



### Sociodemographics Plus – Initial RHSCIR

Information unavailable, unable to complete.

Specify Reason: \_\_\_\_\_

**Instructions: Ask the participant the following questions.**

**1. Which language do you prefer to communicate in?**

- English
- French
- Other (specify): \_\_\_\_\_

**2. What is your current relationship status?** (check ONE response only)

- Single
- Married
- Divorced
- Separated
- Widowed
- Common Law
- Unknown

**3. Which racial group do you consider yourself to belong to?** (check ONE response only)

In the event of mixed races:

- White and another race, the other race is recorded
- Non-White and another race, the race of the father is recorded

- Aboriginal
- White
- Black
- Asian (e.g., Chinese, Vietnamese, Cambodian, Malaysian, Laotian, Filipino, Korean, Japanese, etc.)
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- West Asian (e.g., Iranian, Afghan, etc.)
- Pacific Islander (e.g., Native Hawaiian, Fijian, Papuan, Polynesian, etc.)
- Other (specify): \_\_\_\_\_
- Unknown

## Sociodemographics Plus – continued

- 4. a) What is your height?** (if the individual is unsure of the appropriate response, check with a member of the individual's health care team)

Enter in feet & inches OR centimeters.

ft  In  
 Cm

Round up to the nearest whole number.

Unknown

- b) How was height obtained?**

- Measured  
 Verbal (participant reported)  
 Estimated (clinician or coordinator approximated)

- 5. a) At the time of your injury, how much did you weigh?** (if the individual is unsure of the appropriate response, check with a member of the individual's health care team)

Round up to the nearest whole number.

lbs  kg

Unknown

- b) How was weight obtained:**

- Measured  
 Verbal (participant reported)  
 Estimated (clinician or coordinator approximated)

- 6. What is the highest level of formal education you have completed?** (check ONE response only)

- 8th Grade or less  
 9th through 11th Grade (includes completion of 9th, 10th or 11th Grade)  
 High School Diploma or General Educational Development (GED) Diploma  
 Associate Degree (includes community college degree or diploma [e.g. trade school], or CEGEP)  
 Bachelor's Degree  
 Master's Degree  
 Doctorate  
 Other, Unclassified (specify): \_\_\_\_\_  
 Unknown

**Sociodemographics Plus - continued****7. Did you ever serve in the military?**

- Yes
- No

**8. What is your paid occupation?**

- Executive, administrative and managerial (includes self-employment; e.g., managers, department heads, government officers, accountants, financial managers, personnel specialists etc.)
- Professional specialty (e.g., physician, lawyer, engineer, registered nurse, architect, computer systems analyst, professional athlete, artist, teacher, etc.)
- Technicians and related support (e.g., pilot, lab technician, dental hygienist, licensed practical nurse etc.)
- Sales
- Administrative support including clerical
- Private household (e.g., nanny, caregiver, house cleaner, gardener, caretaker etc.)
- Protective services (e.g., police, firefighter, security guard, etc.)
- Service, except protective and household (e.g., bartender, concierge, server, hospital orderly, janitor, cook, hair stylist etc.)
- Farming, forestry and fishing
- Precision, production, craft and repair (e.g., electrician, carpenter, mechanic, plumber, painter, machinist, baker etc.)
- Machine operators, assemblers, and inspectors (e.g., welder, typesetter, factory machine operator etc.)
- Transportation and material moving (e.g., truck driver, bus driver, train conductor, excavators, crane operator etc.)
- Handlers, equipment cleaners, helpers and labourers (e.g., construction labourer, garbage collector, store shelf-stocker, factory worker etc.)
- Military occupations
- Not applicable
- Unknown

**9. a) At the time of your injury, were you employed in a paid working setting?** (if you were currently employed but on long-term disability, please choose 'Yes')

- Yes
- NO (skip to question 9c on page 4)

**Sociodemographics Plus - continued**

**b) If Yes, which one of the following best describes your paid work?** (check ONE response only)

- Working → **Full-time or part-time?**
  - Full-time** (includes persons who usually worked 30 hours or more per week, at their main or only job)
  - Part-time** (includes persons who usually worked less than 30 hours per week, at their main or only job)
- On-the-job training (paid)
- Sheltered workshop (e.g., paid work in a modified setting that may include increased supervision, physical assistance, modified tasks, etc.)
- On long-term disability
- Unknown

