Additional file 1. Sociodemographic survey

Measuring Health Equity

Please tell us about yourself.

We want to ask you 11 brief questions as part of our ongoing work to improve access, quality of care for all patients and identify health inequities. It should take approximately 2-5 minutes to complete.

Your participation is VOLUNTARY and you can stop at any time.

You do not have to complete the survey if you don’t want to. You can skip questions.

The information you share with us will be safely kept with your medical file.

This will not affect your access to care.

PLEASE NOTE SURVEY IS DOUBLE-SIDED

1. What language would you feel most comfortable speaking in with your healthcare provider? Choose ONE.

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<tr>
<th>Choose one</th>
<th>Greek</th>
<th>Punjabi</th>
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</thead>
<tbody>
<tr>
<td>English</td>
<td>Hebrew</td>
<td>Russian</td>
<td>Other</td>
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<tr>
<td>Amharic</td>
<td>Hindi</td>
<td>Serbian</td>
<td>Prefer not to answer</td>
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<td>Arabic</td>
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<td>Inuktitut</td>
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<td>Spanish</td>
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<td>Portuguese</td>
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2. Were you born in Canada?
Yes
No
Prefer not to answer
Do not know
If no, what year did you arrive in Canada? 

3. Which of the following best describes your racial or ethnic group? Choose ONE.

- Asian – East (e.g. Chinese, Japanese, Korean)
- Asian – South (e.g. Indian, Pakistani, Sri Lankan)
- Asian – South East (e.g. Malaysian, Filipino, Vietnamese)
- Black – African (e.g. Ghanaian, Kenyan, Somali)
- Black – Caribbean (e.g. Barbadian, Jamaican)
- Black – North American (e.g. Canadian, American)
- First Nations
- Indian – Caribbean (e.g. Guyanese with origins in India)
- Indigenous/Aboriginal not included elsewhere
- Inuit
- Latin American (e.g. Argentinean, Chilean, Salvadorian)
- Métis
- Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
- White – European (e.g. English, Italian, Portuguese, Russian)
- White – North American (e.g. American, Canadian)
- Mixed Heritage (e.g. Black – African and White-North American)
- Other (s)
- Prefer not to answer
- Do not know
4. Do you have any of the following? (Circle **ALL** that apply)

- Chronic illness
- Developmental Disability
- Learning disability
- Mental illness
- Physical disability
- Sensory disability (i.e. hearing or vision loss)
- Drug or alcohol dependence
- Other
- Prefer not to answer
- Do not know

5. What is your gender? (Circle **ALL** that apply)

- Female
- Male
- Trans – Female to Male
- Trans – Male to Female
- Intersex
- Prefer not to answer
- Do not know
- Other

6. What is your sexual orientation? Choose **ONE**.

- Heterosexual (“Straight”, male/female relationships)
- Gay
- Lesbian
- Bisexual
- Two-Spirit
- Queer
- Prefer not to answer
- Do not know
- Other

7. What was your total family income before taxes last year? Choose **ONE**.

- $0 to $29,999
- $30,000 to $59,999
- $60,000 to $89,999
- $90,000 to $119,999
- $120,000 to $149,999
- $150,000 or more
- Prefer not to answer
- Do not know
8. How many people does your income support? Choose ONE.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+
- Prefer not to answer
- Do not know

9. In what language would you prefer to read healthcare information? Choose ONE.

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10. What is your religious or spiritual affiliation? Check **ONE** only.

- [ ] I do not have a religious or spiritual affiliation
- [ ] Christian Orthodox
- [ ] Protestant
- [ ] Roman Catholic
- [ ] Christian, not included elsewhere on this list
- [ ] Animism or Shamanism
- [ ] Atheism
- [ ] Baha’i Faith
- [ ] Buddhism
- [ ] Confucianism
- [ ] Hinduism
- [ ] Islam
- [ ] Jainism
- [ ] Jehovah’s Witness
- [ ] Judaism
- [ ] Native Spirituality
- [ ] Pagan
- [ ] Rastafarianism
- [ ] Sikhism
- [ ] Spiritualism
- [ ] Unitarianism
- [ ] Zoroastrianism
- [ ] Other
- [ ] Prefer not to answer
- [ ] Do not know
11. What type of housing do you live in? Choose **ONE**.

- [ ] Own Home
- [ ] Renting Home
- [ ] Boarding Home
- [ ] Correctional Facility
- [ ] Homeless/on Street
- [ ] Group Home
- [ ] Shelter/Hostel
- [ ] Supportive Housing
- [ ] Other
- [ ] Prefer not to answer
- [ ] Do not know

Thank you for participating in this survey.