



## “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 16 - 20 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](mailto: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: 5px; text-align: center; width: 40px;">5</div> <span>years</span> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 40px;">2</div> <span>months</span> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 40px;">9</div> <span>days</span> </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: 5px; text-align: center; width: 40px;">5</div> <span>years</span> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 40px;">2</div> <span>months</span> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 40px;">9</div> <span>days</span> </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. To what extent do you participate in community events and activities?

Never	Rarely	Sometimes	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. To what extent do you feel accepted and valued in your community?

Never	Rarely	Sometimes	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. When there are important issues or problems in your community, to what extent do you get involved in order to address the issues or help solve the problem?

- Not at all      I follow      I participate      I organize      I advocate
- 

7. 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

8. 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

9. 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<br>1 hour   | 1 – 5<br>hours        | 6 – 10<br>hours       | 10 or more<br>hours   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. 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<br>1 hour   | 1 – 5<br>hours        | 6 – 10<br>hours       | 10 or more<br>hours   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- Yes**                       **No**

If yes what type of group or organization did you volunteer with?

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

- Yes**                       **No**

13. 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        | Not Applicable (N/A)  |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Read medication instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Fill in a job application

Read your child's report card

Adding and subtracting numbers (for example spending in the grocery store)

14. a) 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.

**Yes**

**No**

If you answer Yes,  
please go to question 13b)

If you answer No,  
please go to question 13d)

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

- To help you get started in your current or a new job
- To improve your skills in your current job
- To prepare you for a job you might do in the future
- To lead directly to a qualification related to your current job
- For personal development, interest, or enjoyment

c) Are you experiencing any of the following barriers to taking courses?  
Please select all of the ones that apply.

- Past experiences or challenges with education
- Childcare or attendant care not available
- Too costly
- Not enough time

- Don't have a way to get to courses/school
- Don't have the confidence to do it
- Don't have the necessary background or qualifications
- Other. Please specify:

d) If you have not taken any courses in the past year, do you have any interest in doing so?

- Yes**
                         
  **No**

15. 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:

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

“Thinking about the environment in my community...”

Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

“Thinking about the environment in my community...”

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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The quality of the natural environment in my community is very high

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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There are plenty of opportunities to enjoy nature in my community

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The air quality in my community is very good

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The water quality in my community is very good

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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17. In the past 12 months, how often did you do the following activities?

“In the past 12 months, how often did you ...?”

	Never	Rarely	Sometimes	Often	Always
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Reuse materials (for example, plastic bottles, plastic bags, tins cans)

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Recycle materials (for example, plastics, tin cans, cardboard)

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Try to reduce household waste

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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“In the past 12 months, how often did you ...?”	Never	Rarely	Sometimes	Often	Always
Separate waste (for example, 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 energy (for example, 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 water (for example, 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"/>
<i>Not Applicable (N/A)</i>	<input type="radio"/>				

18. 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"/>

19. In which of the following activities have you participated in the past 12 months?



Activity	Yes	No	Not Sure
I attended a municipal/city council meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attended a Ward/neighbourhood meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attended a local planning meeting or open house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participated in a public demonstration or protest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wrote a letter to the editor of the newspaper about a local issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I joined a Facebook page on a local issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participated in a local event in support of a charitable organization (for example 5km run for breast cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participated in a local event in support of my community (for example "pick up litter days", earth day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Your Time and Health

20. How many times in the past week has your family (for example, your children and/or partner, people you live with) had a meal together?

- None
- 1 to 2 times
- 3 to 4 times
- 5 to 6 times
- 7 times or more
- Not Applicable (N/A)

21. 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<br>Never       | Very<br>Rarely        | Rarely                | Sometimes             | Frequently            | Very<br>Frequently    | Almost<br>Always      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

22. Approximately how much time (in hours and minutes) does it take to get from your residence to your place of work for your main job?

hours and  minutes per day

Not Applicable (N/A)

23. During the past month, where was your primary source of income from?  
Please select all of the ones that apply.

- Wages for full-time work
- Wages for part-time work  
(for example, one or more number of part-time jobs)
- Wages for casual work  
(for example, seasonal, contract, piecework, on call)
- Retired with private pension
- Pension (Canada Pension Plan, Old Age Security)
- Employment Insurance, Child Tax Benefit, Alimony/Child support
- Some form of assistance such as PNA/Personal Needs Allowance,  
Welfare/Ontario Works, Provincial disability benefits/ODSP/FBA, Federal  
disability benefits/ CPPD, Workers Compensation/Other government cheques
- No primary source of income
- Other. Please specify:

24. 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

25. 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

26. All about food

All about food	Yes	No	Not Applicable (N/A)
Do you worry that you may not be able to afford to buy adequate food?	<input type="radio"/>	<input type="radio"/>	
Do you wish you could buy more food if you had more money?	<input type="radio"/>	<input type="radio"/>	
Have you or your family ever eaten the same type of food for several consecutive days because you do not have enough money to buy different food?	<input type="radio"/>	<input type="radio"/>	
Have you ever eaten less than you want because you do not have enough money to buy food?	<input type="radio"/>	<input type="radio"/>	
Do you worry that your family may run out of food before you have money to buy again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have your children, according to you, not had enough to eat because you do not have enough money to buy food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have enough money to buy healthy and nutritious food for your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. 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"/>

28. 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"/>

SAMPLE

## Other Information About You

29. Are you a client of this organization?

- Yes  No

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

- Yes  No  N/A

30. 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)

31. What is your current age?

I am  years of age

32. 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)

33. Were you born in Canada?

- Yes
- No

- Do not know
- Prefer not to answer

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

34. 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

SAMPLE



35. 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

36. 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

37. 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

38. 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!**