

Trauma Survivor Demographic Questionnaire

Participant ID: _____ **Date:** _____

SOCIODEMOGRAPHIC QUESTIONS

1. Assigned Sex at Birth:

- ☐ Male
- ☐ Female
- ☐ Prefer Not to Answer

2. Current Gender Identity: How do you describe yourself?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Genderfluid or genderqueer
- ☐ Two-Spirit
- ☐ Questioning or unsure
- ☐ Another Gender Identity (Please Specify): _____
- ☐ Do not know
- ☐ Prefer not to answer

3. Do you identify as transgender? Transgender is an umbrella term used to describe people whose gender identity or gender expression differs from the sex they were assigned at birth

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

4. Age: _____ Years

5. In which country were you born? _____

6. Ethnicity/background:

- ☐ Asian – East (e.g., Chinese, Japanese, Korean)
- ☐ Asian – South (e.g., Indian, Pakistani, Sri Lankan)
- ☐ Asian – South East (e.g., Malaysian, Filipino, Vietnamese)
- ☐ Black – African (e.g., Ghanaian, Kenyan, Somali)
- ☐ Black – Caribbean (e.g., Barbadian, Jamaican)
- ☐ Black – North American (e.g., Canadian, American)
- ☐ First Nations
- ☐ Indigenous/Aboriginal – not included elsewhere
- ☐ Inuit

- ☐ Métis
- ☐ Indian – Caribbean (e.g., Guyanese with origins in India)
- ☐ Latin American (e.g., Argentinean, Chilean, Salvadoran)
- ☐ Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
- ☐ White – European (e.g., English, Italian, Portuguese, Russian)
- ☐ White – North American (e.g., Canadian, American)
- ☐ Mixed Heritage (e.g., Black – African & White – North American)

Please specify_____

- ☐ Other(s): Please specify_____
- ☐ Do not know
- ☐ Prefer not to answer

7. Languages spoken in addition to English:_____

8. First three characters of your home postal code: _____

9. What is your marital status?

- ☐ Single
- ☐ Divorced/Separated
- ☐ Married/common law
- ☐ Widowed

10. What is the highest level of education you have completed? (Please choose one)

- ☐ Less than primary (grade 8)
- ☐ Completed primary
- ☐ Some high school
- ☐ Completed high school
- ☐ Some College courses
- ☐ Completed College
- ☐ Some university
- ☐ Completed university (bachelor degree)
- ☐ Graduate program (e.g. Master's, PhD)

11. What is your employment status?

- ☐ Retired
- ☐ Full-time
- ☐ Part-time/casual
- ☐ Parental leave
- ☐ Student
- ☐ Disability
- ☐ Not employed
- ☐ Self-employed
- ☐ On leave
 - ☐ Medical
 - ☐ Parental
 - ☐ Other: _____

12. Which of the following categories best describe your family income?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999
- ☐ \$70,000 to \$79,999
- ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or more
- ☐ Prefer not to answer

13. Including yourself, how many people currently live in your home? ____

14. Please select the option(s) that best describe your type of home:

- ☐ Single level condominium
- ☐ Apartment
- ☐ Townhouse or semi-detached house (duplex, triplex, etc.)
- ☐ House (single house, laneway house etc.)
- ☐ Separate apartment within a house (basement or upper level suite, etc.)
- ☐ Hotel, temporary shelter, or other transitional living environment
- ☐ Room or suite in a long-term care or retirement home
- ☐ Prefer not to answer
- ☐ Other (please specify): _____

15. What type of work best describes your job?

- ☐ Office/administrative (e.g., clerical, professional, managerial)
- ☐ Health care and social services (e.g., nurse, personal support worker, therapist, social worker)
- ☐ Education/childcare (e.g., teacher, early childhood educator, daycare worker)
- ☐ Sales and service (e.g., retail, hospitality, customer service)
- ☐ Trades/construction (e.g., carpenter, electrician, plumber)
- ☐ Manufacturing/production / warehouse
- ☐ Transportation/delivery (e.g., truck driver, courier, transit worker)
- ☐ Agriculture/natural resources (e.g., farming, forestry, fishing)
- ☐ Protective services (e.g., police, firefighter, corrections)
- ☐ Other (please specify): _____

INJURY-RELATED QUESTIONS

16. When did you sustain your traumatic injury (day, month, year): _____

17. What was the cause of your injury?

- ☐ **Occupational Injuries** (machinery accidents, chemical exposures, construction injuries, repetitive trauma at work, etc.)

➤ DETAILS: _____

- ☐ **Fall** (falling from height or ground level, stumbling, slipping or tripping, etc.)

➤ DETAILS: _____

- ☐ **Sports** - (any type of sport or exercise, including biking, horseback riding, jogging, cliff-jumping, diving, etc.)

➤ DETAILS: _____

☐ **Transport** - (crashes and other injurious events occurring in the course of transportation, including car, truck, ATV, motorcycle, boat, etc.)

➤ DETAILS: _____

☐ **Fire** – (burns, smoke inhalation, or other injuries resulting from exposure to flames or heat sources)

➤ DETAILS: _____

☐ **Other** (please specify): _____

18. Was your injury a workplace accident:

☐ Yes

☐ No

19. Did your injury result in a Traumatic Brain Injury (TBI)?

☐ Yes

☐ No

20. Did your injury result in an amputation?

☐ Yes

☐ No

21. Please choose the types of financial support(s) you have received as a result of your injury? Check all that apply.

☐ None

☐ Worker's insurance

☐ Vehicle insurance

☐ Disability insurance

☐ Motor Vehicle Accident Claims fund

☐ Government disability assistance (e.g., CPP-disability, provincial disability support program, etc.)

☐ Other compensation type (please specify): _____

☐ Other insurance (please specify): _____

☐ I prefer not to answer

22. Please describe any other type of financial support you have received as a result of your injury: _____

CAREGIVING QUESTIONS

23. Do you have someone who is supporting you (i.e. a family or friend caregiver)?

☐ Yes

☐ No

24. If yes to questions 12, this person is my:

☐ Mother

☐ Father

☐ Wife

☐ Husband

☐ Partner

☐ Son

☐ Daughter

☐ Son-in-law

☐ Daughter-in-law

☐ Granddaughter

☐ Grandson

☐ Niece

☐ Nephew

☐ Brother

☐ Sister

☐ Friend

☐ Other: _____

25. What is the age of the person supporting you in years? _____

26. How long has this person been supporting you? _____ Years _____ Months

27. Do you currently live with the person supporting you?

☐ Yes

☐ No