HEALTH EQUITY DEMOGRAPHICS QUESTIONNAIRE

UHN Toronto General / Toronto Western / Princess Margaret / Toronto Rehab

As part of our ongoing work to improve access and the quality of care for all patients, we want to ask you a few questions about your background. The information you provide will help us understand our patients and provide important information on how we can improve our services.

The information you share with us will be **SAFE.** Your answers will remain secure and confidential.

Your participation is **VOLUNTARY.** You do not have to complete the survey if you do not want to. You can skip questions. You can stop at any time.

This will not affect your access to services.

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!