

## Thank you

**Please take a few minutes to answer the following post-workshop questions.**

1. Having completed this virtual workshop, I have a better understanding of the impact of racism in the healthcare system.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

2. This workshop has clarified what role I can personally and professionally play in addressing microaggressions in the healthcare system.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3. This workshop gave me ideas and tools on how I can start to dismantle racism in my workplace.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

4. Did this workshop impact you emotionally and spiritually? Yes; No; If yes, how?

5. Did this workshop provide you with tools for action against racism? Yes; No; If yes, how? If not, what else would you need to take action against racism?

6. Did this workshop stimulate you to think differently about racism in the healthcare system?

Yes; No; If yes, how?

7. What else would you like to learn about this topic?

8. What was the single biggest takeaway for you from this workshop?

9. Please complete this sentence: Before this workshop, I used to think ( ); and now I think ( ).

10. Please feel free to share any other final comments you have with the organizers of this workshop.

11. Please identify your profession.

- Occupational Therapist
- Physical Therapist
- Other (please specify)

12. How many years have you been in practice ?

- first 5 years of practice
- 6-10 years of practice
- 11-20 years of practice
- 20-30 years of practice
- >30 years of practice
- I am not a physiotherapist

13. Which of the following most accurately describe(s) you? (choose as many as you like)

- |   |   |
|---|---|
| <input type="checkbox"/> woman                                    | <input type="checkbox"/> non-binary           |
| <input type="checkbox"/> man                                      | <input type="checkbox"/> transgender          |
| <input type="checkbox"/> two-spirit                               | <input type="checkbox"/> not sure/questioning |
| <input type="checkbox"/> gender fluid                             | <input type="checkbox"/> prefer not to say    |
| <input type="checkbox"/> another gender identity. Please specify. |   |

14. Have you personally ever experienced racism?

- No, never
- Yes, once or twice
- Frequently over my lifetime
- Several times a week

15. Please identify which race you most strongly identify with.

- |   |   |
|---|---|
| <input type="radio"/> White                     | <input type="radio"/> Indigenous          |
| <input type="radio"/> Black or African Canadian | <input type="radio"/> Another race        |
| <input type="radio"/> Hispanic or Latino        | <input type="radio"/> I prefer not to say |
| <input type="radio"/> Asian or Asian Canadian   |   |