know |
| <input type="checkbox"/> 3. \$60,000 to \$89,999 | |
| <input type="checkbox"/> 4. \$90,000 to \$119,999 | |
| <input type="checkbox"/> 5. \$120,000 to \$149,999 | |
| <input type="checkbox"/> 6. \$150,000 or more | |

8. How many people does this income support?

- _____ person(s)
88. Prefer not to answer
99. Do not know