



SOCIODEMOGRAPHICS PLUS

Initial RHSCIR

INTERVIEW

SP-InitialRHSCIR

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Sociodemographics Plus – Initial RHSCIR

☐ Information unavailable, unable to complete.

Specify Reason: _____

Instructions: Ask the participant the following questions.

1. Which language do you prefer to communicate in?

- ☐ English
- ☐ French
- ☐ Other (specify): _____

2. What is your current relationship status? (check ONE response only)

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Common Law
- ☐ Unknown

3. Which racial group do you consider yourself to belong to? (check ONE response only)

In the event of mixed races:

- White and another race, the other race is recorded
- Non-White and another race, the race of the father is recorded

- ☐ Indigenous/Aboriginal (e.g., First Nation (North American Indian), Métis or Inuk (Inuit))
- ☐ White
- ☐ Black
- ☐ Asian (e.g., Chinese, Vietnamese, Cambodian, Malaysian, Laotian, Filipino, Korean, Japanese, etc.)
- ☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- ☐ West Asian (e.g., Iranian, Afghan, etc.)
- ☐ Pacific Islander (e.g., Native Hawaiian, Fijian, Papuan, Polynesian, etc.)
- ☐ Other (specify): _____
- ☐ Unknown

Sociodemographics Plus – continued

- 4. What is your height?** (if the individual is unsure of the appropriate response, check with a member of the individual's health care team)

Enter in feet &
inches OR
centimeters.

ft In
 Cm

Round up to the
nearest whole
number.

☐ Unknown

- 5. At the time of your injury, how much did you weigh?** (if the individual is unsure of the appropriate response, check with a member of the individual's health care team)

Round up to the
nearest whole
number.

☐ lbs ☐ kg

☐ Unknown

- 6. What is the highest level of formal education you have completed?** (check ONE response only)

- ☐ 8th Grade or less
☐ 9th through 11th Grade (includes completion of 9th, 10th or 11th Grade)
☐ High School Diploma or General Educational Development (GED) Diploma
☐ Associate Degree (includes community college degree or diploma [e.g. trade school], or CEGEP)
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate
☐ Other, Unclassified (specify): _____
☐ Unknown

- 7. What is your paid occupation?**

- ☐ Executive, administrative and managerial (includes self-employment; e.g., managers, department heads, government officers, accountants, financial managers, personnel specialists etc.)
☐ Professional specialty (e.g., physician, lawyer, engineer, registered nurse, architect, computer systems analyst, professional athlete, artist, teacher, etc.)
☐ Technicians and related support (e.g., pilot, lab technician, dental hygienist, licensed practical nurse etc.)
☐ Sales
☐ Administrative support including clerical
☐ Private household (e.g., nanny, caregiver, house cleaner, gardener, caretaker etc.)
☐ Protective services (e.g., police, firefighter, security guard, etc.)

- ☐ Service, except protective and household (e.g., bartender, concierge, server, hospital orderly, janitor, cook, hair stylist etc.)
- ☐ Farming, forestry and fishing
- ☐ Precision, production, craft and repair (e.g., electrician, carpenter, mechanic, plumber, painter, machinist, baker etc.)
- ☐ Machine operators, assemblers, and inspectors (e.g., welder, typesetter, factory machine operator etc.)
- ☐ Transportation and material moving (e.g., truck driver, bus driver, train conductor, excavators, crane operator etc.)
- ☐ Handlers, equipment cleaners, helpers and labourers (e.g., construction labourer, garbage collector, store shelf-stocker, factory worker etc.)
- ☐ Military occupations
- ☐ Not applicable
- ☐ Unknown

8. a) At the time of your injury, were you employed in a paid working setting? (if you were currently employed but on long-term disability, please choose 'Yes')

- ☐ Yes
- ☐ No (skip to question 8c)

Sociodemographics Plus - continued**Paid Work**

b) If Yes, which one of the following best describes your paid work? (check ONE response only)

- ☐ Working → **Full-time or part-time?**
 - ☐ Full-time (includes persons who usually worked 30 hours or more per week, at their main or only job)
 - ☐ Part-time (includes persons who usually worked less than 30 hours per week, at their main or only job)
- ☐ On-the-job training (paid)
- ☐ Sheltered workshop (e.g., paid work in a modified setting that may include increased supervision, physical assistance, modified tasks, etc.)
- ☐ On long-term disability
- ☐ Unknown

Unpaid Work

c) If No, which one of the following best describes your unpaid work? (check ONE response only)

- ☐ Homemaker
- ☐ On-the-job training (unpaid)
- ☐ Retired
- ☐ Student
- ☐ Unemployed
- ☐ Other (specify): _____ (e.g., volunteer work, etc.)
- ☐ Unknown

9. a) What is your approximate total, annual household income?

