



# 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:

**2. Select the sexual orientation that best describes how you currently think of yourself. (required)**

Asexual

Lesbian

Bisexual

Pansexual

Gay

Queer

Heterosexual

Two-Spirit

I don't identify with any option provided.

I prefer not to answer.

I identify as:

**3. 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.

*Continued on reverse*

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

**4. 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.

**5. Select the population group(s) you identify with. (required)**

Arab	Latin American
Black	South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
Chinese	Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai, etc)
Filipino	
Japanese	West Asian (e.g., Iranian, Afghan, etc.)
Korean	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.

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

I identify as: