We Ask Because We Care

We are collecting social information from clients to find out who we serve and what unique needs our clients have. We will also use this information to understand client experiences and outcomes.

Do I have to answer all the questions?
No. The questions are voluntary and you can choose ‘prefer not to answer’ to any or all questions. This will not affect your care.

Who will see this information?
This information will be visible only to your health-care team and protected like all your other health information. If used in research, this information will be combined with data from all other clients and no one will be able to identify any of the clients.

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


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

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 (a term used by Aboriginal people)

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

- [ ] 1. Bisexual
- [ ] 2. Gay
- [ ] 3. Heterosexual
- [ ] 4. Lesbian
- [ ] 5. Queer (a term used by people who do not follow common sexual orientations)
- [ ] 6. Two-Spirit (a term used by Aboriginal people)

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

- [ ] 1. $0 - $14,999
- [ ] 2. $15,000 – $19,999
- [ ] 3. $20,000 – $24,999
- [ ] 4. $25,000 – $29,999
- [ ] 5. $30,000 – $34,999
- [ ] 6. $35,000 – $39,999
- [ ] 7. $40,000 – $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