



Date Entered: \_\_\_\_\_ Study ID: \_\_\_\_\_

## Demographics Questionnaire for Focus Groups

**Study Title:** Psychosocial and ethnocultural barriers to living donor kidney transplantation

**Investigator/Study Doctor:** Dr. Istvan Mucsi

**Contact Information:**

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**Study Coordinator:** Heather Ford (XXX) XXX-XXXX

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**What is your sex:**

Male  Female  Other  Prefer not to answer

**What is your birthdate:** Month \_\_\_\_\_ Year \_\_\_\_\_  Prefer not to answer

**What are the first three digits of your postal code?** \_\_\_ \_\_ \_\_\_  Prefer not to answer

**In what country were you born?**

- Canada  
 Other (please specify): \_\_\_\_\_  
 Prefer not to answer

**Are you on dialysis?**

Yes  No  Don't know  Prefer not to answer

**Is someone you know on dialysis?**

Yes  No  Don't know  Prefer not to answer

**Are you undergoing evaluation for kidney transplant, or have you received a kidney transplant?**

Yes  No  Don't know  Prefer not to answer

**Has someone you know undergone evaluation for kidney transplant or received a kidney transplant ?**

Yes  No  Don't know  Prefer not to answer

**Are you now or have you ever been a landed immigrant, refugee or been on a work/minister permit in Canada?**

Yes  No  Don't know  Prefer not to answer

**If yes, in what year did you first arrive in Canada to live?** \_\_\_\_\_

Don't know  Prefer not to answer

**What is the highest degree or level of school you have completed? If currently enrolled, please list the**



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**highest degree received to date:**

- |   |  |
|---|--|
| <input type="checkbox"/> No schooling completed                                       | <input type="checkbox"/> Bachelor's degree (BA, BSc, LL.B, B.Ed) |
| <input type="checkbox"/> Nursery school to 8 <sup>th</sup> grade                      | <input type="checkbox"/> Master's degree (MA, MSc, Med)          |
| <input type="checkbox"/> Some high school, no diploma                                 | <input type="checkbox"/> Professional degree (MD, DDS, DVD)      |
| <input type="checkbox"/> High school graduate, diploma or the equivalent (e.g. GED)   | <input type="checkbox"/> Doctorate (PhD, DSc, DHSc)              |
| <input type="checkbox"/> Some college credit, no degree                               | <input type="checkbox"/> Other (please specify): _____           |
| <input type="checkbox"/> Trade/technical/vocational training                          | <input type="checkbox"/> Don't know                              |
| <input type="checkbox"/> Diploma or certificate from community college (e.g. RN, RPN) | <input type="checkbox"/> Prefer not to answer                    |

**Which of the following best describes where your income comes from? (Select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Full-time employment                                      | <input type="checkbox"/> Retired                |
| <input type="checkbox"/> Part-time employment                                      | <input type="checkbox"/> Student                |
| <input type="checkbox"/> Self-employed   | <input type="checkbox"/> Unable to work         |
| <input type="checkbox"/> Unemployed and looking for work                           | <input type="checkbox"/> Unknown                |
| <input type="checkbox"/> Unemployed and not looking for work                       | <input type="checkbox"/> Welfare                |
| <input type="checkbox"/> Unemployed, unspecified as to whether seeking work or not | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> A homemaker   | <input type="checkbox"/> Other (e.g., homeless) |
|  | <input type="checkbox"/> Prefer not to answer   |

**Do you identify as a first, second, or third generation Canadian?**

- First generation (I was born outside of Canada)
- Second generation (I was born in Canada, and at least one of my parents was born outside of Canada)
- Third generation or more (I was born in Canada, and both of my parents were born in Canada)
- Not applicable
- Don't know
- Prefer not to answer

