



Welcome! Thank you for taking the time to answer our survey.

Our goal is to better understand the needs of our community members so that we can focus our efforts in key areas.

Your answers are anonymous and confidential. If you have any questions or concerns, please contact us at [**CONTACT INFO**].

Demographics

These first few questions ask some personal information about yourself that will help us better understand the unique characteristics and needs of those we serve.

All responses will remain confidential.

What is your age?

- Under 18
- 18 – 30
- 31-40
- 41-50
- 51-60
- 60+
- Prefer not to say

What is your gender?

- Female
- Male
- Non-binary/genderqueer
- Prefer not to say
- Prefer to self-describe

Which region do you live in?

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Region 1 | <input type="checkbox"/> Region 2 | <input type="checkbox"/> Region 3 |
| <input type="checkbox"/> Region 4 | <input type="checkbox"/> Region 5 | <input type="checkbox"/> Region 6 |
| <input type="checkbox"/> Region 7 | <input type="checkbox"/> Region 8 | <input type="checkbox"/> Region 9 |

What is your total household income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or More
- Prefer not to say

What language(s) do you speak at home? (check all that apply)

- English
- French
- Other (please specify): [Click or tap here to enter text.](#)

What is the highest level of education you have completed?

- Less than high school diploma
- High school diploma or equivalent (e.g. GED)
- Some college/university
- College diploma/certificate
- Bachelor's degree
- Master's degree
- Doctorate/PhD
- Prefer not to say

Which of the following best describes your housing status?

- Own
- Transitional housing
- Staying with friends or family
- Rent
- Homeless - streets/car
- Homeless - shelter
- Hotel/motel
- Group home
- Long-term care/assisted living
- Prefer not to say
- Other (please specify): [Click or tap here to enter text.](#)

Which of the following best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Employed, seasonally
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Prefer not to say

Which of the following best describes your current relationship status?

- Never legally married
- Legally married (and not separated)
- Separated, but still legally married
- Divorced
- Widowed
- Prefer not to say

How many people aged 18 and older do you live with?

18-30 years old	Click or tap here to enter text.
31-40 years old	Click or tap here to enter text.
41-50 years old	Click or tap here to enter text.
51-60 years old	Click or tap here to enter text.
60+ years old	Click or tap here to enter text.

How many children under the age of 18 live with you all or most of the year?

0-1 years old	Click or tap here to enter text.
2-5 years old	Click or tap here to enter text.
6-10 years old	Click or tap here to enter text.
11-15 years old	Click or tap here to enter text.
16-18 years old	Click or tap here to enter text.

If you have children or other dependents (under the age of 18) in your care: What is your family situation? (select all that apply)

- Single mom
- Single dad
- Two parents
- Raising own children
- Raising children of other family members (I am a grandparent, aunt, etc.)
- Raising someone else's children (not family)
- Foster parents
- Shared custody

Does not apply (not living with children or other dependents)

Which of the following Indigenous identities do you identify as? (check all that apply)

First Nations Inuit

Métis

Does not apply

Other (please specify): [Click or tap here to enter text.](#)

Are you a Status Indian (Registered or Treaty Indian as defined by the Indian Act of Canada)?

Yes, Status Indian (Registered or Treaty)

No

Do you live on a reserve ("Indian Reserve" as defined by the Government of Canada)?

Yes, all of the time/year-round

Yes, most of the time

Yes, for a small part of the year

No, but I did in the past

No, I never have

Other (please specify): [Click or tap here to enter text.](#)

Are you a beneficiary of an Inuit land claim agreement?

Yes

No

Do you live in a region covered by an Inuit land claim agreement? (Inuvialuit, Nunavut, Nunavik, or Nunatsiavut)

Yes, all of the time/year-round

Yes, most of the time

- Yes, for a small part of the year
- No, but I did in the past
- No, I never have
- Other (please specify): [Click or tap here to enter text.](#)

Did you or anyone in your family attend residential school? (check all that apply)

- I attended residential school
- One or more of my immediate family members (parent, sibling, child, etc.) attended residential school
- One or more of my extended family members (grandparent, aunt, uncle, cousin, etc.) attended residential school
- Neither I nor anyone in my family attended residential school
- Prefer not to answer

Health

The following questions explore the condition of your personal health as well as access to health-related programs and services.

How would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

How would you rate your mental health?

- Excellent
- Very Good
- Good

Fair

Poor

Have you been diagnosed (by a medical professional) with any of the following conditions? (please check all that apply)

Asthma

Arthritis, excluding fibromyalgia High Blood Pressure

Chronic bronchitis, emphysema, or chronic obstructive pulmonary disease (COPD)

Diabetes

Heart Disease

Intestinal or Stomach Ulcers

Bowel Disorder (i.e. Crohn's Disease, ulcerative colitis, IBS)

Mood Disorder (i.e. depression, bipolar disorder, mania, dysthymia)

Anxiety Disorder (i.e. phobia, OCD, panic disorder)

Prefer not to answer

Other (please specify): [Click or tap here to enter text.](#)

Have you used/consumed any of the following substances recreationally (i.e. when not prescribed to you by a medical professional) in the past year? (check all that apply)

Tobacco

Alcohol

Cannabis

Crack/cocaine

Heroin

Depressants (e.g. Valium, Xanax, etc.)

Inhalants (e.g. glue, gas, etc.)

