

“How Are You Really Doing?”

A Survey of Your Wellbeing

This survey covers many different aspects that affect people’s health and wellbeing. The information you provide will help your Community Health Centre develop a better understanding of your circumstances and how they may be related to your quality of life. This will allow us to make recommendations for services, or assist you to connect with programmes and services that you may find helpful.

The People in Your Life

1. How many *relatives* (including uncles, aunts, cousins) 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, call on for help or receive help from?

| | |
|---------------------|--|
| Number of relatives | |
|---------------------|--|

How many *close friends* do you have, that is, people who are not your relatives, but who you feel at ease with, can talk to about what is on your mind, call on for help or receive help from?

| | |
|-------------------------|--|
| Number of close friends | |
|-------------------------|--|

2. About how many people in your *neighbourhood or community* do you know well enough to ask for a favour?

There are about _____ people I feel I could ask for a favour

3. Do you have any children? **No** (go to Question 4) **Yes** (go to Question 3a)

- 3a. How many of your children live with you?

I have _____ children living with me

- 3b. What is the age of your youngest child living with you?

My youngest child who lives with me is _____ years old

Office use only:

Code number:

05

Is this a:

first visit?

or is it a

repeat visit?

If a repeat visit, length of time person has been a client:

Client for less than 1 year

Client for 1-2 years

Client for 2+ years

4. Do you currently provide any *unpaid* care to seniors or other adults who may have a chronic illness or disability?

No (go to Question 5) Yes (go to Question 4a)

4a. How many hours of care per week, on average, do you usually provide?

_____ hours per week

You and Your Community

5. How long have you lived in this community? _____ years and _____ months

5a. During this time, how often have you moved? I have made _____ moves

6. How would you describe your sense of belonging to your local community? Would you say it is:

| | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very weak | | | | | | Very strong |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

| | |
|-----------------------|--|
| <input type="radio"/> | Most people can be trusted |
| <input type="radio"/> | You cannot be too careful in dealing with people |
| <input type="radio"/> | Don't know |

8. How often do you feel *uncomfortable or out of place* in your community because of your *religion, culture, race, skin colour, or sexual orientation*?

| | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Never | | | | | | All of the time |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. How often do you feel *uncomfortable or out of place* in your community because of your *physical appearance, mental health, or other health condition*?

| | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Never | | | | | | All of the time |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. Thinking about the environment in your community, to what extent do you agree or disagree that...

| “Thinking about the environment in my community...” | Very strongly disagree | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Very strongly agree |
|--|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| The <i>quality</i> of the natural environment in <i>my community</i> is very high..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are plenty of opportunities to enjoy nature in <i>my community</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The <i>air quality</i> in my community is very good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The <i>water quality</i> in my community is very good.... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. In the past 12 months, how often did you engage in the following activities?

| “In the past 12 months, how often did you ...?” | Never | Some-times | Regularly | Quite often | All of the time |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | ↓ | ↓ | ↓ | ↓ | ↓ |
| <i>Reuse</i> materials (e.g., plastic bottles, plastic bags, tins cans)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>Recycle</i> materials (e.g., plastics, tin cans, cardboard) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Try to reduce household waste..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Separate waste (e.g., sort biodegradable and non-biodegradable waste and dispose it in special containers)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conserve <i>energy</i> (e.g., buy energy efficient bulbs and appliances, turn off lights)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conserve <i>water</i> (e.g., not leaving the water tap running, take shorter showers) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Walk, bike, or take public transit more often (rather than drive your car) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Purchase foods produced locally | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Your Activities and Interests

12. Approximately how much time (in hours and minutes) do you spend in *social leisure activities* on a typical *day* (e.g., visiting with a friend, talking on the phone, having a meal with someone)?

_____ hours and _____ minutes per day

13. Approximately how much time (in hours) do you spend in *physically active leisure* in a typical *week* (e.g., going for a walk, taking an exercise class, playing a sport, gardening)?

_____ hours per week

14. During the past year, did you volunteer *informally* (e.g., help out a neighbour, support neighbourhood events)?

No

Yes

During the past year, did you volunteer *formally* with an organized group such as a sports organization or service club?

No (go to Question 15)

Yes (go to Question 14a)

14a. With which of the following types of organizations did you formally volunteer?

| | No | Yes |
|---|-----------------------|-----------------------|
| a union or professional association | <input type="radio"/> | <input type="radio"/> |
| a political party or group | <input type="radio"/> | <input type="radio"/> |
| a sports organization (e.g., hockey league, soccer club) | <input type="radio"/> | <input type="radio"/> |
| a cultural or recreational organization (e.g., theatre group, book club) | <input type="radio"/> | <input type="radio"/> |
| a faith-based group (e.g., church youth group, choir) | <input type="radio"/> | <input type="radio"/> |
| a school group, neighbourhood, civic or community association (e.g., Parent-Teachers Association, block parents, neighbourhood watch) | <input type="radio"/> | <input type="radio"/> |
| a service club or fraternal organization (e.g., Kiwanis, 4-H Club) | <input type="radio"/> | <input type="radio"/> |
| a public interest group (e.g., environmental group, animal welfare) | <input type="radio"/> | <input type="radio"/> |

15. Have you taken any courses in the past year? For example, courses could include any educational activities offered by local schools, the municipality, or other organization or group for your own interest or to develop skills that could help you in your job, job search, or personal life.

No (go to Question 15a)

Yes (go to Question 15b)

15a. If you have *not* taken any courses during the past year, do you have any interest in doing so?

