

Client Information

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

Check **ONE** only.

1. Amharic

7. Czech

13. Hindi

2. Arabic

8. Dari

14. Hungarian

3. ASL

9. English

15. Italian

4. Bengali

10. Farsi

16. Karen

5. Chinese (Cantonese)

11. French

17. Korean

6. Chinese (Mandarin)

12. Greek

18. Nepali

see over for more options...

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

Check **ONE** only. continued...

- | | | |
|---|--|--|
| <input type="checkbox"/> 19. Polish | <input type="checkbox"/> 26. Spanish | <input type="checkbox"/> 33. Urdu |
| <input type="checkbox"/> 20. Portuguese | <input type="checkbox"/> 27. Tagalog | <input type="checkbox"/> 34. Vietnamese |
| <input type="checkbox"/> 21. Punjabi | <input type="checkbox"/> 28. Tamil | <input type="checkbox"/> 35. Other (Please specify)
_____ |
| <input type="checkbox"/> 22. Russian | <input type="checkbox"/> 29. Tigrinya | <input type="checkbox"/> 88. Prefer not to answer |
| <input type="checkbox"/> 23. Serbian | <input type="checkbox"/> 30. Turkish | <input type="checkbox"/> 99. Do not know |
| <input type="checkbox"/> 24. Slovak | <input type="checkbox"/> 31. Twi | |
| <input type="checkbox"/> 25. Somali | <input type="checkbox"/> 32. Ukrainian | |

2. Were you born in Canada?

1. Yes

2. No

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

88. Prefer not to answer

99. Do not know

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

see over for more options...

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

- 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): _____
- 88. Prefer not to answer
- 99. Do not know

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
- 88. Prefer not to answer
- 99. Do not know

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): _____

88. Prefer not to answer

99. Do not know

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): _____
- 88. Prefer not to answer
- 99. Do not know

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
- 88. Prefer not to answer
- 99. Do not know

8. How many people does this income support?

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

