



## Alliance Health Equity Questionnaire

This form is designed to replace and supplement the prior “Extended Demographics” form used by the Alliance members since adopting PS Suite as their EMR platform. The new form continues to collect values recorded by the older form, while adding new data points to enhance health equity tracking. This will allow the Alliance BIRT reporting to seamlessly transition from the old Extended Demographics form on a site by site basis.

### Language

This first section collects information about how to best communicate with the health provider.

The screenshot shows a web browser window titled "Alliance - Health Equity Questionnaire". The interface includes a navigation bar with tabs for "Language", "Identity", "Gender/Orientation", "Education/Income", "Wellbeing", "Housing", "Basic Needs", and "Insurance". The "Language" tab is selected. The form contains the following questions and options:

**What is your mother tongue?**  
 English  French  Other (please specify):

**If your mother tongue is neither French nor English, in which of Canada's official languages are you more comfortable?**  
 English  French

**Do you require language interpretation?**  
 Yes  No

**What language do you feel most comfortable speaking in with your provider?** (Check ALL that apply)  
 English  Czech  Italian  Rohingya  Taishanese/Toishanese  
 French  Dari  Karen  Romanian  Tibetan  
 Albanian  Farsi  Korean  Russian  Tigrinya  
 Amharic  Georgian  Kirundi  Serbian  Turkish  
 Arabic  German  Low German  Slovak  Twi  
 ASL (American Sign Language)  Greek  Mandarin  Somali  Ukrainian  
 Bengali  Gujarati  Nepali  Spanish  Urdu  
 Bulgarian  Hausa  Pashto  Swahili  Vietnamese  
 Burmese  Hebrew  Polish  Tagalog  Yoruba  
 Cantonese  Hindi  Portuguese  Tamil  
 Creole  Hungarian  Punjabi  Thai  
 Other Language  Do not know  Prefer not to answer

**In what language would you prefer to read healthcare information?** (Select only ONE)  
 English  Braille  Farsi  Italian  Portuguese  Somali  Turkish  
 French  Chinese (Simplified)  German  Karen  Punjabi  Spanish  Twi  
 Amharic  Chinese (Traditional)  Greek  Korean  Russian  Tagalog  Ukrainian  
 Arabic  Czech  Hindi  Nepali  Serbian  Tamil  Urdu  
 Bengali  Dari  Hungarian  Polish  Slovak  Tigrinya  Vietnamese  
 Other Language  Do not know  Prefer not to answer

Buttons at the bottom: "Save to Chart" and "Next >>". A "Discard" button is visible at the bottom left of the browser window.

# Identity

Were you born in Canada? Do you identify as Indigenous? What is your ethnic and racial background?

Alliance - Health Equity Questionnaire

File

Click on a tab to jump to the desired section [View all questions](#)

**Language** **Identity** **Gender/Orientation** **Education/Income** **Wellbeing** **Housing** **Basic Needs** **Insurance**

**Were you born in Canada?**  
 Yes  No  Do not know  Prefer not to answer  
If NO, what year did you arrive in Canada?  What country were you born in?

**Do you identify as First Nations, Metis and/or Inuk/Inuit?** (Check ALL that apply)  
 Yes First Nations  Yes Inuk/Inuit  Yes Metis  Do not know  Prefer not to answer  
 No (e.g. includes status or non-status)

**What is your ethnic or cultural background?** For example: Canadian, Chinese, East Indian, English, Filipino, French, German  
 Indian, Irish, Italian, Jamaican, Jewish, Polish, Portuguese, Scottish, etc.

**Which of the following best describes your racial group?** (Check ALL that apply, for example if you are multi-racial or mixed race)  
 White (e.g. European descent)  
 Latin American (Hispanic or Latin American descent)  
 Black (e.g. African, Afro-Canadian, Afro-Caribbean, Afro-Egyptian, etc.)  
 East Asian (e.g. Chinese, Korean, Japanese, Taiwanese, etc.)  
 South Asian (e.g. Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)  
 Southeast Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)  
 Middle Eastern, Arab or West Asian (e.g. Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)  
 Other race/ethnic group  
 Do not know  Prefer not to answer  Not Applicable (e.g. identifies as Indigenous)

**What is your religious or spiritual affiliation?** (Check ALL that apply)  
 Agnosticism  Confucianism  Pagan  Unitarianism  
 Animism or Shamanism  Hinduism  Protestant  Zoroastrianism  
 Atheism  Islam  Rastafarianism  No religious or spiritual affiliation  
 Bha'l Faith  Jainism  Roman Catholic  
 Buddhism  Judaism  Sikhism  Do not know  
 Christian Orthodox  Native Spirituality  Spiritual  Prefer not to answer  
 Christian, not included elsewhere on this list  Other

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# Gender/Orientation

Self gender-identity and sexual orientation are collected with a single tab/section of the Health Equity questionnaire and is available to better support your LGBTQ+ clients.

Alliance - Health Equity Questionnaire

File

Click on a tab to jump to the desired section [View all questions](#)

**Language** **Identity** **Gender/Orientation** **Education/Income** **Wellbeing** **Housing** **Basic Needs** **Insurance**

**What was your sex assigned at birth?** (Check only ONE)

**Female**  Male  Intersex  Do not know  Prefer not to answer

**What is your current gender identity?** (Check ALL that apply)

**Woman**  Questioning or unsure  Another gender identity

Man  Genderfluid or genderqueer

Nonbinary  Two-Spirit  Do not know  Prefer not to answer

**Do you identify as transgender?**

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

Transgender is an umbrella term used to describe people whose gender identity or gender expression differs from the sex they were assigned at birth

**Which category(ies) best describe your sexual orientation?** (Check ALL that apply)

Asexual  Lesbian  **Straight/Heterosexual (male/female relationships)**

Bisexual  Pansexual  Same-gender loving

Demisexual  Queer  Two-Spirit

Gay  Questioning or unsure  Another sexual orientation

Do not know  Prefer not to answer

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## Education/Income

Education and economic determinants can impact an individual's health. This section collects information about a client's education level and current employment status

Alliance - Health Equity Questionnaire

File
View all questions

Language Identity Gender/Orientation Education/Income Wellbeing Housing Basic Needs Insurance

**What is your current level of education?**

No formal schooling  
 Grade school (grade 1-8)  
 Some high school, but did not graduate  
 **High school or high school equivalency certificate (grade 9-12)**  
 Completed Registered Apprenticeship or other trades certificate or diploma (or ongoing)  
 College, CEGEP, or other non-university certificate or diploma (or ongoing)  
 Undergraduate degree or some university  
 Postgraduate degree or professional designation (e.g. Master's, PhD. MD)  
 Do not know  
 Prefer not to answer

**Are you currently employed?**       **Yes**     No     Do not know     Prefer not to answer

**Are you currently looking for work?**       Yes     **No**     Do not know     Prefer not to answer

**Is your main job temporary or part-time?**     Yes     **No**     Do not know     Prefer not to answer

**In the past 12 months, did your income change a lot from month to month?**  
 Yes     No     Do not know     **Prefer not to answer**

**What was your total family income before taxes last year?**

Yearly income before tax	Per month	Per hour	
<input type="checkbox"/> \$0 - \$19,999	\$0 - 1667	\$0 - \$10.26/hr	
<input type="checkbox"/> \$20,000 - \$39,999	\$1,668 - 3,333	\$10.26 - \$20.51/hr	
<input type="checkbox"/> \$40,000 - \$59,999	\$3,334 - 4,999	\$20.51 - \$30.77/hr	
<input type="checkbox"/> \$60,000 - \$79,999	\$5,000 - 6,667	\$30.77 - \$38.46/hr	
<input type="checkbox"/> \$80,000 - \$119,999	\$6,667 - 9,999	\$38.46 - \$61.54/hr	
<input type="checkbox"/> \$120,000 - \$149,999	\$10,000 - 12,499	\$61.54 - \$76.92/hr	<input type="checkbox"/> Do not know
<input type="checkbox"/> \$150,000 or more	\$12,500 or more	\$76.92 and up/hr	<input checked="" type="checkbox"/> <b>Prefer not to answer</b>

**How many people does this income support?** Include yourself + dependents such as parents, children, etc.  
 4  Number of persons     Do not know     Prefer not to answer

**Do you feel that your current employment could be negatively affected if you raised concerns about work?**  
 Yes     **No**     Do not know     Prefer not to answer    (e.g. health, safety, rights)

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# Wellbeing

This section covers an individual’s self-assessed wellbeing. This includes any perceived or diagnosed disabilities, attachment to the community, physical and mental health, etc.