Stimulants (e.g. Methamphetamine)

Opioids (e.g. Oxycontin, Fentanyl, etc.)

None of the above

Prefer not to answer

Other (please specify): [Click or tap here to enter text.](#)

How easy is it for you to access the following health services in your community?

	Don't know/Does not apply	Not easy to access	Difficult to access	Somewhat accessible	Reasonably easy to access	Very easy to access
Family Doctor or Walk-in Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency services (eg. emergency room, firefighter/police/ambulance services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services (eg. counselling, group therapy, crisis intervention, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual and reproductive health services (eg. STI testing, pregnancy supports, sex education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any health coverage/benefits from the following providers?

(check all that apply)

Provincial/territorial health insurance (i.e. OHIP, AHCIP, HIBC)

Private health insurance (individual or through employer)

Non-Insured Health Benefits (NIHB) Canadian Armed Forces

Veterans Affairs Canada

None of the above/does not apply

Other (please specify): [Click or tap here to enter text.](#)

Which barriers (if any) do you face when needing to access health services in your community?

- Financial limitations
- Distance/transportation
- Lack of childcare Opening hours
- Not culturally-relevant/safe
- Not LGBTQ2S+ safe
- No permanent residence
- Not available
- Does not apply
- Other (please specify): Click or tap here to enter text.

Is there anything you would like to share about the barriers you face when needing to access health services in your community? (optional)

Click or tap here to enter text.

Social Services

The following questions explore the condition of your need for and access to social programs and services.

Do you or someone in your immediate family need the following education supports/services? (check all that apply)

- Preschool or early-childhood-education
- Before/after school care and tutoring
- Sport and recreational activities for kids and youth
- Financial support for post-secondary education
- Adult/continuing education programs
- None of the above
- Other (please specify): Click or tap here to enter text.

In the past year, have you participated in/accessed the following Indigenous cultural practices and resources? (check all that apply)

- Language instruction
- Traditional knowledge (teachings, ceremony, oral history)
- Cultural spaces
- Access to land/territory (i.e. land-based programming)
- Traditional subsistence (i.e. harvesting, fishing, hunting rights)
- Gatherings and community groups
- None of the above
- Other (please specify) :Click or tap here to enter text.

Which of following Indigenous cultural resources would you like more access to? (check all that apply)

- Language instruction
- Traditional knowledge (teachings, ceremony, oral history) Cultural spaces
- Access to land/territory (i.e. land-based programming)
- Traditional subsistence (i.e. harvesting, fishing, hunting rights)
- Gatherings and community groups
- None of the above
- Other (please specify): Click or tap here to enter text.

Which of the following employment and income supports would you most like access to? (check all that apply)

- Workplace readiness skills
- Career planning supports
- Financial literacy (budgeting, credit counselling, taxes, etc.)
- Low-income supports (temporary shelter, food bank, etc.)

- Legal services
- None of the above
- Other (please specify): [Click or tap here to enter text.](#)

In the past 5 years, how many times have you moved residences?

- 0 1 2
- 3 4 5
- 6+

In the past 5 years, have you moved residences for any of the following reasons?

- Lack of job opportunities
- Lack of access to health and social services
- Lack of access to education programs
- Lack of access to financial services
- Lack of access to sport/recreational services
- Experiences of discrimination or racism
- Feeling unsafe in your community
- Poor public transportation
- Cost of living
- None of the above/Does not apply
- Other (please specify)

Which of the following housing services and supports would you most like access to? (check all that apply)

- Help finding housing
- Understanding/navigating tenant rights
- Emergency shelter

- Transitional/temporary housing
- Subsidized housing
- In-home care services/
- Long-term care
- Housing repairs
- Other (please specify)

Do you have access to service providers who provide culturally appropriate/safe services in the following areas?

	Not culturally appropriate /safe	Somewhat culturally appropriate /safe	Uncertain	Somewhat accessible	Culturally appropriate /safe	Very culturally appropriate /safe
Physical health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other culturally-appropriate services that you would like to have access to in your community? (optional)

Click or tap here to enter text.

Is there anything you would like to share about the cultural appropriateness/safety of the services you access in your community? (optional)

Click or tap here to enter text.

Which barriers (if any) do you face when needing to access social services in your community?

- Financial limitations
- Distance/transportation
- Lack of childcare
- Opening hours
- Not culturally-relevant/safe
- Not LGBTQ2S+ safe
- No permanent residence Not available
- Does not apply
- Other (please specify) : Click or tap here to enter text.

Is there anything you would like to share about the barriers you face when needing to access social services in your community? (optional)

Click or tap here to enter text.

Which other areas that we did not address in this survey do you see as a priority for services and policy advocacy efforts? (check all that apply)

- LGBTQ2S+ rights/Gender diversity
- Policing and criminal justice
- Child welfare/foster system
- Disability supports
- Aging/elderly supports

- Food security
- Resource extraction and environmental issues
- Other (please specify): Click or tap here to enter text.

Is there anything else that you would like to share with [PTO NAME] to better understand you and your needs? (optional)

Click or tap here to enter text.

Fill Out
Then Save As (in an Easy place to find)
Click on email below
Fill out Email (in your Mail Program)
Attach saved file
Send (From Email Program)

General Needs Survey
C/O:- Cheryl St.Pierrie
generalocipinquiries@hotmail.com