

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# Health Equity Survey

## Section 1: Demographic Questions

This section will ask you questions about factors that help define the populations that we serve. We ask these questions because it helps us understand the clients that we serve and what programs and services might benefit them.

**1. What language do you feel most comfortable speaking in with your provider? (check all that apply)**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> English* (Canadian Official Language) | <input type="checkbox"/> Hungarian  | <input type="checkbox"/> Tamil                                    |
| <input type="checkbox"/> French* (Canadian Official Language)  | <input type="checkbox"/> Italian    | <input type="checkbox"/> Thai                                     |
| <input type="checkbox"/> Albanian                              | <input type="checkbox"/> Karen      | <input type="checkbox"/> Tibetan                                  |
| <input type="checkbox"/> Amharic                               | <input type="checkbox"/> Korean     | <input type="checkbox"/> Tigrinya                                 |
| <input type="checkbox"/> Arabic                                | <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Taishanese/ Toishanese                   |
| <input type="checkbox"/> ASL (American Sign Language)          | <input type="checkbox"/> Nepali     | <input type="checkbox"/> Ukrainian                                |
| <input type="checkbox"/> Bengali                               | <input type="checkbox"/> Pashto     | <input type="checkbox"/> Urdu                                     |
| <input type="checkbox"/> Bulgarian                             | <input type="checkbox"/> Polish     | <input type="checkbox"/> Vietnamese                               |
| <input type="checkbox"/> Burmese                               | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Another language (please specify): _____ |
| <input type="checkbox"/> Georgian                              | <input type="checkbox"/> Punjabi    | <input type="checkbox"/> Do not know                              |
| <input type="checkbox"/> Greek                                 | <input type="checkbox"/> Rohingya   | <input type="checkbox"/> Prefer not to answer                     |
| <input type="checkbox"/> Cantonese                             | <input type="checkbox"/> Romanian   |   |
| <input type="checkbox"/> Czech                                 | <input type="checkbox"/> Russian    |   |
| <input type="checkbox"/> Dari                                  | <input type="checkbox"/> Serbian    |   |
| <input type="checkbox"/> Farsi                                 | <input type="checkbox"/> Slovak     |   |
| <input type="checkbox"/> Gujarati                              | <input type="checkbox"/> Somali     |   |
| <input type="checkbox"/> Hausa                                 | <input type="checkbox"/> Spanish    |   |
| <input type="checkbox"/> Hebrew                                | <input type="checkbox"/> Swahili    |   |
| <input type="checkbox"/> Hindi                                 | <input type="checkbox"/> Turkish    |   |
|  | <input type="checkbox"/> Twi        |   |
|  | <input type="checkbox"/> Tagalog    |   |



**2. Were you born in Canada?**

- Yes
- No
- Do not know
- Prefer not to answer
  - a. If you were not born in Canada, when did you arrive?
    - Less than 5 years ago
    - 5-9 years ago
    - 10 years ago, or more
    - Do not know
    - Prefer not to answer

**3. Do you identify as First Nations, Métis and/or Inuk/Inuit? This question is about how you identify yourself (e.g. includes status or non-status). Check all that apply.**

- Yes, First Nations
- Yes, Inuk/Inuit
- Yes, Métis
- No
- Do not know
- Prefer not to answer

**4. What is your ethnic or cultural background?** For example: Canadian, Chinese, East Indian, English, Filipino, French, German, Irish, Italian, Jamaican, Jewish, Polish, Portuguese, Scottish, etc.

- Please specify: \_\_\_\_\_
- Do not know
- Prefer not to answer

**5. Which of the following best describes your racial group?** (check all that apply, for example If you are multi-racial or mixed race)

- Middle Eastern, Arab or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)
- Black (e.g. African , Afro Canadian, Afro Caribbean , Afro Egyptian etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese)
- Latin American (Hispanic or Latin American descent)
- South Asian (e.g., Bangladeshi, Indian, Indo Caribbean, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Filipino, Vietnamese, Thai, Indonesian, etc.)
- White (e.g., European descent)
- Another race/ethnic group (please specify): \_\_\_\_\_
- Not applicable (e.g. Identified as Indigenous in question #3)
- Do not know
- Prefer not to answer



**6. Do you identify as a person with a disability?**

Yes

Please specify if you wish: \_\_\_\_\_

No

Do not know

Prefer not to answer

**7. Could you benefit from support related to any of the following? (check all that apply)**

Alzheimer's disease/dementia

Autism spectrum disorder

Chronic illness (e.g. sickle cell, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD))

Cognitive disability

Developmental disability

Drug or alcohol dependence

Learning disability

Mental illness

Physical disability

Sensory disability (e.g., low vision, blindness, deafness, hard of hearing etc.)