Alliance - Health Equity Questionnaire

File

Click on a tab to jump to the desired section [View all questions](#)

[Language](#) [Identity](#) [Gender/Orientation](#) [Education/Income](#) [Wellbeing](#) [Housing](#) [Basic Needs](#) [Insurance](#)

**Do you identify as a person with a disability?**  
 **Yes**  No  Do not know  Prefer not to answer  
If you wish, please specify:

**Could you benefit from support related to any of the following?** (Check ALL that apply)  
 Alzheimer's Disease/Dementia  Development Disability  **Sensory Disability** (e.g. low vision, blindness, deafness, hard of hearing, etc.)  
 Autism Spectrum Disorder  Drug or Alcohol Dependence  
 Chronic Illness (e.g. sickle cell, diabetes, etc.)  Learning Disability  Physical Disability  
 Cognitive Disability  Mental Illness  None  
 Other  Do not know  Prefer not to answer

**How would you describe your sense of belonging to your community? Would you say it is:**  
(Sense of belonging is feeling like you are part of something, connected and accepted)  
 Very Weak  Somewhat Weak  **Somewhat Strong**  Very Strong  Do not know  Prefer not to answer

**In general, would you say your overall physical health is:**  
 Poor  **Fair**  Good  Very Good  Excellent  Do not know  Prefer not to answer

**In general, would you say your overall mental health is:**  
 Poor  Fair  Good  **Very Good**  Excellent  Do not know  Prefer not to answer

**Do you feel you have people who you can open up to or confide in?**  
 **Yes I always or sometimes have someone**  No I don't have anyone  Do not know  Prefer not to answer

**Do you have people to rely on if you need help?**  
 **Yes I always or sometimes have someone**  No I don't have anyone  Do not know  Prefer not to answer

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# Housing

Alliance - Health Equity Questionnaire

File

Click on a tab to jump to the desired section [View all questions](#)

[Language](#) [Identity](#) [Gender/Orientation](#) [Education/Income](#) [Wellbeing](#) [Housing](#) [Basic Needs](#) [Insurance](#)

**What is your current housing situation?**

- A place you or your family owns**
- A place you or your family rents
- Staying at someone else's place because you have no alternative
- Experiencing homelessness (e.g. shelter, living in a vehicle or public place)
- Social housing, Subsidized housing or Rent-geared-to-income
- Correctional facility
- Long-term care facility
- Supportive housing or Group Home
- Other
- Do not know
- Prefer not to answer

**Who do you live with?** (Check ALL that apply)

<input type="checkbox"/> Parent(s) or Guardian(s)	<input type="checkbox"/> Sibling(s)	<input type="checkbox"/> Alone
<input checked="" type="checkbox"/> <b>Spouse or Partner</b>	<input type="checkbox"/> Other family	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> <b>Child(ren)</b>	<input type="checkbox"/> Friends or Roomates	<input type="checkbox"/> Do not know
<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Paid caregiver or attendant	<input type="checkbox"/> Prefer not to answer

**In the past 12 months, was there a time you were not able to pay the mortgage or rent on time?**

- Yes
- No**
- I did not have to pay rent or a mortgage
- Do not know
- Prefer not to answer

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# Basic Needs

Alliance - Health Equity Questionnaire

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Click on a tab to jump to the desired section [View all questions](#)

**Language** Identity Gender/Orientation Education/Income Wellbeing Housing **Basic Needs** Insurance

**Do you currently have difficulty paying for basic needs?**  
 Yes  No  I do not have to pay for basic needs  Do not know  Prefer not to answer

Please respond to the following statements:

**"Within the past 12 months, we worried whether our food would run out before we could buy or get more"**  
 Often True  Sometimes True  Never True  Do not know  Prefer not to answer

**"Within the past 12 months, the food we bought just didn't last and we could not buy or get more"**  
 Often True  Sometimes True  Never True  Do not know  Prefer not to answer

**In the past 12 months, were you unable to get medicine or medical supplies, or did you do anything to make them last longer because of the cost?**  
 Yes  No  I did not have to get medicine or medical supplies  Do not know  Prefer not to answer

**In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?** (Check ALL that apply)  
 Yes it has kept me from medical appointments or getting medicines  
 Yes it has kept me from non-medical meetings, appointments, work or getting things I need  
 Not applicable I did not need transportation for these activities in the past 12 months  
 No  Do not know  Prefer not to answer

**Do you currently have consistent access to a phone or the internet?**  
 Both  Phone only  Internet only  Neither  Do not know  Prefer not to answer

**In the past 12 months, did you miss making a payment on any utility bills (e.g. electric, gas/oil, water) because of cost?**  
 Yes  No  I did not have to pay utility bills  Do not know  Prefer not to answer

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# Insurance

The final section of the questionnaire collects information about a client’s primary and supplemental healthcare insurance and prescription drug plans.

