**Demographic data**

**1. What is your month and year of birth?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer

**2a. What is your sex assigned at birth? CHECK ONE ONLY**

Male   
 Female  
 Intersex  
  
**2b. What is your current gender identity? CHECK ONE ONLY** Woman Man Gender fluid or Gender non-binary Two-Spirit (Indigenous) Other – Specify **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3a. Were you born in Canada?**

Yes  
 No

**3b. If not born in Canada, what year did you arrive in Canada?**

Year arrived \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Socio-demographic characteristics (Adapted from CCHS 2014)

**4a. Do you identify as an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)?** First Nations includes Status and Non-Status Indigenous.  
 First Nations (Indigenous peoples in Canada)  
 Métis Inuk (Inuit) None of the above Don’t Know

**4b. In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way we are treated by individuals and institutions, and this may affect our health. Which category(ies) best describes you?** White  
 Black  
 Latino/Latina/Lantinx  
 East Asian  
 Indigenous (First Nations, M**é**tis, Inuit)  
 Arab, Middle Eastern or West Asian  
 South Asian or Indo-Caribbean  
 Southeast Asian

Mixed race  
 Other – Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education

**5. What is your highest level of education completed?**

Some high school High school diploma Some college, trade or university College, trade, or university diploma Some Master/ Doctoral degree Master/ Doctoral degree

Housing

**7c. What is your current housing?**

Renting

Own home

Assisted living facility (including long term care home)

Boarding/Group home

Shelter/hostel

Lives with supporting family member or friend

Homeless/shelter/on street/NFA

Other – Specify **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Income

**10a. What is your current employment status?**

Unemployed/ seeking employment

Employed (full time including self-employed)

Employed (part time, including self-employed)

On leave from work (maternity, parental, sick leave)

Volunteer work, unpaid

Retired

Student

Housewife/husband

Unable to work/ disable

Other – Specify **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11a. What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months? Was it:**

Less than $20,000

$20,000 - $39,999

$40,000 - $59,999

$60,000 - $79,999

$80,000 - $99,999

$100,000 or more

**2. COMORBIDITIES**

**1a. Have you been diagnosed, or do you currently have a chronic disease (a disease persisting for 3 months or more)?**

Arthritis (excluding fibromyalgia)

Asthma

Bladder disorders (e.g., incontinence, overactive bladder, cystitis)

Bowel disease (e.g., IBD, IBS, Crohn's disease, celiac, ulcerative colitis)

Liver disease or cirrhosis (non-hepatitis)

Cancer (excluding non-melanoma skin cancer)

Cerebrovascular diseases (e.g., stroke, TIA)

Chronic pain (e.g., fibromyalgia, back pain, migraines)

COPD, chronic bronchitis, emphysema

Dementia (e.g., Alzheimer’s disease)

Diabetes

Epilepsy/seizure disorder

GERD/reflux/peptic ulcer disease

Heart conditions

Arrhythmia

Angina

Past heart attack

Heart failure

Hepatitis B

Hepatitis C

HIV/AIDS

High cholesterol

High blood pressure (Hypertension)

Kidney disease

Myotonic Dystrophy type 2 (DM2)

Obesity

Osteoporosis

sleep disorder (e.g., sleep apnea, insomnia)

Thyroid disease (hyper/hypo)

Other

Have not been diagnosed or currently have a chronic disease

**1b. Does your chronic disease(s) significantly affect your daily activities of living?**

Yes

No

I don't know

**2a. Have you been diagnosed with a mental illness, or have an addictions/substance misuse or abuse, alcoholism?**

Alcoholism

Addictions/substance misuse or abuse

Anxiety (e.g. OCD, panic disorder, phobia)

Bipolar disorder

Depression

Personality disorder

Schizophrenia

Other behaviour disorders (e.g. Oppositional definace disorder)

Other

Have not been diagnosed with a mental illness, and do not have addictions/substance misuse or abuse, alcoholism

**2b. Does your mental illness(s) or addiction/substance misuse(s) significantly affect your daily activities of living?**

Yes

No

I don't know

**3a. Have you been diagnosed, or do you have a physical or sensory disability?**

Visual impairment (e.g. blindness, cataract, macular degeneration)

Hearing impairment (hearing loss, Meniere's disease, tinnitus/ringing in ear)

Mobility impairment (trouble walking, multiple sclerosis, muscular dystrophy, paralysis, Parkinson’s disease, Spina bifida

Other

Have not been diagnosed, and do not have a physical or sensory disability

**3b. Does your physical or sensory disability significantly affect your daily activities of living?**

Yes

No

I don't know

**4a. Do you have any other serious medical conditions?**

Yes

No

I don't know

**4b. If yes, what is it?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4c. In general, would you say your health is…**

Excellent

Very Good

Good

Fair

Poor

**3. SOCIAL NEEDS (FROM SOCIAL CARE PATHWAY)**

**1. Will you or your household find it hard to pay for basic expenses in the next 4 weeks?**  Yes  No

**2. Is there a risk you or your household won’t have food or be able to pay for food in the next 4 weeks?**  Yes  No

**3. Are you currently homeless or at risk of losing your housing in the next 4 weeks?**  Yes  No

**4. Are you alone, and do not have family/friends who can help you during this time?**  Yes  No

**5. Are you worried about your safety at home?** \*caution if asking in a context where an abuser can overhear  Yes  No

Household Food Security Module

**1. Within the past 12 months, you worried that food would run out before you got money to buy more.**

Often True

Sometimes True

Never True  Don’t know/Refuse to answer

**2. Within the past 12 months, the food that you bought just didn't last, and there wasn't any money to get more.**

Often True

Sometimes True

Never True  Don’t know/Refuse to answer

**3. Within the past 12 months, you could not afford to eat balanced meals**

Often True

Sometimes True

Never True  Don’t know/Refuse to answer

**4. Within the past 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?** Yes

No (Skip 4.1)

Don’t know/Refuse to answer (Skip 4.1)

4.1. If yes above, how often did this happen?

Almost every month

Some months but not every month

Only 1 or 2 months

Don’t know/Refuse to answer

**5.** **Within the past 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?**

Yes

No

Don’t know/Refuse to answer

**6. Within the past 12 months, were you every hungry but didn't eat because there wasn't enough money for food?**

Yes

No

Don’t know/Refuse to answer