



Measuring Health Equity Updated Core Questions

*Leveraging the existing Measuring Health Equity project and through extensive consultations with the Toronto Region Data Collection, Analysis & Use Community of Practice, the SPARK Study team, subject matter experts, and research literature, **the core questions have been updated** to be more reflective of contemporary language, diverse experiences, and identities.*

Nov 2022

Updated Toronto Region Measuring Health Equity Questions (1/3)

1. What language do you feel most comfortable speaking in with your provider? (check all that apply)

- | | | | | | |
|--|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> English* (Canadian Official Language) | <input type="checkbox"/> Burmese | <input type="checkbox"/> Hausa | <input type="checkbox"/> Pashto | <input type="checkbox"/> Somali | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> French* (Canadian Official Language) | <input type="checkbox"/> Georgian | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Polish | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Greek | <input type="checkbox"/> Hindi | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Swahili | <input type="checkbox"/> Taishanese/Toishanese |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Turkish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Czech | <input type="checkbox"/> Italian | <input type="checkbox"/> Rohingya | <input type="checkbox"/> Twi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> ASL (American Sign Language) | <input type="checkbox"/> Dari | <input type="checkbox"/> Karen | <input type="checkbox"/> Romanian | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Another language (please specify):____ |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Serbian | <input type="checkbox"/> Tamil | <input type="checkbox"/> Prefer not to answer |
| | | <input type="checkbox"/> Nepali | <input type="checkbox"/> Slovak | <input type="checkbox"/> Thai | |

2. (a) Were you born in Canada?

- Yes Do not know
 No Prefer not to answer

2.(b) If no, when did you arrive?

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 5 years ago | <input type="checkbox"/> 10 years ago, or more | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 5 to 9 years ago | <input type="checkbox"/> Do not know | |

3. Do you identify as First Nations, Métis and/or Inuk/Inuit? (check all that apply). This question is about how you identify yourself (e.g. includes status or non-status)

- | | |
|--|--|
| <input type="checkbox"/> Yes, First Nations <input type="checkbox"/> Yes, Inuk/Inuit <input type="checkbox"/> Yes, Métis | <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer |
|--|--|



Updated Toronto Region Measuring Health Equity Questions (2/3)

4. 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

- Please specify _____
- Do not know
- Prefer not to answer

5. Which of the following best describes your racial group? (check all that apply, for example If you are multi-racial or mixed race)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Middle Eastern, Arab or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.) <input type="checkbox"/> Black (e.g., African, Afro-Canadian, Afro-Caribbean, Afro-Egyptian etc.) <input type="checkbox"/> East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.) <input type="checkbox"/> Latin American (Hispanic or Latin American descent) <input type="checkbox"/> South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.) | <ul style="list-style-type: none"> <input type="checkbox"/> Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.) <input type="checkbox"/> White (e.g., European descent) <input type="checkbox"/> Another race/ethnic group (please specify): _____ <input type="checkbox"/> Not Applicable (e.g. Identified as Indigenous in question #3) <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer |
|--|--|

6.(a) Do you identify as a person with a disability?

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> If you wish, please specify _____ <input type="checkbox"/> No | <ul style="list-style-type: none"> <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer |
|---|---|

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

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

7. What was your sex assigned at birth? (check one)

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

Updated Toronto Region Measuring Health Equity Questions (3/3)

| | | | | |
|--|--|---|---|---|
| 8. What is your gender identity? (check all that apply) | | | | |
| <input type="checkbox"/> Genderfluid or genderqueer | <input type="checkbox"/> Two- Spirit | <input type="checkbox"/> Questioning or unsure | <input type="checkbox"/> Do not know | |
| <input type="checkbox"/> Man | <input type="checkbox"/> Woman | <input type="checkbox"/> Another gender identity (please specify) _____ | <input type="checkbox"/> Prefer not to answer | |
| <input type="checkbox"/> Nonbinary | | | | |
| 9. 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. | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer | | |
| 10. Which category(ies) best describe your sexual orientation? (check all that apply) | | | | |
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Straight/Heterosexual | <input type="checkbox"/> Prefer not to answer | |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer | <input type="checkbox"/> Two-spirit | | |
| <input type="checkbox"/> Demisexual | <input type="checkbox"/> Questioning or unsure | <input type="checkbox"/> Another sexual orientation (please specify) _____ | | |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Do not know | | |
| <input type="checkbox"/> Lesbian | | | | |
| 11. Do you currently have difficulty paying for basic needs? | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable, I do not have to pay for basic needs | <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer not to answer |
| 12. What was your total family income before taxes last year? | | | | |
| <input type="checkbox"/> \$0 - \$19,999 | <input type="checkbox"/> \$40,000 - \$59,999 | <input type="checkbox"/> \$80,000 - \$119,999 | <input type="checkbox"/> \$150,000 or more | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$20,000 - \$39,999 | <input type="checkbox"/> \$60,000 - \$79,999 | <input type="checkbox"/> \$120,000 - \$149,999 | <input type="checkbox"/> Do not know | |
| 13. How many people does this income support? | | | | |
| <input type="checkbox"/> _____ persons | <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer not to answer | | |

