

# Socio-Demographic Data Common List

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## Overview: The Socio-Demographic Data Common List

Through consultation with members of the Ottawa Health Team – Équipe Santé Ottawa (OHT-ÉSO) Performance Measurement Working Group comprised of staff from Centretown Community Health Centre, Ottawa Public Health, and The Ottawa Hospital, common definitions have been selected for a series of socio-demographic indicators, sourced from validated survey tools produced by the [Measuring Health Equity](#) project, the [Canadian Institute of Health Information](#), and [Statistics Canada](#), among others. Alignment with existing tools was a key priority when selecting indicators, however the selection process also took into consideration the local needs of the Ottawa region. Refer to the *OHT-ÉSO Socio-demographic Data Collection Rationale & Use Guide* for more information regarding how each indicator aligns with existing data collection tools.

This common list of indicators has been compiled to support OHT-ÉSO partners in aligning how client and patient socio-demographic data is recorded and provides a recommended best practice guide towards how to collect this data rather than a set of mandatory standards. Each indicator has been designated with either a **“Recommended”** or **“Optional”** status for data collection. Recommended indicators should ideally always be collected, while optional indicators are recommended for collection based on the specific health care setting and intended use of data or information. Prompting language has also been included for some indicators to help explain to clients or patients understand what is being asked, or why this information is being collected. OHT-ÉSO organizations are encouraged to review the accompanying ***OHT-ÉSO Socio-demographic Data Collection Rationale & Use Guide*** to help inform which optional socio-demographic indicators directly inform their delivery of care and should therefore be included in the data collection process. A second section of this document contains additional optional indicators apart from the core common list of socio-demographic indicators.

This common list of socio-demographic indicators is also accompanied the ***OHT-ÉSO Implementation Resource Toolkit***, which provides a range of implementation supports to help partners successfully implement or strengthen their own internal socio-demographic data collection and use strategies. This common list, paired with a full suite of implementation resources, can support OHT-ÉSO partners to improve their capacity for delivering high quality care tailored to an individual’s socio-demographic profile, and can improve partners’ access to socio-demographic data when planning for collective health care system solutions.

## Socio-Demographic Data Domains & Indicators

### *Preferred Language of Service*

1. In which official language (English or French) are you most comfortable receiving services? (select only ONE)

**Recommended Indicator**

- English
- French
- French or English
- Other

*[Branching logic: if “Other” option is selected, move to question 2. If “English”, “French” or “French or English” is selected, move to question 3.]*

2. If you indicated “Other” for the question above, please select what language(s) you feel most comfortable receiving services. (check ALL that apply)

**Recommended Indicator**

- [Drop-down sourced from recommended list below]
- Other language(s) (please specify): \_\_\_\_\_
- Do not know
- Prefer not to answer

*[Hierarchical list of examples of languages can be sourced from the Canadian Census:*

[https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/app/index-eng.cfm?ID=A2\\_2](https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/app/index-eng.cfm?ID=A2_2)

*[Auto-populated responses are recommended for drop-down lists.]*

### Indigenous Identity

3. Do you identify as First Nations, Métis and/or Inuk/Inuit? (check ALL that apply)

**Recommended Indicator**

- Yes, First Nations
- Yes, Inuk/Inuit
- Yes, Métis
- Yes, but not listed (please specify: \_\_\_\_\_)
- No
  
- Do not know
- Prefer not to answer



Data governance considerations should be discussed and planned for before implementing any questions asking for Indigenous identity information. Resources with data governance guidance for the collection of data from Indigenous clients and patients can be found in the accompanying *OHT-ÉSO Implementation Resource Toolkit*.

### Linguistic Identity

4. Which language did you first learn at home in childhood and still understand?

**Optional Indicator**

- [Drop-down sourced from recommended list below]
- Other (please specify): \_\_\_\_\_
- Do not know
- Prefer not to answer

[Hierarchical list of examples of languages can be sourced from the Canadian Census:

[https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/app/index-eng.cfm?ID=A2\\_2](https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/app/index-eng.cfm?ID=A2_2)]

[Auto-populated responses are recommended for drop-down lists.]

### Country of Birth & Year of Arrival

5. Were you born in Canada?

**Recommended Indicator**

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

[Branching logic: if "No" option is selected, move to question 6 & 7. If "Yes", "Do not know" or "Prefer not to answer" is selected, move to question 8.]