**What language or dialect do you speak most often at home? Choose only one.**

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Amharic             | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Tagalog                 |
| <input type="checkbox"/> Arabic              | <input type="checkbox"/> Italian   | <input type="checkbox"/> Tamil                   |
| <input type="checkbox"/> ASL                 | <input type="checkbox"/> Karen     | <input type="checkbox"/> Tigrinya                |
| <input type="checkbox"/> Bengali             | <input type="checkbox"/> Korean    | <input type="checkbox"/> Turkish                 |
| <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Nepali    | <input type="checkbox"/> Twi                     |
| <input type="checkbox"/> Chinese (Mandarin)  | <input type="checkbox"/> Polish    | <input type="checkbox"/> Ukrainian               |
| <input type="checkbox"/> Czech               | <input type="checkbox"/> Portugese | <input type="checkbox"/> Urdu                    |
| <input type="checkbox"/> Dari                | <input type="checkbox"/> Punjabi   | <input type="checkbox"/> Vietnamese              |
| <input type="checkbox"/> English             | <input type="checkbox"/> Russian   | <input type="checkbox"/> Prefer not to answer    |
| <input type="checkbox"/> Farsi               | <input type="checkbox"/> Serbian   | <input type="checkbox"/> Don't know              |
| <input type="checkbox"/> French              | <input type="checkbox"/> Slovak    | <input type="checkbox"/> Other: (please specify) |
| <input type="checkbox"/> Greek               | <input type="checkbox"/> Somali    | _____  |
| <input type="checkbox"/> Hindi               | <input type="checkbox"/> Spanish   |  |

**Which of the following categories best describes your ethnicity?**

Exploring Barriers to LDKT for ACB Communities

Appendix C Demographic Questionnaire



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**North American Indigenous**

- First Nations
- Inuit
- Metis
- Other (please specify): \_\_\_\_\_

**Black or African**

- North American Black/African (e.g. Canadian, American)
- Central or West African (e.g. Ghanaian, Nigerian, Senegalese)
- North African (e.g. Algerian, Moroccan, Sudanese)
- Southern or East African (e.g. Somali, Ugandan, Ethiopian)
- Other (please specify): \_\_\_\_\_

**Asian**

- West Central Asian or Middle Eastern (e.g. Afghan, Jordanian, Yemeni)
- South Asian (e.g. Bangladeshi, Pakistani, Punjabi)
- East or Southeast Asian (e.g. Chinese, Korean, Filipino, Indonesian)
- Other (please specify): \_\_\_\_\_

**White or European**

- White - North American (e.g. Canadian, American)
- Northern European (e.g. British, Danish, Swedish)
- Southern European (e.g. Greek, Italian, Portuguese)
- Eastern European (e.g. Hungarian, Ukrainian, Russian)
- Western European (e.g. Dutch, French, German)
- Other (please specify): \_\_\_\_\_

**Other**

- Latin, Central, or South American (e.g. Brazilian, Chilean, Mexican)
- Caribbean (e.g. Haitian, Jamaican, Carib)
- Oceanian (e.g. Australian, New Zealander, Pacific Islander)
- Other (please specify): \_\_\_\_\_

**What is your religious or spiritual affiliation?**

- |   |   |
|---|---|
| <input type="checkbox"/> I do not have a religious or spiritual affiliation | <input type="checkbox"/> Native Spirituality              |
| <input type="checkbox"/> Islam  | <input type="checkbox"/> Taoism                           |
| <input type="checkbox"/> Hinduism   | <input type="checkbox"/> Jainism                          |
| <input type="checkbox"/> Christianity                                       | <input type="checkbox"/> Spiritual                        |
| <input type="checkbox"/> Judaism  | <input type="checkbox"/> Atheism                          |
| <input type="checkbox"/> Sikhism  | <input type="checkbox"/> Prefer not to answer             |
| <input type="checkbox"/> Buddhism   | <input type="checkbox"/> Do not know                      |
| <input type="checkbox"/> Confucianism                                       | <input type="checkbox"/> Other(s) – Please Specify: _____ |