

Ontario Health (OH) requires all Toronto area hospitals to conduct this survey to help improve equitable access to care. The information is reported in aggregate for to OH. No personal identifiers or other information that would identify a patient would be provided.

Completing this survey is completely voluntary. All questions are optional and your answers will not affect you care. If you decide to not answer a question, please select "prefer not to answer".

Your answers will be documented in your CAMH health record and will be available to your care team.

<p>Were you born in Canada?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Do not know </p> <p style="margin-left: 100px;"> ↘ If no, then what year did you arrive in Canada? ↘ Where were you born? </p>
<p>What is your citizenship status?</p> <p> <input type="checkbox"/> Canadian <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Do not know </p>
<p>Do you identify as First Nations, Métis and/or Inuk/Inuit?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes, First Nations <input type="checkbox"/> Yes, Metis <input type="checkbox"/> Yes, Inuk/Inuit <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Do not know </p>
<p>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)</p>
<p>Which of the following best describes your racial group? (Check all that apply, for example if you are multi-racial or mixed race)</p> <p> <input type="checkbox"/> Identifies only as First Nations, Métis and/or Inuk/Inuit <input type="checkbox"/> Black–African (e.g., Ghanaian, Kenyan, Somali) <input type="checkbox"/> Black–Caribbean (e.g., Barbadian, Jamaican) <input type="checkbox"/> Black–North American (e.g. Canadian, American) <input type="checkbox"/> Middle Eastern, Arab or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.) <input type="checkbox"/> Indian–Caribbean (e.g., Guyanese with origins in India) <input type="checkbox"/> East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.) <input type="checkbox"/> South Asian (e., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.) <input type="checkbox"/> Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.) <input type="checkbox"/> Latin American (Hispanic or Latin American descent) <input type="checkbox"/> White–European (e.g., English, Italian, Portuguese, Russian) <input type="checkbox"/> White–North American (e.g., Canadian, American) <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other: </p>
<p>Are there cultural/ethnic needs that we should be aware of to support your recovery/treatment?</p>
<p>Do you identify as a person with a disability?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer </p> <p style="margin-left: 20px;">If you wish, please specify your disability:</p>

Could you benefit from support related to any of the following? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Sensory Disability (low vision, blindness, deafness, hard of hearing, etc.) |
| <input type="checkbox"/> Alzheimer's Disease/Dementia | <input type="checkbox"/> Drug or Alcohol Dependence | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Chronic Illness (sickle cell, diabetes, ect.) | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Physical Disability | |

Do you use the following assistive aids and devices?

- | | | | |
|---------------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> Visual Aid | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Sleep Aid/Device | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Auditory Aid | <input type="checkbox"/> Communication Aid/Device | <input type="checkbox"/> Artificial limb/Prosthetic | |
| <input type="checkbox"/> Dental Aid | <input type="checkbox"/> Comfort Aid | <input type="checkbox"/> Toileting Aid | |

Specify the aid:

What was your sex assigned at birth?

- Male
 Female
 Intersex
 Do not know
 Prefer not to answer

What is your gender identity? (check all that apply)

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Genderfluid or genderqueer | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Woman | |
| <input type="checkbox"/> Man | <input type="checkbox"/> Questioning or unsure | |
| <input type="checkbox"/> Nonbinary | <input type="checkbox"/> Do not know | |

Do you identify as transgender? Transgender is an umbrella term used to describe people whose gender identity or gender expression differs from the sex they were assigned at birth.

- Yes
 No
 Prefer not to answer

Which category(ies) best describe your sexual orientation? (check all that apply)

- | | | | |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Straight/Heterosexual | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Demisexual | <input type="checkbox"/> Queer | <input type="checkbox"/> Two-Spirit | |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning or unsure | <input type="checkbox"/> Do not know | |

Do you currently have difficulty paying for basic needs?

- Yes
 No applicable, I do not have to pay for basic needs
 Prefer not to answer
- No
 Do not know

What was your family income before taxes last year?

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 - \$19,999 | <input type="checkbox"/> \$60,000 - \$79,999 | <input type="checkbox"/> \$150,000 or more |
| <input type="checkbox"/> \$20,000 - \$39,999 | <input type="checkbox"/> \$80,000 - \$119,999 | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> \$40,000 - \$59,999 | <input type="checkbox"/> \$120,000 - \$149,999 | <input type="checkbox"/> Prefer not to answer |

How many people does your income support?

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

Income type:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> No income | <input type="checkbox"/> Disability insurance | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Social assistance | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Pension (CPP, ODSP) | <input type="checkbox"/> Other: |

What is your current housing situation?

- | | |
|--|---|
| <input type="checkbox"/> A place you or your family owns | <input type="checkbox"/> Long Term Care facility |
| <input type="checkbox"/> A place you or your family rents | <input type="checkbox"/> Developmental housing program |
| <input type="checkbox"/> Boarding home (e.g., Habitat boarding homes) | <input type="checkbox"/> Staying in someone else's place because you have no alternative |
| <input type="checkbox"/> Social housing with no onsite mental health supports (e.g., social housing, subsidized housing or rent-gearred-to-income) | <input type="checkbox"/> Experiencing homelessness (e.g., shelter, living in a public place or vehicle) |
| <input type="checkbox"/> Supportive house that has onsite mental health supports | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Group home that has onsite mental health supports | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Correctional facility | <input type="checkbox"/> Other: |

Who do you live with? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Sibling(s) | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Other family | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Child(ren) | <input type="checkbox"/> Friends or roommates | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Parent(s) or Guardian(s) | <input type="checkbox"/> Paid caregiver or attendant | |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Living with individuals who have no relation to you (not friend or family) | |

Education Level

- | | |
|--|---|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> College, CEGEP or other non-university certificate or diploma (or ongoing) |
| <input type="checkbox"/> Grade school (grade 1-8) | <input type="checkbox"/> Undergraduate degree or some university |
| <input type="checkbox"/> Some high school, but did not graduate | <input type="checkbox"/> Postgraduate degree or professional designation (e.g., Master's, PhD, MD) |
| <input type="checkbox"/> High School or High School equivalency certificate (grade 9 -12) | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Completed Registered Apprenticeship or other trades certificate or diploma (or ongoing) | <input type="checkbox"/> Prefer not to answer |

What is your religious or Spiritual Affiliation?

- | | | |
|---|--|--|
| <input type="checkbox"/> Animism or Shamanism | <input type="checkbox"/> Confucianism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Atheism | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Baha'i Faith | <input type="checkbox"/> Islam | <input type="checkbox"/> Unitarianism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Jainism | <input type="checkbox"/> Zoroastrianism |
| <input type="checkbox"/> Christian Orthodox | <input type="checkbox"/> Judaism | <input type="checkbox"/> Not Applicable, I do not have a spiritual affiliation |
| <input type="checkbox"/> Christian, Protestant | <input type="checkbox"/> First Nations, Inuit and Métis Spirituality | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Christian, Roman Catholic | <input type="checkbox"/> Pagan | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Christian, not included elsewhere on this list | <input type="checkbox"/> Rastafarianism | <input type="checkbox"/> Other: |