Demographic Questionnaire:

This short questionnaire will help us better understand who is participating. This questionnaire will help us understand who you are, where you come from, and a little bit about your life. This information will help us also put your experiences into context and to see if the group is missing people from different backgrounds.

Please fill the form and send it to the research team. You can contact the student researcher if you have any trouble filling it.

Name: [open field]

Preferred Name: [open field]

Age: [open field]

Contact information:

- Email
- Phone
- Address

Gender Identity:

- Man
- Trans-Man
- Woman
- Trans-Woman
- Non-Binary/Gender Non-Conforming/A-gender
- Two Spirit
- Other
- Prefer not to say

Preferred Pronouns:

- He/him
- She/her
- They/Them
- Other

Employment:

- Student
- Part-time work (1-15)
- Part time work (15-30)
- Full time work (30 hours+)
- Gigs/Contract work

- Not currently employed / Looking for work
- Prefer not to say

Level of Education:

- Less than Highschool
- Highschool
- Some College/University
- College
- Trade/Certificate
- Undergraduate Degree
- Graduate Degree
- Doctorate Degree
- Prefer not to say

Annual Income:

- \$0 \$20,000.00
- 20,000 40,000
- 40,000 60,000
- 60,000 80,000
- 80,000 100,000
- 100,000+
- Prefer not to say

Living Situation:

- Alone
- With Family
- With Room Mates
- With Partner
- Other (please specify):
- Prefer not to say:

Are you a Canadian Citizen?

- Canada, by birth
- Canada, by naturalization
- Permanent Resident (Citizen of another country) Please specify
- Temporary Resident (Citizen of another country) Please specify
- Not Currently Living in Canada

Ethnic Background:

*Based on Statistics Canada.

- North American Origins (e.g., First Nations, Métis, Inuit,)
- European Origins (e.g., French, German, Italian, etc.)

- Carribean (e.g., Jamaican, Haitian, Dominican, etc.)
- Latin, Central and South American Origins
- African Origins
- Asian Origins
- Oceanic Origins
- Other
- Prefer not to say

Do you consider yourself a visible minority?

- Yes
- No
- Unsure/Prefer not to say

Do you have an ASD Diagnosis:

- Yes
- No
- In the process of diagnosis
- Unsure
- Prefer not to say

Do you have any health issues or additional diagnoses?

- Yes
- No
- Unsure
- Prefer not to say

If yes, please list your health challenges or diagnoses: