

## We Ask Because We Care – Hospital Question Form

We are collecting social information from patients to find out who we serve and what unique needs our patients have. We will also use this information to understand patient 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 patients and no one will be able to identify any of the patients.

### 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"/> 9. English	<input type="checkbox"/> 17. Korean	<input type="checkbox"/> 25. Somali	<input type="checkbox"/> 33. Urdu
<input type="checkbox"/> 2. Arabic	<input type="checkbox"/> 10. Farsi	<input type="checkbox"/> 18. Nepali	<input type="checkbox"/> 26. Spanish	<input type="checkbox"/> 34. Vietnamese
<input type="checkbox"/> 3. ASL	<input type="checkbox"/> 11. French	<input type="checkbox"/> 19. Polish	<input type="checkbox"/> 27. Tagalog	<input type="checkbox"/> 35. Other (please specify): _____
<input type="checkbox"/> 4. Bengali	<input type="checkbox"/> 12. Greek	<input type="checkbox"/> 20. Portuguese	<input type="checkbox"/> 28. Tamil	
<input type="checkbox"/> 5. Chinese (Cantonese)	<input type="checkbox"/> 13. Hindi	<input type="checkbox"/> 21. Punjabi	<input type="checkbox"/> 29. Tigrinya	
<input type="checkbox"/> 6. Chinese (Mandarin)	<input type="checkbox"/> 14. Hungarian	<input type="checkbox"/> 22. Russian	<input type="checkbox"/> 30. Turkish	<input type="checkbox"/> 88. Prefer not to answer
<input type="checkbox"/> 7. Czech	<input type="checkbox"/> 15. Italian	<input type="checkbox"/> 23. Serbian	<input type="checkbox"/> 31. Twi	
<input type="checkbox"/> 8. Dari	<input type="checkbox"/> 16. Karen	<input type="checkbox"/> 24. Slovak	<input type="checkbox"/> 32. Ukrainian	<input type="checkbox"/> 99. Do not know

### 2. Were you born in Canada?      1. Yes      2. No      88. Prefer not to Answer      99. Do not know

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

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

<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. Metis
<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 & White – North American) Please specify: _____
<input type="checkbox"/> 7. First Nations	
<input type="checkbox"/> 8. Indian - Caribbean (e.g. Guyanese with origins in India)	<input type="checkbox"/> 17. Other(s): Please specify: _____
<input type="checkbox"/> 9. Indigenous/Aboriginal - <i>not included elsewhere</i>	<input type="checkbox"/> 88. Prefer not to answer
<input type="checkbox"/> 10. Inuit	<input type="checkbox"/> 99. Do not know

<b>4. Do you have any of the following? Check ALL that apply</b>	
<input type="checkbox"/> 1. Chronic Illness	<input type="checkbox"/> 9. None
<input type="checkbox"/> 2. Developmental Disability	<input type="checkbox"/> 88. Prefer not to answer
<input type="checkbox"/> 3. Drug or Alcohol Dependence	<input type="checkbox"/> 99. Do not know
<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): _____	

<b>5. What is your gender? Check ONE only</b>	
<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	

<b>6. What is your sexual orientation? Check ONE only</b>	
<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	<input type="checkbox"/> 99. Do not know
<input type="checkbox"/> 4. Lesbian	
<input type="checkbox"/> 5. Queer (a term used by people who do not follow common sexual orientations)	
<input type="checkbox"/> 6. Two-Spirit (a term used by Aboriginal people)	

<b>7. What was your total family income before taxes last year? Check ONE only</b>	
<input type="checkbox"/> 1. \$0 - \$29,999	<input type="checkbox"/> 88. Prefer not to answer
<input type="checkbox"/> 2. \$30,000 – \$59,999	<input type="checkbox"/> 99. Do not know
<input type="checkbox"/> 3. \$60,000 – \$89,999	
<input type="checkbox"/> 4. \$90,000 – \$119,999	
<input type="checkbox"/> 5. \$120,000 – \$149,999	
<input type="checkbox"/> 6. \$150,000 or more	

<b>8. How many people does this income support?</b>		
_____ person(s)	<input type="checkbox"/> 88. Prefer not to answer	<input type="checkbox"/> 99. Do not know

## We Ask Because We Care – CHC Question Form

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.