Prefer to self-describe (please specify): \_\_\_\_\_

None

Do not know

Prefer not to answer

*If you have indicated you could benefit from support for any of the above, your primary care provider can discuss potential supports. Please make an appointment for more information.*

**8. What is your gender identity? (check all that apply)**

Genderfluid or genderqueer

Man

Non-binary

Two Spirit

Woman

Questioning or unsure

Another gender identity/prefer to self-describe: \_\_\_\_\_

Do not know

Prefer not to answer

**9. Do you identify as transgender or non-binary?** Transgender is an umbrella term used to describe people whose gender identity or gender expression differs from the sex they were assigned at birth.

Yes

No

Prefer not to answer



**10. Which category(ies) best describe your sexual orientation? (check all that apply)**

- Asexual
- Bisexual
- Demisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Questioning or unsure
- Same gender loving
- Straight/Heterosexual
- Two Spirit
- Another sexual orientation/prefer to self-describe: \_\_\_\_\_
- Do not know  Prefer not to answer

## Section 2: Social Needs

**This section will ask you questions about factors that could affect your health including access to food, shelter, medicine, and other needs. If you identify that you may need financial assistance programs, food programs, housing, accessing transportation, paying bills, paying for medicine or medical expenses, or more social contacts or social relationships, please book an appointment with a Client Resource Worker (CRW).**

**11. Do you currently have difficulty paying for basic needs?**

- Yes
- No
- Not applicable- I do not have to pay for basic needs
- Do not know  Prefer not to answer

**12. What was your total family income before taxes last year?**

- \$0-\$19,999
- \$20,000-\$39,999
- \$40,000-\$59,999
- \$60,000-\$79,999
- \$80,000-\$119,999
- \$120,000-\$149,999
- \$150,000 or more
- Do not know  Prefer not to answer

**13. How many people does this income support?**

- Please specify number of persons: \_\_\_\_\_
- Do not know  Prefer not to answer



**14. Within the past 12 months, how often was the following statement true for you: "We worried about whether our food would run out before we could buy or get more"?**

- Often true
- Sometimes true
- Never true
- Do not know
- Prefer not to answer

**15. What is your current housing situation?**

- A place you or your family owns
- A place you or your family rents
- Social housing, subsidized housing or rent geared-to-income
- Supportive housing or group home
- Long-term care facility
- Correctional facility
- Staying in someone else's place because you have no alternative/couch surfing
- Experiencing homelessness (e.g., shelter, living in a public place or vehicle)
- Other (please specify): \_\_\_\_\_
- Do not know
- Prefer not to answer

**16. Are you at risk of losing your housing for any reason?**

- Yes
- No
- Unsure

**17. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?**

- Yes, it has kept me from medical appointments or getting medicines
- Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
- No
- Not applicable, I did not need transportation for these activities in the past 12 months
- Do not know
- Prefer not to answer

**18. Do you currently have access to phone or internet?**

- Yes, phone only
- Yes, internet only
- Yes, both
- No
- Do not know
- Prefer not to answer



**19. In the past 12 months, did you miss making a payment on any utility bills (e.g. gas, electric, water) because of cost?**

- Yes
- No
- Not applicable, I did not have to pay utility bills in the past 12 months or utilities already included in rent
- Do not know  Prefer not to answer

**20. In the past 12 months, were you unable to get medicine or medical supplies, or did you do anything to make them last longer because of the cost?**

- Yes
- No
- Not applicable, I did not have to get any medicine or medical supplies in the past 12 months
- Do not know  Prefer not to answer

**21. Who do you live with? (select all that apply)**

- Parent(s) or guardian(s)
- Spouse or partner
- Child(ren)
- Grandparent(s)
- Sibling(s)
- Other family
- Friends or roommates
- Paid caregiver or attendant
- Alone
- Other (please specify): \_\_\_\_\_
- Do not know  Prefer not to answer

**22. Do you have people to rely on if you needed help?**

- Yes, I always or sometimes have someone
- No, I don't have anyone
- Do not know  Prefer not to answer

**23. Do you feel you have people who you can open up to or confide in?**

- Yes, I always or sometimes have someone
- No, I don't have anyone
- Do not know  Prefer not to answer

**Thank you so much for completing this questionnaire! We'll use this information to help inform our programming and offer better services for everyone.**