

Q - Generic - Demographics

Record ID

Questionnaire - Metadata

Session ID

Questionnaire Started At

Questionnaire Completed At

Questionnaire Duration (seconds)

Address Information

Zipcode

Country

- ☐ USA
☐ Canada

Patient Demographics

What is your gender identity?

- ☐ Female gender identity
☐ Male gender identity
☐ Non-binary or genderqueer gender identity
☐ Other
☐ Prefer not to answer

If you selected "other" for gender identity, please specify:

Please specify gender identity

- ☐ Cis: same gender as the sex assigned at birth
☐ Trans

What was your sex assigned at birth?

- ☐ Female
☐ Male
☐ Intersex
☐ Unknown
☐ Prefer not to answer

What is your sexual orientation?

- ☐ Bisexual
☐ Heterosexual (straight)
☐ Homosexual (e.g. gay, lesbian)
☐ Other (Please specify)
☐ Prefer not to answer

If you selected "other" for sexual orientation, please specify:

Which race category best describes you? Choose all that apply

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Canadian Indigenous or Aboriginal
- ☐ Other
- ☐ Prefer not to answer

American Indian or Alaska Native

- ☐ American Indian
- ☐ Alaska Native

Asian

- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Bhutanese
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Taiwanese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Okinawan
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Thai
- ☐ Vietnamese
- ☐ Iwo Jiman
- ☐ Maldivian
- ☐ Nepalese
- ☐ Singaporean
- ☐ Madagascar

Black or African American

- ☐ Black
- ☐ African American
- ☐ African
- ☐ Bahamian
- ☐ Barbadian
- ☐ Dominican
- ☐ Dominica Islander
- ☐ Haitian
- ☐ Jamaican
- ☐ Tobagoan
- ☐ Trinidadian
- ☐ West Indian

Native Hawaiian or other Pacific Islander

- ☐ Polynesian
- ☐ Micronesian
- ☐ Melanesian
- ☐ Other Pacific Islander

White

- ☐ European
- ☐ Middle Eastern Or North African
- ☐ Arab

Canadian Indigenous or Aboriginal

- ☐ First Nation
- ☐ Inuk/inuit
- ☐ Metis

If race not listed above, please specify:

What is your ethnic or cultural origin?

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Prefer not to answer

Check all that apply

NOTE: Once the options completed map to new options,
the following options [Deprecated in Protocol v4]

2, Mexican
5, Latin American
6, Puerto Rican
7, Cuban
8, Dominican

- ☐ Spaniard
☐ Mexican
☐ Central American
☐ South American
☐ Latin American
☐ Puerto Rican
☐ Cuban
☐ Dominican
☐ Caribbean

Education

What is your highest level of education?

- ☐ No formal education
☐ Some elementary school
☐ Some secondary or high school education
☐ High School or secondary school degree complete
☐ Some college education
☐ Associate's or technical degree complete
☐ College or baccalaureate degree complete
☐ Some post-baccalaureate education
☐ Graduate or professional degree complete
☐ Doctoral or post graduate education
☐ Other
☐ Prefer not to answer

If you selected "other" level of education, please
specify:

Employment Status

What is your employment status? Choose all that apply

- ☐ Employed, freelance
☐ Employed, full time
☐ Employed, part time
☐ Employed, multiple part time jobs
☐ Student
☐ Self-employed
☐ Retired
☐ Unemployed
☐ Other
☐ Stay-at-home parent or guardian
☐ Caregiver
☐ Disabled
☐ Between jobs

If you selected "other" employment status, please
specify.

Are you deaf or do you have serious difficulty
hearing?

- ☐ No
☐ Yes
☐ Prefer not to answer

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ No
☐ Yes
☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you have serious difficulty walking or climbing stairs?

- ☐ No
☐ Yes
☐ Prefer not to answer

Do you have difficulty dressing or bathing?

- ☐ No
☐ Yes
☐ Prefer not to answer

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ No
☐ Yes
☐ Prefer not to answer

Are you colorblind?