## Country of Birth & Year of Arrival (continued)

6. If no, what year did you arrive? Please provide your best guess if you are unsure.

**Recommended Indicator**

- [Drop-down sourced from recommended list below]
- Do not know
- Prefer not to answer

*[Year range should include every year from 1980 to present year, and additional option of "Before 1980"]*

*[Auto-populated responses are recommended for drop-down lists.]*

7. If you were not born in Canada, what is your country of birth?

**Optional Indicator**

- [Drop-down sourced from recommended list below]
- Do not know
- Prefer not to answer

*[List of examples of countries can be sourced from the Canadian Census:*

*<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1323436>]*

*[Auto-populated responses are recommended for drop-down lists.]*

## Ethnicity

8. What is your ethnic or cultural background? Specify as many ethnic or cultural origins as applicable.

**Recommended Indicator**

*Prompt: Ethnic groups have a common identity, heritage, ancestry, or historical past, often with cultural, linguistic, and/or religious characteristics.*

- Origins referring to countries [Drop-down sourced from recommended list below]
- Other ethnic or cultural origins [Drop-down sourced from recommended list below]
- Other (please specify): \_\_\_\_\_
- Do not know
- Prefer not to answer

*[List of examples of ethnic or cultural backgrounds, both by country or by other ethnic or cultural origins can be sourced from a Canadian Census reference list: <https://www12.statcan.gc.ca/census-recensement/2021/ref/questionnaire/ancestry.cfm>]*

*[Organizations/providers may want to consider having a single list with all response options as an alternative to having separate lists for origins referring to countries and other ethnic or cultural origins.]*

*[Auto-populated responses are recommended for drop-down lists.]*

## Racial Identity

9. Which of the following best describes your racial group? (check ALL that apply, for example if you are multi-racial or mixed race)

**Recommended Indicator**

*In our society, people are often described by their race or racial background. These are not based in science by our race may influence the way we are treated by individuals and institutions, and this may affect our health.*

- Black (e.g., African, Afro-Canadian, Afro-Caribbean, Afro-Egyptian etc.)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)
- Latin American (Hispanic or Latin American descent)
- Middle Eastern, Arab or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)
- White (e.g., European descent)
  
- Another race/ethnic group (Please specify): \_\_\_\_\_
- Do not know
- Prefer not to answer

## Accessibility

10. Could you benefit from accessibility supports for any of the following options? (check ALL that apply)

**Recommended Indicator**

*[Response Structure: Responses can be structured either by showing just the top-tier responses (e.g., "Vision", "Hearing", etc.), or second-tier responses can be organized under their respective top-tier counterparts (e.g., "Blind", "Limited/Restricted sight" and "Other" listed under the heading of "Vison".)]*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Vision <ul style="list-style-type: none"> <li><input type="radio"/> Blind</li> <li><input type="radio"/> Limited Sight</li> <li><input type="radio"/> Other [Open text box]</li> </ul> </li> <li><input type="checkbox"/> Hearing <ul style="list-style-type: none"> <li><input type="radio"/> Deaf</li> <li><input type="radio"/> Deafened/Hard of hearing</li> <li><input type="radio"/> Other [Open text box]</li> </ul> </li> <li><input type="checkbox"/> Mobility <ul style="list-style-type: none"> <li><input type="radio"/> Wheelchair</li> <li><input type="radio"/> Walker</li> <li><input type="radio"/> Cane</li> <li><input type="radio"/> Other [Open text box]</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Communication <ul style="list-style-type: none"> <li><input type="radio"/> Verbal but with difficulty</li> <li><input type="radio"/> Non-verbal</li> <li><input type="radio"/> Support person who can speak on my behalf</li> <li><input type="radio"/> Use of device to communicate</li> <li><input type="radio"/> Other [Open text box]</li> </ul> </li> <li><input type="checkbox"/> Service Animal <ul style="list-style-type: none"> <li><input type="radio"/> Has a service animal</li> </ul> </li> </ul> |
|---|---|
- Are there other accessibility supports you could benefit from? (Please specify): \_\_\_\_\_
- Do not know
- Prefer not to answer

## Sex Assigned at Birth

11. What is your sex assigned at birth? (select only ONE)

*Optional Indicator*

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

## Gender

12. What is your gender identity? (check ALL that apply)

*Recommended Indicator*

*Prompt: Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.*

- |  |  |
|--|--|
| <input type="checkbox"/> Genderfluid or genderqueer                      | <input type="checkbox"/> Questioning or unsure |
| <input type="checkbox"/> Man   | <input type="checkbox"/> Two-Spirit            |
| <input type="checkbox"/> Nonbinary                                       | <input type="checkbox"/> Woman                 |
| <br>   |  |
| <input type="checkbox"/> Another gender identity (please specify): _____ |  |
| <input type="checkbox"/> Do not know                                     |  |
| <input type="checkbox"/> Prefer not to answer                            |  |

13. 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.

