

**Self – Identification Questionnaire**

1. Select the option that best describes your current gender identity. (required)
* Gender-fluid
* Man
* Nonbinary
* Trans man
* Trans woman
* Two-spirit
* Woman
* I don’t identify with any option provided.
* I prefer not to answer.

I identify as: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Select the sexual orientation that best describes how you currently think of yourself. (required)
* Asexual
* Bisexual
* Gay
* Heterosexual
* Lesbian
* Pansexual
* Queer
* Two-Spirit
* I don’t identify with any option provided.
* I prefer not to answer.

I identify as: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you identify as Indigenous, that is, First Nation (North American Indian), Métis or Inuk (Inuit)? (required)
* Yes
* No
* I prefer not to answer.

3a. If "Yes", select the group(s) that you identify with. (required)

* First Nation
* Inuit
* Métis
* I prefer not to answer.

The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in color".

1. Do you identify as a member of a visible minority in Canada? (required)
* Yes
* No
* I prefer not to answer.

**Note:** if you answered “Yes” to question 3. (i.e., you are an Indigenous person), select “Population group not listed above” for this question. You can also select from the list any other population group that applies to you.

1. Select the population group(s) you identify with. (required)
* Arab
* Black
* Chinese
* Filipino
* Japanese
* Korean
* Latin American
* South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
* Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai, etc.)
* West Asian (e.g., Iranian, Afghan, etc.)
* White
* Population group not listed above.
* I prefer not to answer.

I identify as: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Accessible Canada Act defines disability as “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.

1. Do you identify as a person with a disability as described in the Act? (required)
* Yes
* No
* I prefer not to answer.

6a. If “Yes,” select the type(s) of disability that applies to you. (required)

* Communications
* Developmental
* Dexterity
* Flexibility
* Hearing
* Learning
* Memory
* Mental health related.
* Mobility
* Pain-related
* Seeing
* Disability not listed above.
* I prefer not to answer.

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