Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program:** | | | | **Program registration date:** | | | |
|  | | | | Month \_\_\_\_\_ Day \_\_\_\_\_ Year\_\_\_\_\_\_\_ | | | |
| **Agency:** | | | | **ID Number:** | | | |
|  | | | | First 2 letters of first name  First 2 letters of last name | | | \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_ |
| **Date of birth:** | | | **Age:** | | | **Gender:** | |
| Month \_\_\_\_ Day \_\_\_\_ Year\_\_\_\_\_ | | |  | | | ⭘ Male ⭘ Female | |
| **Population Group:** | | | | | | | |
| * Caucasian | * South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) | | | | | | |
| * Aboriginal | * Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) | | | | | | |
| * Chinese | * West Asian (e.g., Iranian, Afghan, etc.) | | | | | | |
| * Filipino | * African / Caribbean | | | | | | |
| * Japanese | * Other group: | | | | | | |
| * Korean | * No answer | | | | | | |
| * Arab | * Don’t know | | | | | | |
| * Latin American | * Not applicable | | | | | | |
| **Language spoken most often at home:** | | | | | | | |
| * Arabic * Chinese (unspecified) * Dinka * English * Farsi * French * Hindi | | * Korean * Kurdish * Mandarin * Nuer * Pashto * Polish * Punjabi | | | * Somali * Spanish * Tagalog * Urdu * Vietnamese * Don’t know * Other language \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Born in Canada?** | | **If not born in Canada, country of birth:** | | | | |
| ⭘ Yes ⭘ No | |  | | | | |
| **Number of years in Canada:** | | **What neighbourhood do you live in?** | | | | |
|  | |  | | | | |
| **What are the first three (3) digits of your Postal Code?** | | | | | | |
| **Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, leaning or doing similar activities?** | | | | | | |
| * Yes, sometimes | | | | * Yes, often | | |
| * No | | | |  | | |
| **Does a physical condition or mental condition or health problem reduce the amount or or the kind of activity you can do?** | | | | | | |
| * Yes, sometimes | | | | * Yes, often | | |
| * No | | | |  | | |
| **How did you find out about this program?** | | | | | | |
| * 211 | | | | * School | | |
| * Advertisement | | | | * Word of mouth | | |
| * City of Calgary website | | | | * Don’t know | | |
| * Referred by another program | | | | * Other | | |
| **Marital Status:** | | | |  | | |
| * Divorced | | | | * Single, never married | |  |
| * Living common-law | | | | * Widowed | |  |
| * Married | | | | * Don’t know | |  |
| * Separated | | | |  | |  |
| **Education Level:** | | | | | | |
| * Below grade 12 | | | | * High School | | |
| * Some post-secondary | | | | * College | | |
| * University | | | | * Other | | |
| **Number of adults in household:** | | | **Number of children under age 18 in household:** | | | |
|  | | |  | | | |
| **Ages of children in household:** | | | | | | |
| Child 1:\_\_\_\_\_\_\_\_\_\_\_ | Child 3:\_\_\_\_\_\_\_\_\_\_\_ | | | | Child 5:\_\_\_\_\_\_\_\_\_\_\_ | |
| Child 2:\_\_\_\_\_\_\_\_\_\_\_ | Child 4:\_\_\_\_\_\_\_\_\_\_\_ | | | | Child 6:\_\_\_\_\_\_\_\_\_\_\_ | |