



“Be Well” A Survey of Your Wellbeing

This survey covers many important aspects that affect your health and wellbeing. The information you provide will help your health organization develop a better understanding of what is keeping you well and what will help support the best health and wellbeing for everyone in Ontario. This survey will allow us to better connect people and communities with the programs, services and opportunities that can strengthen their health and wellbeing.

This survey will take approximately 10 - 15 minutes of your time.

Your Participation is Voluntary: Your participation is completely voluntary. You may stop participating, or refuse to answer any question. Your decision on whether or not to participate will not affect the nature of the services you receive at this organization.

Your Responses are Confidential: All information you provide will be kept completely confidential. Your name will not appear in any report or publication resulting from this survey. This is not a research activity. Your experiences will contribute to improving the quality and effectiveness of the services, programs and initiatives in your community health organization.

If you have any questions, or concerns please ask the receptionist or a staff member or contact Jyoti Phartiyal, Association of Ontario Health Centres, Tel: 416 236-2539 ext. 246 or email: jyoti.phartiyal@aohc.org.

Thank you for your participation.

<p>When completing the survey, please mark your selections by filling out the bubbles completely like this:</p> <p style="text-align: center;">● (Correct)</p>	<p>Please do NOT fill the bubbles like this:</p> <p style="text-align: center;">◐ ◑ ⊗ (Incorrect)</p>
<p>When completing the survey, in the sections for written responses, please write inside the box like this:</p> <p>(Please specify):</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Please write inside the box like this.</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; text-align: center;">5</div> years <div style="border: 1px solid black; padding: 2px 10px; text-align: center;">2</div> months <div style="border: 1px solid black; padding: 2px 10px; text-align: center;">9</div> days </div> <p style="text-align: center;">(Correct)</p>	<p>Please DO NOT write outside of the box like this:</p> <p>(Please specify):</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Please do NOT write outside of the box like this</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; text-align: center;">5</div> years <div style="border: 1px solid black; padding: 2px 10px; text-align: center;">2</div> months <div style="border: 1px solid black; padding: 2px 10px; text-align: center;">9</div> days </div> <p style="text-align: center;">(Incorrect)</p>

You and your Connections

1. How many relatives (including uncles, aunts, cousins) and close friends do you have who you feel close to, that is, who you feel at ease with, can talk to about what is on your mind (for example, talking about your feelings), call on for help, (for example, to get driven to an appointment) or receive help from (for example, to clear the snow)?

Number of Relatives:

Number of Close Friends:

2. How long have you lived in your community?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Less than
1 year | 1 – 5
years | 6 – 10
years | 11 – 15
years | 16 – 20
years | 21 or more
year |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. How would you describe your sense of belonging to your community?
(Sense of belonging is feeling like you are part of something, connected and accepted)

Would you say it is:

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Weak | Somewhat Weak | Somewhat Strong | Very Strong |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Generally speaking, would you say that most people can be trusted or that you cannot be too careful in dealing with people?

- Most people can be trusted
- You cannot be too careful in dealing with people
- Do not know

Survey ID:

5. a) How often do you feel uncomfortable or out of place in your community because of your:

	Never	Very Rarely	Rarely	Sometimes	Frequently	Very Frequently	Always
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin colour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) How often do you feel uncomfortable or out of place in your community because of your:

	Never	Very Rarely	Rarely	Sometimes	Frequently	Very Frequently	Always
Physical appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Activities, Groups and Interests

6. Approximately how much time do you spend in social leisure activities on a typical day (for example, visiting with a friend or talking on the phone)?

Less than 1 hour	1 – 5 hours	6 – 10 hours	10 or more hours
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Approximately how much time do you spend in physical leisure activities in a typical week (for example, going for a walk, gardening, taking an exercise class, playing a sport)?

Less than 1 hour	1 – 5 hours	6 – 10 hours	10 or more hours
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey ID:

8. During the past year, did you volunteer formally (for example, with an organized group or organization)?

- Yes No

9. During the past year, did you volunteer informally (for example, help out a neighbour)?

- Yes No

10. If you needed to complete the following tasks, how easy would it be for you to complete each one?

	Very Easy	Easy	A Little Difficult	Difficult	Very Difficult
Read medication instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fill-in a job application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read your child's report card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adding and subtracting numbers (for example spending in the grocery store)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What environmental issues are you most concerned about in your community? Please select all that apply.