No (go to Question 16)

Yes (go to Question 15c)

15b. What was your *main reason* for taking the course(s)?

| | |
|-----------------------|---|
| <input type="radio"/> | to help you get started in your current or a new job |
| <input type="radio"/> | to improve your skills in your current job |
| <input type="radio"/> | to prepare you for a job you might do in the future |
| <input type="radio"/> | to lead directly to a qualification related to your current job |
| <input type="radio"/> | For personal development, interest, or enjoyment |

15c. Are you experiencing any of the following barriers to taking courses? (Check all of the ones that apply)

| | |
|-----------------------|---|
| <input type="radio"/> | Past experiences or challenges with education |
| <input type="radio"/> | Childcare or attendant care not available |
| <input type="radio"/> | Too costly |
| <input type="radio"/> | Not enough time |
| <input type="radio"/> | Don't have a way to get to courses/school |
| <input type="radio"/> | Don't have the confidence to do it |
| <input type="radio"/> | Don't have the necessary background or qualifications |
| <input type="radio"/> | Other. Please specify: _____ |

16. How interested are you in politics? Using a scale from one to ten, where 1 means “no interest at all” and 10 means “a great deal of interest”, rate your level of interest in politics for each of the following levels of government:

| Your level of interest in... | No interest at all | | | | | | | | A great deal of interest | |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|-----------------------|
| | ↓ | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | ↓ |
| Federal politics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <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"/> | <input type="radio"/> | <input type="radio"/> | <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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Your Money, Health, and Time

17. During the past month, what was your primary source of income? (Check all that apply).

| | |
|-----------------------|--|
| <input type="radio"/> | Wages for full-time work |
| <input type="radio"/> | Wages for part-time work (e.g., one or more number of part-time jobs) |
| <input type="radio"/> | Wages for casual work (e.g., seasonal, contract, piecework, on call) |
| <input type="radio"/> | Some form of assistance such as PNA/Personal Needs Allowance, Welfare/Ontario Works, Provincial disability benefits/ODSP/FBA, Federal disability benefits/ CPPD, Pension – CPP, OAS, private pension plan, Employment Insurance, Child Tax Benefit, Alimony/Child support, Workers Compensation/Other government cheques |

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

| | |
|-----------------------|--------------------------------|
| <input type="radio"/> | Never |
| <input type="radio"/> | Once in the past year |
| <input type="radio"/> | At least once every six months |
| <input type="radio"/> | At least once every 3 months |
| <input type="radio"/> | At least once a month |
| <input type="radio"/> | At least once a week |

19. 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... ?

| | |
|-----------------------|--------------------------------|
| <input type="radio"/> | Never |
| <input type="radio"/> | Once in the past year |
| <input type="radio"/> | At least once every six months |
| <input type="radio"/> | At least once every 3 months |
| <input type="radio"/> | At least once a month |
| <input type="radio"/> | At least once a week |

20. 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"/> |

21. 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"/> |

22. Thinking about how much time you have for yourself, on a 10-point scale where 1 is “not enough at all” and 10 is “almost always enough”, to what extent is there enough time during the day to do everything you need to do at work and at home?

| Not at all enough ↓ | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Almost always enough ↓ |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other Information About You

The questions in this final section will allow us to make comparisons between groups of people with similar backgrounds to see what services and programmes would be the most helpful.

23. What is your sex? Male Female Transgender

24. What is your current age? I am _____ years of age

25. What is your marital status? Married Single, never married
 Living common-law Separated/Divorced
 Widowed

26. What is the *highest level* of education you have completed? (Please check *one*)

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

27. Which *one* of the following categories would you say best describes your main activity?

| | |
|-----------------------|---|
| <input type="radio"/> | Employed full-time |
| <input type="radio"/> | Employed part-time |
| <input type="radio"/> | Non-standard employment (e.g., self-employed, contract, seasonal, temporary, multiple jobs) |
| <input type="radio"/> | Unemployed, looking for work |

| | |
|-----------------------|--|
| <input type="radio"/> | Retired |
| <input type="radio"/> | Going to school |
| <input type="radio"/> | On leave from work (e.g., illness, parental leave) |
| <input type="radio"/> | Household work/caring for children |

28. Were you born in Canada? **Yes** (go to Question 29) **No** (go to Question 28a)

28a. How long have you lived in Canada? I have lived in Canada for _____ years

29. What is your first language? English French
 Other language. Please specify: _____

30. Do you have First Nations status in Canada? Yes No

31. Are you living with a disability or other health concern (such as a chronic illness) that limits your activity? Yes No

32. What is your housing situation? (Please check one)

| | |
|--|---|
| <input type="radio"/> Own my home | <input type="radio"/> Do not have my own home |
| <input type="radio"/> Rent my home | <input type="radio"/> Living with friends |
| <input type="radio"/> Other. Please specify: _____ | |

33. What was your total household income from all sources last year? (Please check one)

| | |
|--|--|
| <input type="radio"/> Under \$10,000 | <input type="radio"/> \$40,000 to \$59,999 |
| <input type="radio"/> \$10,000 to \$19,999 | <input type="radio"/> \$60,000 to \$79,999 |
| <input type="radio"/> \$20,000 to \$29,999 | <input type="radio"/> \$80,000 and over |
| <input type="radio"/> \$30,000 to \$39,999 | |

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

| |
|---|
| <input type="radio"/> Couple with children living at home |
| <input type="radio"/> Couple with no children at home (i.e., "empty nester") |
| <input type="radio"/> Couple with no children |
| <input type="radio"/> Adult with children living at home |
| <input type="radio"/> Adult living alone |
| <input type="radio"/> Adult sharing accommodation |
| <input type="radio"/> Three or more generations of the family living together (i.e., "intergenerational") |
| <input type="radio"/> Other. Please specify: _____ |

And finally, how satisfied are you with your life in general?

| | | | | |
|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|
| Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do you have any other thoughts you would like to share with us?

Thank you for taking the time to complete this survey!