

du Canada

Self-Rated Health Survey



Hello, thank you for taking the time to participate in this short survey conducted on behalf of the government of Ontario. In this survey, you will be asked various questions related to your health and how you feel.

All data collected will remain strictly confidential and only used for research purposes. Please note this survey is only intended for people 18-65 and a part of the Indigenous communities in Ontario.

Are you a part of a Indigenous community within Ontario?	Please indicate your age group.
○ Yes ○ No	18-25 26-33 34-41
	42-49 50-57 58-65
1. (Quantitative, Discrete) In an average year how many times of times 7-9 times	do you fall sick?
10-12 times 13+ times	
2. (Quantitative, Discrete) In the past 12 months, how many tima hospital as a patient to receive medical care?	es have you gone to
0 times 1 time 2 times 3 times 4+	times
3. (Quantitative, Discrete) On a weekly basis, how often do you high intensity exercise?	perform any form of
0-2 times 3-4 times 5-6 times 7+ times	3
4. (Qualitative, Nominal) Which of the following do you think an influence your health? (Tick all that apply)	re factors that
Availability of healthcare Exercise	Environments
Nutrition & Food Psychological condition	Social networks
Other:	
5. (Qualitative, Nominal) What barriers do you experience in ut health care services provided in your community? (Select all t	
	es Cultural or trust issues
Services not available Language	○ Long wait times
Other:	
6. (Qualitative, Ordinal) How would you say that traditional pracultural beliefs affect the way you manage your health?	actices and
	ly influences
	ly influences It does not influence my health practices

7. (Open-Ended) Additional comments about healthcare in your community.	

The End. Thank you for your participation!



Ontario Aboriginal Head Start Association



OFIFC

Ontario Federation of Indigenous Friendship Centres