



# 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)

☒ Indigenous/Aboriginal (e.g., First Nation (North American Indian), Métis or Inuk (Inuit))

☐ Aboriginal

☐ 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

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

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**Sociodemographics Plus – continued**

- 4. ~~a)~~ 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

~~b) How was height obtained?~~

~~☐ Measured~~

~~☐ Verbal (participant reported)~~

~~☐ Estimated (clinician or coordinator approximated)~~

- 5. ~~a)~~ 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

~~b) How was weight obtained?~~

~~☐ Measured~~

~~☐ Verbal (participant reported)~~

~~☐ Estimated (clinician or coordinator approximated)~~

- 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

**Sociodemographics Plus—continued****~~7.~~ Did you ever serve in the military?**☐ ~~Yes~~☐ ~~No~~**8.7. 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

**9.8.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 8.7.9c on page 4)

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**Sociodemographics Plus - continued****b) 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~~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

**10.9. 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**~~11. Do you receive any form of social assistance NOT related to your spinal cord~~~~injury?~~ (for example, regular social assistance [e.g., employment insurance, Canada Pension Plan] or persons with disability assistance)~~☐ Yes~~~~☐ No~~~~☐ Unknown~~~~12.10. 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 13)~~~~☐ Unknown (skip to question 13)~~☐ Current smoker☐ Former smoker☐ Never smoked (skip to Question 110)☐ Current vaper☐ Former vaper☐ Never vaped (skip to Question 110)☐ Unknown (skip to Question 110)**b) If a former or current smoker/vaper, how many total years have you smoked or vaped? If a former or current smoker, for how many years did (have) you smoke(d)?**

(please estimate if exact number unknown)

\_\_\_\_ Years

\_\_\_\_ 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?****d) If a former or current smoker, on average how many**~~☐ Unknown~~

\_\_\_\_ Cigarettes

\_\_\_\_ Cigars

\_\_\_\_ Pipe Bowls

☐ Unknown☐

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~~(cigarettes/cigars/pipes) do (did) you smoke on a daily basis?~~

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

~~10. a) What is your vaping history?~~ ☐ Current vaper

☐ Former vaper

☐ Never vaped (skip to question 11)

☐ Unknown (skip to question 11)

~~b) If a former or current vaper, for how many years did (have) you vape(d)?~~

\_\_\_\_\_ Years

~~(please estimate if exact number unknown)~~

☐ Unknown

~~c) If a former or current vaper, on average what was/is the volume of e-liquid used on a weekly basis?~~

~~— Low (<10mL/week)~~

~~— Medium (10-35 mL/week)~~

~~— High (35-70 mL/week)~~

~~— Very high (>70 mL/week)~~

~~— Unknown~~

~~d) If a former or current vaper, what was/is the highest strength of nicotine used?~~

~~— No nicotine only~~

~~— 1-6 mg/mL~~

~~— 7-12 mg/mL~~

~~— 13-18 mg/mL~~

~~— >18 mg/mL~~

~~— Unknown~~

**13.11. How often do you have a drink containing alcohol?**

☐ Never (skip to question 14.12 on page 6)

☐ Monthly or less

☐ 2-4 times/ month

☐ 2-3 times/ week

☐ 4 or more times/ week

☐ 4 or more times/ week

☐ Unknown

**14.12. 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

☐



**Sociodemographics Plus—continued**

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

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



**Sociodemographics Plus—continued**

**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

**16-15. a) In the year prior to your injury, did you use prescribed medications, street drugs or cannabis/marijuana for NON-MEDICAL reasons? In the year prior to your injury, did you use prescribed medications or street drugs 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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## INTERVIEW

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## Sociodemographics Plus - continued

**~~17-16.~~ a) At the time of your injury, what type of setting did you live in?**

- ☐ Private residence (includes house, condominium, mobile home, apartment, or houseboat)
- ☐ Assisted living residence (semi-independent housing, a middle option between home support and residential care)
- ☐ Hotel/motel (includes short or long-term living arrangements, single room occupancy, etc.)
- ☐ Homeless (includes cave, car, tent, street, etc.)
- ☐ Other (specify): \_\_\_\_\_
- ☐ Group living arrangement (includes transitional living facility or any residence shared by non-family members)

**b) Indicate who you were living with:**

(choose ALL that apply)

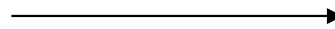
- ☐ Partner/spouse
- ☐ Family member
- ☐ Non-family, unpaid (e.g., roommate)
- ☐ Paid attendant
- ☐ Alone
- ☐ Other (specify): \_\_\_\_\_
- ☐ Unknown

**c) At the time of your injury, were you receiving health services at home?**

(e.g., homecare/support, home OT, etc.)

- ☐ Yes
- ☐ No
- ☐ Unknown

- ☐ 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)
- ☐ Correctional institute (includes prison, penitentiary, jail, correctional centre, etc.)



**Skip to Data Collection Details**

## Data Collection Details

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