sherbourne HEALTH

名字/First Name: _____

姓氏/Last Name: _____

出生日期/Date of Birth: _____

健康公平调查

Health Equity Survey

健康公平调查

Section 1: Demographic Questions

本节向您询问的问题将有助于界定我们服务对象特征。我们提出这些问题，因为这样可以帮助更好地了解我们服务的客户，以及哪些项目和服务可能对他们有益。

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. **您觉得用哪种语言与您的医疗服务提供者交流最自在？（请勾选所有适用项目）**
   What language do you feel most comfortable speaking in with your provider? (check all that apply)

☐ 英语*（加拿大官方语言）/ English* (Canadian Official Language)
☐ 法语*（加拿大官方语言）/ French* (Canadian Official Language)
☐ 阿尔巴尼亚语/Albanian
☐ 阿姆哈拉语/Amharic
☐ 阿拉伯语/Arabic
☐ ASL（美国手语）/ ASL (American Sign Language)
☐ 孟加拉语/Bengali
☐ 保加利亚语/Bulgarian
☐ 缅甸语/Burmese
☐ 格鲁吉亚语/Georgian
☐ 希腊语/Greek
☐ 粤语/Cantonese
☐ 捷克语/Czech
☐ 达里语/Dari
☐ 波斯语/Farsi
☐ 古吉拉特语/Gujarati
☐ 豪萨语/Hausa
☐ 希伯来语/Hebrew

- ☐ 印地语/Hindi
- ☐ 匈牙利语/Hungarian
- ☐ 意大利语/Italian
- ☐ 克伦语/Karen
- ☐ 韩语/Korean
- ☐ 国语/Mandarin
- ☐ 尼泊尔语/Nepali
- ☐ 普什图语/Pashto
- ☐ 波兰语/Polish
- ☐ 葡萄牙语/Portuguese
- ☐ 旁遮普语/Punjabi
- ☐ 罗兴亚语/Rohingya
- ☐ 罗马尼亚语/Romanian
- ☐ 俄语/Russian
- ☐ 塞尔维亚语/Serbian
- ☐ 斯洛伐克语/Slovak
- ☐ 索马里语/Somali
- ☐ 西班牙语/Spanish
- ☐ 斯瓦西里语/Swahili
- ☐ 土耳其语/Turkish
- ☐ 特威语/Twi
- ☐ 他加禄语/Tagalog
- ☐ 泰米尔语/Tamil
- ☐ 泰语/Thai
- ☐ 藏语/Tibetan
- ☐ 提格雷语/Tigrinya
- ☐ 台山话/Taishanese/ Toishanese
- ☐ 乌克兰语/Ukrainian
- ☐ 乌尔都语/Urdu
- ☐ 越南语/Vietnamese
- ☐ 其他语言（请说明）/Another language (please specify):

  _____
- ☐ 不知道/Do not know
- ☐ 不愿作答/Prefer not to answer

2. 您是否出生在加拿大?
Were you born in Canada?

- ☐ 是/Yes
- ☐ 否/No
- ☐ 不知道/Do not know
- ☐ 不愿作答/Prefer not to answer

    a. 如果您不是在加拿大出生的，您是什么时候来到这里的？
    If you were not born in Canada, when did you arrive?
    - ☐ 不到5年前/Less than 5 years ago
    - ☐ 5-9年前/5-9 years ago
    - ☐ 10年前或更久/10 years ago, or more
    - ☐ 不知道/Do not know
    - ☐ 不愿作答/Prefer not to answer

3. **您是否认同自己是第一民族、梅蒂斯人和/或因纽特人？这个问题是关于您如何定义自己的身份（例如，包括有身份或无身份）。选择所有适用项。**
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.

   ☐ 是，第一民族/Yes, First Nations
   ☐ 是，因纽特人/Yes, Inuk/Inuit
   ☐ 是，梅蒂斯人/Yes, Métis
   ☐ 否/No
   ☐ 不知道/Do not know
   ☐ 不愿作答/Prefer not to answer

4. **您的族裔或文化背景是什么？** 例如：加拿大人、华人、东印度人、英国人、菲律宾人、法国人、德国人、爱尔兰人、意大利人、牙买加人、犹太人、波兰人、葡萄牙人、苏格兰人等。
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.

