**Service Recipient Survey Questions**

What is your relationship to the person who receives ABA services?

* I receive ABA services
* I am the mother of a child who receives ABA services
* I am the father of a child who receives ABA services
* I am the caregiver of a child who receives ABA services
* none of the above apply to me
* prefer not to answer

What is your responsibility to the child who receives ABA services:

* I am the sole caregiver
* I am the primary caregiver (i.e., I am the adult who spends the most time caring for this child)
* I am a secondary caregiver (i.e., another adult spends more time than I caring for this child)
* prefer not to answer

Please indicate your age:

* 18-19
* 20-24
* 25-29
* 30-34
* 35-39
* 40-44
* 45-49
* 50-54
* 55-59
* 60-64
* 64+
* prefer not to answer

Please indicate your gender:

* female
* male
* nonbinary
* not listed
* prefer not to answer

Please indicate your annual household income (total income before tax) within the following ranges:

* Less than $5,000
* $5,000 - $9,999
* $10,000 - $14,999
* $15,000 - $19,999
* $20,000 - $24,999
* $25,000 - $29,999
* $30,000 - $34,999
* $35,000 - $39,999
* $40,000 - $44,999
* $45,000 - $49,999
* $50,000 - $54,999
* $60,000 - $69,999
* $70,000 - $79,999
* $80,000 - $89,999
* $90,000 - $99,999
* $100,000 +
* prefer not to answer

What is your highest level of education achieved:

* no certificate, diploma, or degree
* high school diploma or equivalent
* apprenticeship or trades certificate
* college diploma
* university certificate or diploma below a Bachelor level
* Bachelor's
* university certificate or diploma above a Bachelor level
* degree in medicine, dentistry, veterinary medicine, or optometry
* Master's
* Doctoral
* prefer not to answer

What is your immigrant status:

* non-immigrant
* immigrant
* prefer not to answer

What is your immigrant status:

* first generation
* second generation
* third or more
* prefer not to answer

What is your visible minority status (select all that apply):

* not a visible minority

]Arab

* Black
* Chinese
* Filipino
* Japanese
* Korean
* Latin American
* South Asian
* Southeast Asian
* West Asian (e.g. Iranian, Afghan, etc.)
* other
* prefer not to answer

What is your ethnic origin (note: "ethnic origin" refers to the ethnic or cultural origins of your ancestors; select all that apply):

* North American Aboriginal
* Canadian/American
* European
* Caribbean
* Latin, Central, and South American
* African
* Asian
* Oceania
* prefer not to answer

What is your North American Aboriginal origin (select all that apply):

* First Nations
* Inuit
* Métis
* prefer not to answer

What is your North American origin (select all that apply):

* Canadian
* American
* other
* prefer not to answer

What is your European origin (select all that apply):

* British Isles (e.g., English, Irish, Scottish, etc.)
* French
* Western European (e.g., Austrian, Dutch, German, etc.)
* Northern European (e.g., Danish, Icelandic, Swedish, etc.)
* Eastern European (e.g., Hungarian, Polish, Russian, etc.)
* Southern European (e.g., Italian, Portuguese, Spanish, etc.)
* other
* prefer not to answer

What is your African origin (select all that apply):

* Central and West African (e.g., Ghanaian, Nigerian, Senegalese, etc.)
* North African (e.g., Algerian, Egyptian, Sudanese, etc.)
* Southern and East African (e.g., Ethiopian, Rwandan, Zambian, etc.)
* other
* prefer not to answer

What is your Asian origin (select all that apply):

* West Central Asian and Middle Eastern (e.g., Afghan, Iranian, Syrian, etc.)
* South Asian origins (e.g., Bangladeshi, Pakistani, Tamil, etc.)
* East and Southeast Asian (e.g., Chinese, Indonesian, Japanese, etc.)
* other
* prefer not to answer

What is your first language:

* English
* French
* other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What languages you are able to speak (select all that apply):

* English
* French
* other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What area do you/your child receives ABA services for (select all that apply) :

* Autism Spectrum Disorder
* Intellectual Disability
* special education
* emotional or behavioural disorders
* mental health
* general education
* brain injury
* typically developing
* gerontology
* employees
* child welfare
* other
* prefer not to answer

The following page will display a map of Ontario divided by geographic region. Please consult this map and note the region in which you live. You can then advance to the next question and indicate that region on the survey.

Map

Description automatically generated

Consulting the previous map of Ontario, in which region do you live:

* 3501, Erie St. Clair
* 3502, South West
* 3503, Waterloo Wellington
* 3504, Hamilton Niagara Haldimand Brant
* 3505, Central West
* 3506, Mississauga Halton
* 3507, Toronto Central
* 3508, Central
* 3509, Central East
* 3510, South East
* 3511, Champlain
* 3512, North Simcoe Muskoka
* 3513, North East
* 3514, North West
* I do not live in Ontario

Please respond to the following questions which inquire about ABA providers' experience working with people from culturally and linguistically diverse (CLD) families. CLD families are those whose primary language is one other than English or who identify with a culture outside the dominant Anglo-Canadian culture. Please answer these questions even if you do not identify as a CLD family.

How skilled do you perceive ABA providers to be in working with CLD individuals:

* not skilled
* slightly unskilled
* neither skilled nor unskilled
* moderately skilled
* extremely skilled

How important do you believe it is for ABA providers to be educated/trained in providing services for CLD populations:

* not important
* slightly important
* moderately important
* very important
* extremely important

Approximately what proportion of ABA providers that you've worked with come from CLD backgrounds:

* less than 10%
* 10-19%
* 20-29%
* 30-39%
* 40-49%
* 50-59%
* 60-69%
* 70-79%
* 80-89%
* 90% or more
* prefer not to answer

How often do ABA providers do the following when providing services for you/your family:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | never | rarely | sometimes | most times | every time | not applicable | unsure |
| If you have immigrated from another country, how often do your providers educate themselves on your country's customs, values, beliefs, and behaviours? |  |  |  |  |  |  |  |
| How often do your providers ask about your spiritual beliefs? |  |  |  |  |  |  |  |
| How often do your providers ask about your use of natural/nonmedical treatments? |  |  |  |  |  |  |  |
| How often do your providers ask about your dietary restrictions? |  |  |  |  |  |  |  |
| How often do your providers ask about gestures or nonverbal communication that is important to you or offensive to you? |  |  |  |  |  |  |  |
| How often do your providers ask about your beliefs of the client's disorder or diagnosis? |  |  |  |  |  |  |  |
| How often do your providers ask about your preference for male vs. female therapists or behaviour analysts? |  |  |  |  |  |  |  |
| How often do your providers ask whether the treatment goals and procedures align with your family's values and beliefs? |  |  |  |  |  |  |  |
| How often do your providers work with a translator if English is your second language? |  |  |  |  |  |  |  |