Alliance - Health Equity Questionnaire

File

Click on a tab to jump to the desired section [View all questions](#)

**Language** **Identity** **Gender/Orientation** **Education/Income** **Wellbeing** **Housing** **Basic Needs** **Insurance**

**Do you have Ontario Health Insurance (OHIP)?**

Yes  No  3 month OHIP waiting period  Not eligible  Do not know  Prefer not to answer

**If not currently covered by OHIP, what is your current insurance status?**

Uninsured  Insured by 3rd Party  Out of province  Do not know  Prefer not to answer

Other

**Please provide details about any supplemental insurance you may carry**

Supplemental Insurance Plan	Number	Expiry Date	Comments
3rd party private insurer	SS12345	2023/06/16	Sunlife
		yyyy/mm/dd	
		yyyy/mm/dd	

**Please provide details about any drug benefit plans you may carry**

Drug Plan Membership	Number	Expiry Date	Comments
Trillium Drug Program	123456	2023/06/30	
		yyyy/mm/dd	
		yyyy/mm/dd	

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## Health Equity Note

Answers from the Health Equity Questionnaire are stored on a single page custom form in the chart. This form is designed so that it can be printed or attached to letters. The user creates or updates the note in the client chart by clicking on the blue [Save to Chart](#) link in the questionnaire.

The newly created or updated note will be displayed as a single page read-only form, known as the **Alliance Health Equity Note**. Newly created or recently edited HQ notes will be marked with a vertical yellow-bar in the records window, indicating that the client answers need to be reviewed before they can be submitted to BIRT.

Click on the blue [Mark as Reviewed](#) link in the upper right of the form, or on the Reviewed checkbox located at the bottom of form to designate the form as reviewed and ready for submission.

For an example, please see the *Sample Alliance Health Equity Note* on the next page.



What is your mother tongue? **Other: Polish**  
 In which of Canada's official languages are you more comfortable? **English**  
 Do you require language interpretation? **No**  
 What language do you feel most comfortable speaking in with your provider? **English**  
 In what language would you prefer to read healthcare information? **English**

**Identity**

Were you born in Canada? **No**  
 If NO, what year did you arrive in Canada? **1990** What country were you born in? **Poland**  
 Do you identify as First Nations, Metis and/or Inuk/Inuit? **No**  
 What is your ethnic or cultural background? **Polish-German**  
 Which of the following best describes your racial group? **White**  
 What is your religious or spiritual affiliation? **Roman Catholic**

**Gender/Orientation**

What was your sex assigned at birth? **Female**  
 What is your current gender identity? **Woman**  
 Do you identify as transgender? **No**  
 Which category(ies) best describe your sexual orientation? **Heterosexual**

**Education/Income**

What is your current level of education? **High school**  
 Are you currently employed? **Yes**  
 Are you currently looking for work? **No**  
 Is your main job temporary or part-time? **No**  
 In the past 12 months, did your income change a lot from month to month? **Prefer not to answer**  
 What was your total family income before taxes last year? **Prefer not to answer**  
 How many people does this income support? **3**  
 Do you feel that your current employment could be negatively affected if you raised concerns about work? **Do not know**

**Wellbeing**

Do you identify as a person with a disability? **Yes** **hard of hearing**  
 Could you benefit from support related to any of the following? **Sensory Disability**  
 How would you describe your sense of belonging to your community? Would you say it is: **Somewhat Strong**  
 In general, would you say your overall physical health is: **Fair**  
 In general, would you say your overall mental health is: **Very Good**  
 Do you feel you have people who you can open up to or confide in? **Yes**  
 Do you have people to rely on if you need help? **Yes**

**Housing**

What is your current housing situation? **Owns**  
 Who do you live with? **Spouse or Partner**  
 In the past 12 months, was there a time you were not able to pay the mortgage or rent on time? **No**

**Basic Needs**

Do you currently have difficulty paying for basic needs? **No**  
 Within the past 12 months, we worried whether our food would run out before we could buy or get more **Never True**  
 Within the past 12 months, the food we bought just didn't last and we could not buy or get more **Never True**  
 In the past 12 months, were you unable to get medicine or medical supplies, or did you do anything to make them last longer because of the cost? **No**  
 In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? **Not applicable**  
 Do you currently have consistent access to a phone or the internet? **Both**  
 In the past 12 months, did you miss making a payment on any utility bills (e.g. electric, gas/oil, water) because of cost? **No**

Sample Alliance Health Equity Note