   ☐ 请具体说明/Please specify: _____
   ☐ 不知道/Do not know
   ☐ 不愿作答/Prefer not to answer

5. **以下哪一项最能描述您的种族群体？**（请勾选所有适用选项，例如，如果您是多族裔或混血）
Which of the following best describes your racial group? (check all that apply, for example If you are multi-racial or mixed race)

   ☐ 中东人、阿拉伯或西亚人（例如：阿富汗人、埃及人、伊朗人、黎巴嫩人、波斯人、土耳其人、库尔德人等）/Middle Eastern, Arab or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)
   ☐ 黑人（例如：非洲人、非裔加拿大人、非裔加勒比人、非裔埃及人等）/Black (e.g. African, Afro Canadian, Afro Caribbean, Afro Egyptian etc.)
   ☐ 东亚人（如华人、韩国人、日本人、台湾人等）/East Asian (e.g., Chinese, Korean, Japanese, Taiwanese)
   ☐ 拉丁美洲人（西班牙裔或拉美后裔）/Latin American (Hispanic or Latin American descent)
   ☐ 南亚人（如孟加拉人、印度人、印度裔加勒比人、巴基斯坦人、斯里兰卡人等）/South Asian (e.g., Bangladeshi, Indian, Indo Caribbean, Pakistani, Sri Lankan, etc.)
   ☐ 东南亚人（例如：菲律宾人、越南人、泰国人、印度尼西亚人等）/Southeast Asian (e.g., Filipino, Vietnamese, Thai, Indonesian, etc.)
   ☐ 白人（如欧洲后裔）/White (e.g., European descent)
   ☐ 其他种族/族裔群体（请说明）/Another race/ethnic group (please specify): _____

☐ 不适用（例如：在第3题中已自认原住民）/Not applicable (e.g. Identified as Indigenous in question #3)
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

6. **您是否认同自己是残疾人士?**
   Do you identify as a person with a disability?

☐ 是如果您愿意，请具体说明/Yes. Please specify if you wish: _____
☐ 否/No
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

7. **您是否会受益于以下任何方面的支持？（请勾选所有适用选项）**
   Could you benefit from support related to any of the following? (check all that apply)

☐ 阿尔茨海默病或痴呆症/Alzheimer's disease or dementia
☐ 自闭症谱系障碍/Autism spectrum disorder
☐ 慢性疾病（例如：镰状细胞贫血、糖尿病、充血性心力衰竭（CHF）、慢性阻塞性肺病（COPD））/Chronic illness (e.g. sickle cell, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD))
☐ 认知障碍/Cognitive disability
☐ 发育障碍/Developmental disability
☐ 药物或酒精依赖/Drug or alcohol dependence
☐ 学习障碍/Learning disability
☐ 精神疾病/Mental illness
☐ 身体残疾/Physical disability
☐ 感官障碍（例如：低视力、失明、失聪、听力障碍等）/Sensory disability (e.g., low vision, blindness, deafness, hard of hearing etc.)
☐ 更倾向于自我描述（请具体说明）/Prefer to self-describe (please specify): _____
☐ 无/None
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

如果您表示上述任何一项支持对您有帮助，您的初级保健医生可以讨论潜在的支持。请预约了解更多信息。
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. **您的性别认同是什么？（请勾选所有适用选项）**
   What is your gender identity? (check all that apply)

☐ 性别流动或性别酷儿/Genderfluid or genderqueer
☐ 男人/Man

☐ 非二元性别/Non-binary
☐ 双灵/Two Spirit
☐ 女人/Woman
☐ 疑问或不确定/Questioning or unsure
☐ 其他性别认同或更倾向于自我描述/Another gender identity or prefer to self-describe: _____
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

9. **您是否认同自己是跨性别者或非二元性别者?** “跨性别”是一个统称，用于描述那些性别认同或性别表达与出生时被指定的生理性别不一致的人群。
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.

☐ 是/Yes
☐ 否/No
☐ 不愿作答/Prefer not to answer

10. **以下哪一类（或几类）最能描述您的性取向?** （请选择所有适用项）
Which category(ies) best describe your sexual orientation? (check all that apply)

☐ 无性恋/Asexual
☐ 双性恋/Bisexual
☐ 半性恋/Demisexual
☐ 男同性恋/Gay
☐ 女同性恋/Lesbian
☐ 泛性恋/Pansexual
☐ 酷儿/Queer
☐ 疑问或不确定/Questioning or unsure
☐ 同性相爱/Same gender loving
☐ 异性恋/Straight/Heterosexual
☐ 双灵/Two Spirit
☐ 其他性取向或更倾向于自我描述/Another sexual orientation or prefer to self-describe: _____
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

第2部分：社会需求
Section 2: Social Needs

本节将询问您有关可能影响您健康的因素，包括获取食物、住所、药品及其他必需品的情况。如果您认为自己可能需要经济援助计划、食品援助计划、住房支持、交通出行帮助、账单支付、药品或医疗费用支付，或者希望拓展社交圈或建立更多人际关系，请预约与客户资源工作者（CRW）面谈。
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. 您目前在支付基本生活开销方面有困难吗?
Do you currently have difficulty paying for basic needs?

☐ 是/Yes
☐ 否/No
☐ 不适用 - 我无需支付基本生活需求/Not applicable- I do not have to pay for basic needs
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

12. 您去年的家庭税前总收入是多少?
What was your total family income before taxes last year?