- Air quality
- Climate change
- Land use
- Water quality
- Impact of pesticides or other chemicals on health
- Not concerned
- Other. Please specify:

Survey ID:

12. How interested are you in politics?

Please rate your level of interest for each of the following levels of government.

	Not Interested at All	Not very Interested	Somewhat Interested	Very Interested
Federal Politics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provincial Politics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Municipal Politics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Time and Health

13. Thinking about how much time you have to yourself, how often is there enough time during the day to do everything you need or want to do?

Almost Never	Very Rarely	Rarely	Sometimes	Frequently	Very Frequently	Almost Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. During the past year, did you ever eat less because there was not enough food or money for food? If so, how often did this happen?

- At least once a week
- At least once a month
- At least once every 3 months
- At least once every 6 months
- Once in the past year
- Never

15. How often during the past year did you have difficulty making ends meet (for example, making a rent or mortgage payment, paying bills, or having enough money for childcare or transportation)?

- At least once a week
- At least once a month
- At least once every 3 months
- At least once every 6 months
- Once in the past year
- Never

16. In general, would you say your physical health is:

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

17. In general, would you say your mental health is:

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other Information About You

18. Are you a client of the <INSERT AOHC MEMBER NAME> ?

- Yes** **No**

If **YES**, have you been a client for 6 months or less?

- Yes** **No** **N/A**

19. Please select all of the ones that apply.

- Primary care client (see a Doctor or Nurse Practitioner)
- Other individual service client (see a social worker, dietitian, chiroprapist)
- Participate in group services and/or programs
(for example: chronic disease groups, walking groups)
- Participate in community activities
(for example: community gardening, neighbourhood safety)

20. What is your current age?

I am years of age

21. What is the highest level of education you have completed (includes outside of Canada)?

- Some elementary school
- Elementary school
- High school
- Post-secondary certificate (for example, trade, apprenticeship)
- College diploma
- University degree (for example, BA, BSc)
- Graduate degree (for example, MA, MSc, PhD)

22. Were you born in Canada?

- Yes
- No
- Do not know
- Prefer not to answer

If **NO**, what year did you arrive in Canada?

23. Which of the following best describes your racial or ethnic group?
Please select ONE only.

- Asian – East (for example, Chinese, Japanese, Korean)
- Asian – South (for example, Indian, Pakistani, Sri Lankan)
- Asian – South East (for example, Malaysian, Filipino, Vietnamese)
- Black – African (for example, Ghanaian, Kenyan, Somali)
- Black – Caribbean (for example, Barbadian, Jamaican)
- Black – North American (for example, Canadian, American)
- First Nations
- Indian – Caribbean (for example, Guyanese with origins in India)
- Indigenous/Aboriginal – not included elsewhere
- Inuit
- Latin American (for example, Argentinean, Chilean, Salvadoran)
- Métis
- Middle Eastern (for example, Egyptian, Iranian, Lebanese)
- White – European (for example, English, Italian, Portuguese, Russian)
- White – North American
- Mixed heritage (for example, Black – African and White – North American) Please specify:

- Other(s) Please specify:

- Do not know
- Prefer not to answer

24. What is your gender? Please select ONE only.

- Female
- Intersex
- Male
- Trans – Female to Male
- Trans – Male to Female
- Two-spirit
- Other. Please specify:

- Do not know
- Prefer not to answer

25. What was your total family income before taxes last year?
Please select ONE only.

- \$0 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to 29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 or more
- Do not know
- Prefer not to answer

26. Which one of the following categories best describes the type of household in which you live?

- Couple with children living at home
- Couple with no children at home (i.e., “empty nester”)
- Couple with no children
- Couple living with adult child (i.e., adult child owns/rents home)
- Adult with children living at home
- Adult living alone
- Adult sharing accommodation
- Adult living with their adult child (i.e., adult child owns/rents home)
- Three or more generations of the family living together (i.e., “intergenerational”)
- Other. Please specify:

- Prefer not to answer

27. What is your housing situation?

- Own my home
- Rent my home (including rent to own and subsidized rental units)
- Nation or Band housing
- Do not have my own home
- Living with friends
- Other. Please specify:

We invite you to tell us one change that you think would improve the health and wellbeing of your community.

Other comments you would like to share are also welcome.

Thank you for taking the time to complete this survey!

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