*Recommended Indicator*

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

## Pronoun

14. What is your preferred pronoun? (select only ONE)

*Optional Indicator*

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> they/them   | <input type="checkbox"/> she/they |
| <input type="checkbox"/> he/him  | <input type="checkbox"/> ze/hir   |
| <input type="checkbox"/> he/they   | <input type="checkbox"/> ze/zir   |
| <input type="checkbox"/> she/her   | <input type="checkbox"/> xe/xem   |
| <br>   |                                   |
| <input type="checkbox"/> Another preferred pronoun (please specify): _____ |                                   |
| <input type="checkbox"/> Do not know                                       |                                   |
| <input type="checkbox"/> Prefer not to answer                              |                                   |

## Sexual Orientation

15. Which category(ies) best describe your sexual orientation? (check ALL that apply)

**Recommended Indicator**

*Prompt: Sexual orientation is a person's emotional, physical, romantic and/or sexual attraction to other people.*

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Asexual    | <input type="checkbox"/> Queer                 |
| <input type="checkbox"/> Bisexual   | <input type="checkbox"/> Questioning or unsure |
| <input type="checkbox"/> Demisexual | <input type="checkbox"/> Same-gender loving    |
| <input type="checkbox"/> Gay        | <input type="checkbox"/> Straight/Heterosexual |
| <input type="checkbox"/> Lesbian    | <input type="checkbox"/> Two-Spirit            |
| <input type="checkbox"/> Pansexual  |  |
- Another sexual orientation (please specify): \_\_\_\_\_
- Do not know
- Prefer not to answer

## Income

16. Do you currently have difficulty paying for basic needs?

**Recommended Indicator**

- Yes
- No
- Not applicable, I do not have to pay for basic needs
- Do not know
- Prefer not to answer

17. What was your total family income before taxes last year?

**Optional Indicator**

*Prompt: Income can come from various sources such as work, investments, pensions or government.*

<b>Yearly income before tax</b>	<b>Per month</b>	<b>Per hour</b>
<input type="checkbox"/> \$0 - \$19,999	\$0 – 1,667	\$0 - \$11.90/hr
<input type="checkbox"/> \$20,000 – \$39,999	\$1,667 – 3,333	\$11.90 - \$23.81/hr
<input type="checkbox"/> \$40,000 - \$59,999	\$3,333 – 5,000	\$23.81 - \$35.71/hr
<input type="checkbox"/> \$60,000 - \$79,999	\$5,000 – 6,667	\$35.71 - \$47.62/hr
<input type="checkbox"/> \$80,000 - \$119,999	\$6,667 – 10,000	\$47.62 - \$71.43/hr
<input type="checkbox"/> \$120,000 - \$149,999	\$10,000 – 12,500	\$71.43 - \$89.29/hr
<input type="checkbox"/> \$150,000 or more	\$12,500 and up	\$89.29/hr and up

- Do not know
- Prefer not to answer

## Income (continued)

### 18. How many people does this income support?

*Optional Indicator*

*Prompt: Income is impacted by the number of people supported by that income. The more people, the more stretched the income will be.*

- [Drop-down sourced from recommended list below]
- Do not know
- Prefer not to answer

*[Range should be from 1 to 10, with an additional option of "10+"]  
[Auto-populated responses are recommended for drop-down lists.]*

## Housing

### 19. What is your current housing situation?

*Recommended Indicator*

- |   |   |
|---|---|
| <input type="checkbox"/> A place you or your family owns  | <input type="checkbox"/> Staying in someone else's place because you have no alternative                |
| <input type="checkbox"/> A place you or your family rents | <input type="checkbox"/> Experiencing homelessness (e.g., shelter, living in a public place or vehicle) |
| <input type="checkbox"/> Correctional facility            | <input type="checkbox"/> Social housing, Subsidized housing or Rent-Geared-to-Income                    |
| <input type="checkbox"/> Long-term care facility          |   |
| <input type="checkbox"/> Supportive Housing or Group Home |   |
| <input type="checkbox"/> Other (please specify): _____    |   |
| <input type="checkbox"/> Do not know                      |   |
| <input type="checkbox"/> Prefer not to answer             |   |