<b>1. What language would you feel most comfortable speaking in with your health care provider? Check ONE only</b>				
<input type="checkbox"/> 1. Amharic	<input type="checkbox"/> 9. English	<input type="checkbox"/> 17. Korean	<input type="checkbox"/> 25. Somali	<input type="checkbox"/> 33. Urdu
<input type="checkbox"/> 2. Arabic	<input type="checkbox"/> 10. Farsi	<input type="checkbox"/> 18. Nepali	<input type="checkbox"/> 26. Spanish	<input type="checkbox"/> 34. Vietnamese
<input type="checkbox"/> 3. ASL	<input type="checkbox"/> 11. French	<input type="checkbox"/> 19. Polish	<input type="checkbox"/> 27. Tagalog	<input type="checkbox"/> 35. Other (please specify): _____
<input type="checkbox"/> 4. Bengali	<input type="checkbox"/> 12. Greek	<input type="checkbox"/> 20. Portuguese	<input type="checkbox"/> 28. Tamil	
<input type="checkbox"/> 5. Chinese (Cantonese)	<input type="checkbox"/> 13. Hindi	<input type="checkbox"/> 21. Punjabi	<input type="checkbox"/> 29. Tigrinya	
<input type="checkbox"/> 6. Chinese (Mandarin)	<input type="checkbox"/> 14. Hungarian	<input type="checkbox"/> 22. Russian	<input type="checkbox"/> 30. Turkish	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 7. Czech	<input type="checkbox"/> 15. Italian	<input type="checkbox"/> 23. Serbian	<input type="checkbox"/> 31. Twi	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 8. Dari	<input type="checkbox"/> 16. Karen	<input type="checkbox"/> 24. Slovak	<input type="checkbox"/> 32. Ukrainian	

<b>2. Were you born in Canada?</b> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 98. Do not know <input type="checkbox"/> 99. Prefer not to answer If <b>NO</b> , what year did you arrive in Canada? _____
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<b>3. Which of the following best describes your racial or ethnic group? Check ONE only</b>	
<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 & White - North American) Please specify: _____
<input type="checkbox"/> 7. First Nations	
<input type="checkbox"/> 8. Indian - Caribbean (e.g. Guyanese with origins in India)	<input type="checkbox"/> 17. Other(s): Please specify: _____
<input type="checkbox"/> 9. Indigenous/Aboriginal - <i>not included elsewhere</i>	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 10. Inuit	<input type="checkbox"/> 99. Prefer not to answer

<b>4. Do you have any of the following? Check ALL that apply</b>	
<input type="checkbox"/> 1. Chronic Illness	<input type="checkbox"/> 9. None
<input type="checkbox"/> 2. Developmental Disability	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Drug or Alcohol Dependence	<input type="checkbox"/> 99. Prefer not to answer
<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): _____	

<b>5. What is your gender? Check ONE only</b>	
<input type="checkbox"/> 1. Female	<input type="checkbox"/> 7. Other (Please specify): _____
<input type="checkbox"/> 2. Intersex	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Male	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Trans - Female to Male	
<input type="checkbox"/> 5. Trans - Male to Female	
<input type="checkbox"/> 6. Two-Spirit (a term used by Aboriginal people)	

<b>6. What is your sexual orientation? Check ONE only</b>	
<input type="checkbox"/> 1. Bisexual	<input type="checkbox"/> 7. Other (Please specify): _____
<input type="checkbox"/> 2. Gay	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 3. Heterosexual	<input type="checkbox"/> 99. Prefer not to answer
<input type="checkbox"/> 4. Lesbian	
<input type="checkbox"/> 5. Queer (a term used by people who do not follow common sexual orientations)	
<input type="checkbox"/> 6. Two-Spirit (a term used by Aboriginal people)	

<b>7. What was your total family income before taxes last year? Check ONE only</b>	
<input type="checkbox"/> 1. \$0 - \$14,999	<input type="checkbox"/> 6. \$35,000 – \$39,999
<input type="checkbox"/> 2. \$15,000 – \$19,999	<input type="checkbox"/> 7. \$40,000 – \$59,999
<input type="checkbox"/> 3. \$20,000 – \$24,999	<input type="checkbox"/> 8. \$60,000 or more
<input type="checkbox"/> 4. \$25,000 – \$29,999	<input type="checkbox"/> 98. Do not know
<input type="checkbox"/> 5. \$30,000 – \$34,999	<input type="checkbox"/> 99. Prefer not to answer

<b>8. How many people does this income support?</b>		
_____ person(s)	<input type="checkbox"/> 98. Do not know	<input type="checkbox"/> 99. Prefer not to answer