- ☐ Yes
☐ No
☐ Not certain

Are you tone deaf?

- ☐ Yes
☐ No
☐ Not certain

What do you consider to be or have been your primary occupation?

Are you a veteran?

- ☐ Yes
☐ No

Demographics - Optional

What was your total household income last year (USD)?
Please include all sources of income, including pensions, dividends, alimony, child support, etc.

- ☐ < \$15,000
☐ \$15,000 to \$29,999
☐ \$30,000 to \$49,999
☐ \$50,000 to \$99,999
☐ \$100,000 to \$149,999
☐ \$150,000 to \$199,999
☐ \$200,000 to \$249,999
☐ >\$250,000
☐ Prefer not to answer

Do you receive a significant portion (>20%) of your income through any of the following federally-funded income assistance programs: SNAP, WIC, or Social Security?

- ☐ No
☐ Yes
☐ Prefer not to answer

What was your total household income last year (CAD)?
Please include all sources of income, including
pensions, dividends, alimony, child support, etc.

- ☐ < \$15,000
☐ \$15,000 to \$29,999
☐ \$30,000 to \$49,999
☐ \$50,000 to \$99,999
☐ \$100,000 to \$149,999
☐ \$150,000 to \$199,999
☐ \$200,000 to \$249,999
☐ >\$250,000
☐ Prefer not to answer

Do you receive a significant portion (>20%) of your
income through the following federally-funded income
assistance program(s): Veteran Disability Pension,
Employment Insurance Sickness Benefits, or Canada
Pension Plan Disability Benefits

- ☐ No
☐ Yes
☐ Prefer not to answer

What is your marital status? Choose all that apply

- ☐ Single
☐ Married
☐ In a relationship
☐ Not married
☐ Separated
☐ Divorced
☐ Widowed

What is your current housing status?

- ☐ Assisted living
☐ Own home
☐ Rent home
☐ Skilled nursing facility/nursing home
☐ Unhoused-temporarily
☐ Unhoused-permanently
☐ Long-term care facility
☐ Retirement community
☐ Live with family

Do you live by yourself?

- ☐ Yes
☐ No
☐ Prefer not to answer

How many people live with you?

Who lives with you? Choose all that apply

	Yes	No
Spouse/partner/significant other	<input type="radio"/>	<input type="radio"/>
One or more children	<input type="radio"/>	<input type="radio"/>
One or more parent	<input type="radio"/>	<input type="radio"/>
One or more grandparent	<input type="radio"/>	<input type="radio"/>
Roommate(s)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If "others" live in your household, please specify:

Do you have a reliable mode of transportation?

- ☐ Yes
☐ No
☐ Prefer not to answer

What is your primary mode of transportation?

- ☐ Personal vehicle
- ☐ Shared vehicle
- ☐ Public transportation
- ☐ Ride with someone else
- ☐ Ride service
- ☐ Bicycle/Motorbike
- ☐ Walking
- ☐ Other (Please specify)

If you selected "other" transportation, please specify.

Deprecated Fields

[DEPRECATED]

Who is completing this survey?

- ☐ Self
- ☐ Assistant
- ☐ Parent/Caregiver

[DEPRECATED]

City

[DEPRECATED]

State/Province

[DEPRECATED]

Do you take advantage of any of the following programs? Choose all that apply

- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ Temporary Assistance for Needy Families (TANF), including Pass through Child Support
- ☐ General Assistance (GA)

[DEPRECATED]

Do you take advantage of any of the following programs? Choose all that apply

- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ Temporary Assistance for Needy Families (TANF), including Pass through Child Support
- ☐ General Assistance (GA)

[DEPRECATED]

Citizen

- ☐ Citizen
- ☐ Permanent resident (Green card holder)
- ☐ Non-citizen US/Canadian national
- ☐ Refugee
- ☐ Asylum seeker
- ☐ Non-immigrant student
- ☐ Non-immigrant worker
- ☐ Prefer not to answer

[DEPRECATED]

Do you have a reliable mode of transportation?

- ☐ Yes
- ☐ No