### 20. Who do you live with?

*Optional Indicator*

- |  |  |
|--|--|
| <input type="checkbox"/> Parent(s) or Guardian(s)      | <input type="checkbox"/> Other family                |
| <input type="checkbox"/> Spouse or Partner             | <input type="checkbox"/> Family or Roommates         |
| <input type="checkbox"/> Child(ren)                    | <input type="checkbox"/> Paid caregiver or attendant |
| <input type="checkbox"/> Grandparent(s)                | <input type="checkbox"/> Alone                       |
| <input type="checkbox"/> Sibling(s)                    |  |
| <input type="checkbox"/> Other (please specify): _____ |  |
| <input type="checkbox"/> Do not know                   |  |
| <input type="checkbox"/> Prefer not to answer          |  |

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

*Optional Indicator*

- Yes
- No
- Not applicable, I did not have to pay rent or mortgage
- Do not know
- Prefer not to answer

## Additional Optional Indicators

These questions have been included as optional questions in addition to the common list indicators listed in the previous section. OHT-ÉSO organizations are encouraged to review the accompanying *OHT-ÉSO Socio-demographic Data Collection Rationale & Use Guide* to help guide decisions on which optional, additional questions should be asked to inform their delivery of care.

### Education

#### 22. What is your current level of education?

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

### Basic Needs

#### 23. Please respond to the following statements:

(a) "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

(b) "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

**Basic Needs (continued)**

**24. Within 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
- Not applicable, I did not have to get any medicine or medical supplies in the past 12 months
  
- Do not know
- Prefer not to answer

**25. 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 that I need
- No
- Not applicable, I did not need transportation for these activities in the past 12 months
  
- Do not know
- Prefer not to answer

**26. Do you currently have consistent access to a phone or the internet?**

- Yes, phone only
- Yes, internet only
- Yes, both
- No
  
- Do not know
- Prefer not to answer

**27. 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
- Not applicable, I did not have to pay utility bills in the past 12 months or utilities already included in rent
  
- Do not know
- Prefer not to answer

## Well-being

**28. 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

**29. In general, would you say your overall physical health is:**

- Poor
- Fair
- Good
- Very Good
- Excellent
  
- Do not know
- Prefer not to answer

**30. In general, would you say your overall mental health is:**

- Poor
- Fair
- Good
- Very Good
- Excellent
  
- Do not know
- Prefer not to answer

**31. (a) 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

**(b) Do you have people to rely on if you needed help?**

- Yes, I always or sometimes have someone
- No, I don't have anyone
  
- Do not know
- Prefer not to answer

## Employment Status

32. (a) Are you currently employed (this includes self-employed, full-time, part-time or other)?

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

b) Are you currently looking for work?

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

c) Is your main job temporary or part-time (e.g., casual, contract, freelance, short-term, seasonal)?

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

d) Do you feel that your current employment could be negatively affected if you raised concerns about your work (e.g., health, safety, rights)?

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

e) In the past 12 months, did your income change a lot from month to month?

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

## Religion/Spiritual Affiliation

33. What is your religious or spiritual affiliation? (check ALL that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agnosticism  | <input type="checkbox"/> Confucianism            | <input type="checkbox"/> Rastafarianism |
| <input type="checkbox"/> Animism or Shamanism   | <input type="checkbox"/> Hinduism                | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Atheism  | <input type="checkbox"/> Islam                   | <input type="checkbox"/> Sikhism        |
| <input type="checkbox"/> Baha' I Faith  | <input type="checkbox"/> Jainism                 | <input type="checkbox"/> Spiritual      |
| <input type="checkbox"/> Buddhism   | <input type="checkbox"/> Judaism                 | <input type="checkbox"/> Unitarianism   |
| <input type="checkbox"/> Christian Orthodox   | <input type="checkbox"/> Indigenous Spirituality | <input type="checkbox"/> Zoroastrianism |
| <input type="checkbox"/> Christian, not included elsewhere on this list                     | <input type="checkbox"/> Pagan                   |   |
|   | <input type="checkbox"/> Protestant              |   |
| <br>  |  |   |
| <input type="checkbox"/> Other (specify_____)   |  |   |
| <input type="checkbox"/> Not Applicable, I do not have a religious or spiritual affiliation |  |   |
| <br>  |  |   |
| <input type="checkbox"/> Do not know  |  |   |
| <input type="checkbox"/> Prefer not to answer   |  |   |