**c) If NO, which one of the following best describes your unpaid work?** (check ONE response only)

- Homemaker
- On-the-job training (unpaid)
- Retired
- Student
- Unemployed
- Other (specify): \_\_\_\_\_ (e.g., volunteer work, etc.)
- Unknown

**10. a) What is your approximate total, annual household income?**

(annual income of the WHOLE household BEFORE taxes, including subsidies, grants or other supplemental income from any source)

- Under 10,000
- 10,000 - 19,999
- 20,000 - 29,999
- 30,000 - 39,999
- 40,000 - 49,999
- 50,000 - 59,999
- 60,000 - 69,999
- 70,000 - 79,999
- 80,000 - 89,999
- 90,000 - 99,999
- 100,000 +
- Unknown

**b) How many people are in your household?** \_\_\_\_\_

**Sociodemographics Plus - continued****11. Do you receive any form of social assistance NOT related to your spinal cord injury?** (for example, regular social assistance [e.g., employment insurance, Canada Pension Plan] or persons with disability assistance)

- Yes
- No
- Unknown

**12. a) What is your smoking history?**

- Current smoker
- Former smoker
- Never smoked (skip to question 13)
- UNKNOWN (skip to question 13)

**b) If a former or current smoker, for how many years did (have) you smoke(d)?**

(please estimate if exact number unknown)

\_\_\_\_\_ Years

- 
- Unknown

**c) If a former or current smoker, on average how many (cigarettes/cigars/pipes) do (did) you smoke on a daily basis?**

(Note: there are normally 20 cigarettes in a pack)

\_\_\_\_\_ Cigarettes

\_\_\_\_\_ Cigars

\_\_\_\_\_ Pipe Bowls

- 
- Unknown

**13. How often do you have a drink containing alcohol?**

- Never (skip to question 16 on page 6)
- Monthly or less
- 2-4 times/ month
- 2-3 times/ week
- 4 or more times/ week
- Unknown

**14. How many alcoholic drinks do you have on a typical day when you are drinking?**

- 1 or 2
- 3 or 4
- 5 or 6
- 7, 8, or 9
- 10 or more
- Unknown

**Sociodemographics Plus - continued****15. How often do you have six or more drinks on one occasion?**

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Unknown

**16. a) In the year prior to your injury, did you use prescribed medications or street drugs for NON-MEDICAL reasons?**

- Yes
- No
- Unknown

**b) If Yes, check ALL that apply:**

- Cocaine
- Pot/marijuana
- Hallucinogens
- Heroin/opiates
- Speed/stimulants
- Medications prescribed for you
- Medications prescribed for someone else
- Other or unknown type

**Sociodemographics Plus - continued**

<b>17. a) At the time of your injury, what type of setting did you live in?</b>		
<input type="checkbox"/> Private residence (includes house, condominium, mobile home, apartment, or houseboat)	<b>b) Indicate who you were living with:</b> (choose ALL that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Partner/spouse</li> <li><input type="checkbox"/> Family member</li> <li><input type="checkbox"/> Non-family, unpaid (e.g., roommate)</li> <li><input type="checkbox"/> Paid attendant</li> <li><input type="checkbox"/> Alone</li> <li><input type="checkbox"/> Other (specify): _____</li> <li><input type="checkbox"/> Unknown</li> </ul>	<b>c) At the time of your injury, were you receiving health services?</b> (e.g., homecare/support) <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Unknown</li> </ul>
<input type="checkbox"/> Assisted living residence (semi-independent housing, a middle option between home support and residential care)		
<input type="checkbox"/> Hotel/motel (includes short or long-term living arrangements, single room occupancy, etc.)		
<input type="checkbox"/> Homeless (includes cave, car, tent, street, etc.)		
<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Group living arrangement (includes transitional living facility or any residence shared by non-family members)		
<input type="checkbox"/> Nursing home/Long-term care within a hospital setting (includes skilled nursing facilities and institutions providing long-term, custodial, chronic disease care, and extended care)	→	<b>Skip to Data Collection Details</b>
<input type="checkbox"/> Correctional institute (includes prison, penitentiary, jail, correctional centre, etc.)		

**Data Collection Details**

<b>Interviewer Name:</b> (please print)		<b>Initial Here:</b>		<b>Date Interview Completed:</b>	YYYY-MM-DD
--------------------------------------------	--	----------------------	--	----------------------------------	------------