

Patient Information

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

Check **ONE** only.

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> 1. Amharic | <input type="checkbox"/> 7. Czech | <input type="checkbox"/> 13. Hindi |
| <input type="checkbox"/> 2. Arabic | <input type="checkbox"/> 8. Dari | <input type="checkbox"/> 14. Hungarian |
| <input type="checkbox"/> 3. ASL | <input type="checkbox"/> 9. English | <input type="checkbox"/> 15. Italian |
| <input type="checkbox"/> 4. Bengali | <input type="checkbox"/> 10. Farsi | <input type="checkbox"/> 16. Karen |
| <input type="checkbox"/> 5. Chinese (Cantonese) | <input type="checkbox"/> 11. French | <input type="checkbox"/> 17. Korean |
| <input type="checkbox"/> 6. Chinese (Mandarin) | <input type="checkbox"/> 12. Greek | <input type="checkbox"/> 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"/> 23. Serbian | <input type="checkbox"/> 30. Turkish | <input type="checkbox"/> 88. Prefer not to answer |
| <input type="checkbox"/> 24. Slovak | <input type="checkbox"/> 31. Twi | <input type="checkbox"/> 99. Do not know |
| <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. What is your religious or spiritual affiliation?

Check **ONE** only.

- 1. I do not have a religious or spiritual affiliation
- 2. Animism or Shamanism
- 3. Atheism
- 4. Baha'i Faith
- 5. Buddhism
- 6. Christian – not included elsewhere on this list
- 7. Christian Orthodox
- 8. Confucianism
- 9. Hinduism
- 10. Jainism
- 11. Jehovah's Witnesses
- 12. Judaism
- 13. Islam
- 14. Native Spirituality
- 15. Pagan
- 16. Protestant

see over for more options...

4. What is your religious or spiritual affiliation?

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

- | | |
|--|---|
| <input type="checkbox"/> 17. Rastafarianism | <input type="checkbox"/> 88. Prefer not to answer |
| <input type="checkbox"/> 18. Roman Catholic | <input type="checkbox"/> 99. Do not know |
| <input type="checkbox"/> 19. Sikhism | |
| <input type="checkbox"/> 20. Spiritual | |
| <input type="checkbox"/> 21. Unitarianism | |
| <input type="checkbox"/> 22. Zoroastrianism | |
| <input type="checkbox"/> 23. Other (Please specify): | |

5. 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

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

1. Female

2. Intersex

3. Male

4. Trans – Female to Male

5. Trans – Male to Female

6. Other (Please specify): _____

88. Prefer not to answer

99. Do not know

7. 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

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

- 1. \$0 to \$29,999
- 2. \$30,000 to \$59,999
- 3. \$60,000 to \$89,999
- 4. \$90,000 to \$119,999
- 5. \$120,000 to \$149,999
- 6. \$150,000 or more
- 88. Prefer not to answer
- 99. Do not know

9. How many people does this income support?

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

