

## SOCIO-DEMOGRAPHIC FORM

Information collected will be used to identify who we serve in the community, and to promote equitable care. Equitable care incorporates unique needs that people may have based on language, income, gender, etc. Data collected is confidential. You can read more about our privacy policy on our website. [www.windsorfht.ca](http://www.windsorfht.ca)

Full Name: \_\_\_\_\_

**Please select the answers that best apply to you:**

### Age Range

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

### Were you born in Canada?

- Yes
- No
- Do not know
- Prefer not to answer

### What is your race/ethnicity?

- Asian-East (Chinese, Japanese, Korean)
- Asian-South (Indian, Pakistani, Sri Lankan)
- Asian-South East (Malaysian, Filipino, Vietnamese)
- Black-African (Ghanaian, Kenyan, Somali)
- Black-Caribbean (Barbadian, Jamaican)
- Black-North American (Canadian, American)
- Indian-Caribbean (Guyanese with origins in India)
- Latin/Central America (Argentinian, Chilean, Salvadoran)
- Middle Eastern/West Asian (Egyptian, Iranian, Lebanese)
- White-European (English, Italian, Portuguese, Russian)
- White-North American (Canadian American)

### Language

- English
- French/Francophone
- Arabic
- Italian
- Other: \_\_\_\_\_
- Prefer not to answer

### If NO, I have lived here for...

- Less than 1 year
- 1-3 years
- 4-10 years
- 10+ years
- Prefer not to answer

- First Nations
- Indigenous/Aboriginal
- Inuit
- Metis
- Oceania
- Other \_\_\_\_\_
- Unknown
- Prefer not to answer

**Do you have any of the following disabilities? (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chronic Pain         | <input type="checkbox"/> Developmental       | <input type="checkbox"/> Mental Illness           |
| <input type="checkbox"/> Chronic Illness      | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Drug/Alcohol Dependence  |
| <input type="checkbox"/> Degenerative Disease | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Sensory (vision/hearing) |
| <input type="checkbox"/> None                 | <input type="checkbox"/> Do not know         | <input type="checkbox"/> Prefer not to answer     |

**How would you describe your gender?**

- |   |   |
|---|---|
| <input type="checkbox"/> Male               | <input type="checkbox"/> Two-Spirit           |
| <input type="checkbox"/> Female             | <input type="checkbox"/> Non-Binary           |
| <input type="checkbox"/> Transgender Male   | <input type="checkbox"/> Do not know          |
| <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Gender Fluid       | <input type="checkbox"/> Prefer not to answer |

**What are your preferred pronouns?**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> He/Him    | <input type="checkbox"/> Do Not Know                   |
| <input type="checkbox"/> She/Her   | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> They/Them | <input type="checkbox"/> Prefer not to answer          |

**What is your sexual orientation?**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Two-Spirit           |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer                |
| <input type="checkbox"/> Gay      | <input type="checkbox"/> Do not know          |
| <input type="checkbox"/> Lesbian  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Asexual  | <input type="checkbox"/> Prefer not to answer |

**What was your total household income before taxes last year?**

- |   |   |
|---|---|
| <input type="checkbox"/> \$0-\$29,999       | <input type="checkbox"/> \$120,000-\$149,999  |
| <input type="checkbox"/> \$30,000-\$59,000  | <input type="checkbox"/> \$150,000 or more    |
| <input type="checkbox"/> \$60,000-\$89,000  | <input type="checkbox"/> Do not know          |
| <input type="checkbox"/> \$90,000-\$119,999 | <input type="checkbox"/> Prefer not to answer |

**How many people does this income support? \_\_\_\_\_**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer not to answer |
|--------------------------------------|---|

**Do you have difficulty making ends meet with this income?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Yes       | <input type="checkbox"/> Unknown              |
| <input type="checkbox"/> No        | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Sometimes |   |

**Based on your answers, would you like to be connected to community resources?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Thank you for your participation. Your feedback helps us serve you better.