DRAFT FOR REFERRAL PURPOSES ONLY

Cohort #	MR centre #	Participant #	Participant Initials
			F M L

Today's date: year month day

Using a scale of 1 to 5, where 1 is "Not strong at all" and 5 is "Very strong", please answer the following three questions. You can also select "Refused" or "Don't know".

	Not strong at all				Very Strong		
	1	2	3	4	5	Refused	Don't know
1. How strong is your sense of belonging to your family?	☐	☐	☐	☐	☐	☐	☐
2. How strong is your sense of belonging to your ethnic or cultural group?	☐	☐	☐	☐	☐	☐	☐
3. How strong is your sense of belonging to Canada?	☐	☐	☐	☐	☐	☐	☐

4. If you had to make the decision again, would you come to Canada?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't know

5. Who usually cares for your child when he/she is not at school? (Please select <u>one</u> response only)

☐ Me	☐ Daycare	☐ Refused
☐ My spouse	☐ Child in own care	☐ Don't know
☐ Other relative outside of my house	☐ Sibling	☐ N/A
☐ Neighbour	☐ Friend	
☐ Babysitter	☐ Other	

DRAFT FOR REFERRAL PURPOSES ONLY

			Participant Initials
Cohort #	*MR centre #*	*Participant #*	*F M L*

6. Have you experienced discrimination or been treated unfairly by others because of your ethnicity, culture, race or skin colour, language or accent, or religion?

- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't know

7. If yes, do you think you have experienced discrimination or unfair treatment because of your: (Mark all that apply)

- ☐ Ethnicity or culture
- ☐ Race or skin colour
- ☐ Language or accent
- ☐ Religion
- ☐ Refused
- ☐ Don't know