(annual income of the WHOLE household BEFORE taxes, including subsidies, grants or other supplemental income from any source)

- ☐ Under 10,000
- ☐ 10,000 - 19,999
- ☐ 20,000 - 29,999
- ☐ 30,000 - 39,999
- ☐ 40,000 - 49,999
- ☐ 50,000 - 59,999
- ☐ 60,000 - 69,999
- ☐ 70,000 - 79,999
- ☐ 80,000 - 89,999
- ☐ 90,000 - 99,999
- ☐ 100,000 +
- ☐ Unknown

b) How many people are in your household? _____

Sociodemographics Plus - continued

10. a) What is your smoking/vaping (nicotine) history? (Check ALL that apply; Note – this does not include marijuana use)

- ☐ Current smoker
- ☐ Former smoker
- ☐ Never smoked (skip to Question 11)
- ☐ Current vaper
- ☐ Former vaper
- ☐ Never vaped (skip to Question 11)
- ☐ Unknown (skip to Question 11)

b) If a former or current smoker/vaper, how many total years have you smoked or vaped? (please estimate if exact number unknown)

_____ Years smoked

☐ Unknown

_____ Years vaped

☐ Unknown

c) If a former or current smoker, on average how many (cigarettes/cigars/pipes) do (did) you smoke on a daily basis?

_____ Cigarettes
 _____ Cigars
 _____ Pipe Bowls

☐ Unknown

(Note: there are normally 20 cigarettes in a pack)

11. How often do you have a drink containing alcohol?

- ☐ Never (skip to question 14)
- ☐ Monthly or less
- ☐ 2-4 times/ month
- ☐ 2-3 times/ week
- ☐ 4 or more times/ week
- ☐ Unknown

12. How many alcoholic drinks do you have on a typical day when you are drinking?

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6

- ☐ 7, 8, or 9
- ☐ 10 or more
- ☐ Unknown

13. How often do you have six or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Unknown

14. In the year prior to your injury, did you used cannabis/marijuana for MEDICAL reasons? (This includes use for any medical purpose even if not prescribed by a physician)

- ☐ Yes
- ☐ No
- ☐ Unknown

15. a) In the year prior to your injury, did you use prescribed medications, street drugs or cannabis/marijuana for NON-MEDICAL reasons?

- ☐ Yes
- ☐ No
- ☐ Unknown

b) If Yes, check ALL that apply:


- ☐ Cocaine
- ☐ Cannabis/marijuana
- ☐ Hallucinogens
- ☐ Heroin
- ☐ Opiates
- ☐ Speed/stimulants
- ☐ Medications prescribed for you
- ☐ Medications prescribed for someone else
- ☐ Other or unknown type

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16. a) At the time of your injury, what type of setting did you live in?		
<input type="checkbox"/> Private residence (includes house, condominium, mobile home, apartment, or houseboat)	b) Indicate who you were living with: (choose ALL that apply) <input type="checkbox"/> Partner/spouse <input type="checkbox"/> Family member <input type="checkbox"/> Non-family, unpaid (e.g., roommate) <input type="checkbox"/> Paid attendant <input type="checkbox"/> Alone <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	c) At the time of your injury, were you receiving health services at home? (e.g., homecare/support, home OT, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Assisted living residence (semi-independent housing, a middle option between home support and residential care)		
<input type="checkbox"/> Hotel/motel (includes short or long-term living arrangements, single room occupancy, etc.)		
<input type="checkbox"/> Homeless (includes cave, car, tent, street, etc.)		
<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Group living arrangement (includes transitional living facility or any residence shared by non-family members)		
<input type="checkbox"/> Nursing home/Long-term care within a hospital setting (includes skilled nursing facilities and institutions providing long-term, custodial, chronic disease care, and extended care)		Skip to Data Collection Details
<input type="checkbox"/> Correctional institute (includes prison, penitentiary, jail, correctional centre, etc.)		

Data Collection Details

Interviewer Name: (please print)		Initial Here:		Date Interview Completed:	YYYY-MM-DD
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