UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

HEALTH EQUITY DEMOGRAPHICS QUESTIONNAIRE

We are collecting social information from patients to find out who we serve and what unique needs our patients have.

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 in your patient chart, visible 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. Please talk to your health-care team about any medical concerns you write down on this questionnaire.

Staff use only:

Today's Date: (YYYY/MM/DD)

_____ / _____ / _____

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

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

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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? (YYYY) _____

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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

☐ 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

Please turn over…

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)*: _____
- ☐ 9. None
- ☐ 88. Prefer not to answer
- ☐ 99. Do not know

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. Other *(Please specify)*: _____
- ☐ 88. Prefer not to answer
- ☐ 99. Do not know

6. 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

7. 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

8. **How many people does this income support?** _____ (e.g. 1, 2, 3)

- ☐ 88. Prefer not to answer
- ☐ 99. Do not know

Thank you!