☐ $0-$19,999/$0-$19,999
☐ $20,000-$39,999/$20,000-$39,999
☐ $40,000-$59,999/$40,000-$59,999
☐ $60,000-$79,999/$60,000-$79,999
☐ $80,000-$119,999/$80,000-$119,999
☐ $120,000-$149,999/$120,000-$149,999
☐ $150,000或以上/$150,000 or more
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

13. 这笔收入能养活多少人?
How many people does this income support?

☐ 请具体说明人数/Please specify number of persons: _____
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

14.在过去的12个月里，以下说法对您来说有多经常属实：“我们担心食物会在我们能买到或补充之前就吃完了”？
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"?

☐ 经常是这样/Often true
☐ 有时候是这样/Sometimes true
☐ 从未这样/Never true
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

15. 您目前的住房情况如何?
What is your current housing situation?

☐ 您或您的家人拥有的房产/A place you or your family owns
☐ 您或您的家人租住的地方/A place you or your family rents
☐ 社会住房、补贴住房或按收入比例计租/Social housing, subsidized housing or rent geared-to-income
☐ 支持性住房或集体住宅/Supportive housing or group home
☐ 长期护理机构/Long-term care facility
☐ 惩教机构/Correctional facility
☐ 因为别无选择而借住他人家中或沙发客/Staying in someone else's place because you have no alternative or couch surfing
☐ 无家可归（例如：住在收容所、公共场所或车辆内）/Experiencing homelessness (e.g., shelter, living in a public place or vehicle)
☐ 其他（请说明）/Other (please specify): _____
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

16. 您是否因任何原因面临失去住房的风险?
Are you at risk of losing your housing for any reason?

☐ 是/Yes
☐ 否/No
☐ 不确定/Unsure

17. 在过去的12个月里，您是否因为缺乏交通工具而导致无法前往就医、参加会议、上班，或是无法购买日常生活所需物品?
In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

☐ 是的，这让我无法去就医或取药/Yes, it has kept me from medical appointments or getting medicines
☐ 是的，这让我无法参加非医疗性质的会议、赴约、工作，或者获取我需要的东西/Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
☐ 否/No
☐ 不适用，过去12个月内我参加这些活动时不需要交通工具/Not applicable, I did not need transportation for these activities in the past 12 months
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

18. 您目前是否有电话或互联网吗?
Do you currently have access to phone or internet?

☐ 是，只有电话/Yes, phone only
☐ 是，只有互联网/Yes, internet only
☐ 是，两者都有/Yes, both
☐ 否/No
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

19. 在过去的12个月里，您是否曾因费用问题而未能按时缴纳任何公用事业账单（例如燃气、电力、水费）?
In the past 12 months, did you miss making a payment on any utility bills (e.g. gas, electric, water) because of cost?

☐ 是/Yes
☐ 否/No
☐ 不适用，过去12个月内我无需支付水电费，或者水电费已包含在房租中/Not applicable, I did not have to pay utility bills in the past 12 months or utilities already included in rent
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

20. .在过去的12个月里，您是否因为费用问题而无法获得药品或医疗用品，或者为了节省开支而采取了任何措施来延长这些物品的使用时间?
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?

☐ 是/Yes

☐ 否/No
☐ 不适用，过去12个月里，我不需要获取任何药品或医疗用品/Not applicable, I did not have to get any medicine or medical supplies in the past 12 months
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

21. 您和谁住在一起? （请选择所有适用项。）
Who do you live with? (select all that apply)

☐ 父母或监护人/Parent(s) or guardian(s)
☐ 配偶或伴侣/Spouse or partner
☐ 子女/Child(ren)
☐ 孙子女/Grandparent(s)
☐ 兄弟姐妹/Sibling(s)
☐ 其他亲属/Other family
☐ 朋友或室友/Friends or roommates
☐ 受雇的护理人员或陪护人员/Paid caregiver or attendant
☐ 独居/Alone
☐ 其他（请说明）/Other (please specify): _____
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

22. 如果您需要帮助，身边有可以依靠的人吗?
Do you have people to rely on if you needed help?

☐ 是，我总是或有时会有可依靠的人/Yes, I always or sometimes have someone
☐ 否，我没有任何人可以依靠/No, I don't have anyone
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

23. 您觉得身边有可以向其敞开心扉或倾诉心事的人吗?
Do you feel you have people who you can open up to or confide in?

☐ 是，我总是或有时会有可倾诉的人/Yes, I always or sometimes have someone
☐ 否，我没有任何人可以倾诉/No, I don't have anyone
☐ 不知道/Do not know
☐ 不愿作答/Prefer not to answer

非常感谢您填写这份问卷！我们将利用这些信息来优化我们的项目规划，并为所有人提供更优质的服务。
Thank you so much for completing this questionnaire! We'll use this information to help inform our programming and offer better services for everyone.