

## Q - Generic - Demographics

Record ID

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### Questionnaire - Metadata

Session ID

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Questionnaire Started At

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Questionnaire Completed At

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Questionnaire Duration (seconds)

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Who is completing this survey?  
[Deprecated in Protocol v4]

- ☐ Self  
☐ Assistant  
☐ Parent/Caregiver

### Address Information

City  
[Deprecated in Protocol v4]

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State/Province  
[Deprecated in Protocol v4]

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Zipcode

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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:

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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

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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:

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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

- ☐ 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	<input type="checkbox"/> European <input type="checkbox"/> Middle Eastern Or North African <input type="checkbox"/> Arab
Canadian Indigenous or Aboriginal	<input type="checkbox"/> First Nation <input type="checkbox"/> Inuk/inuit <input type="checkbox"/> Metis

If race not listed above, please specify:

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What is your ethnic or cultural origin?	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Prefer not to answer
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Check all that apply	<input type="checkbox"/> Spaniard <input type="checkbox"/> Mexican <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Latin American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Caribbean
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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

## Education

What is your highest level of education?	<input type="radio"/> No formal education <input type="radio"/> Some elementary school <input type="radio"/> Some secondary or high school education <input type="radio"/> High School or secondary school degree complete <input type="radio"/> Some college education <input type="radio"/> Associate's or technical degree complete <input type="radio"/> College or baccalaureate degree complete <input type="radio"/> Some post-baccalaureate education <input type="radio"/> Graduate or professional degree complete <input type="radio"/> Doctoral or post graduate education <input type="radio"/> Other <input type="radio"/> Prefer not to answer
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If you selected "other" level of education, please specify:

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## Employment Status

What is your employment status? Choose all that apply	<input type="checkbox"/> Employed, freelance <input type="checkbox"/> Employed, full time <input type="checkbox"/> Employed, part time <input type="checkbox"/> Employed, multiple part time jobs <input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other <input type="checkbox"/> Stay-at-home parent or guardian <input type="checkbox"/> Caregiver <input type="checkbox"/> Disabled <input type="checkbox"/> Between jobs
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If you selected "other" employment status, please specify.

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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?

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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

Do you take advantage of any of the following programs? Choose all that apply  
[Deprecated in Protocol v4]

- ☐ 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)

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

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

[Deprecated in Protocol v4]

- ☐ 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)

## Citizenship

[Deprecated in Protocol v4]

Citizen

[Deprecated in Protocol v4]

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

What is your marital status? Choose all that apply

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

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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

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Do you live by yourself?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

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How many people live with you?

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**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"/>

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

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Do you have a reliable mode of transportation?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

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[DEPRECATED] Do you have a reliable mode of transportation?

- ☐ Yes
- ☐ No

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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)

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If you selected "other" transportation, please specify.

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