**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