## 2024/2025 Research Networks of Excellence in Women's Heart and/or Brain Health **Self-Identification Questionnaire**

Funders: Heart & Stroke, CIHR

Lesbian

This Solf Identification Form has been sourced from the Canada Descarch Chairs Program. Th

of th desig	Self-Identification Form has been sourced from the <u>Canada Research Chairs Program</u> . The purpose ie form is to collect information so the funders can monitor the equity performance of programs and grand new measures that achieve greater equity, diversity and inclusion in the field of heart and brain arch. These data will NOT be transmitted to any entity outside of the funders without the icant's consent.
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	elf-identification questions
1.	What is your date of birth? (YYYY/MM/DD)
	I prefer not to answer
2.	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
3.	Select the sexual orientation that best describes how you currently think of yourself. (Required)
	Asexual
	Bisexual
	Gay
	Heterosexual

	Pansexual
	Queer
	Two-Spirit
	I don't identify with any option provided
	I prefer not to answer
	I identify as
4a.	Do you identify as Indigenous, that is, First Nations, Métis or Inuk (Inuit)? (Required)
	Yes
	No
	I prefer not to answer
4b.	If "Yes", select the group(s) that you identify with. (Required)  First Nation Inuit  Métis I prefer not to answer
	r prefer not to unswer
	Employment Equity Act defines visible minorities as "persons, other than Aboriginal ples, who are non-Caucasian in race or non-white in colour".
5.	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 4a (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.

6. Select the population group(s) you identify with. (Required)
Arab
Black
Chinese
Filipino
Japanese
Korean
Latin American
South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai, etc.) West Asian (e.g. Iranian, Afghan, etc.)
White
Population group not listed above.
I prefer not to answer
I identify as
The <u>Accessible Canada Act</u> 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."
7a. Do you identify as a person with a disability as described in the Act? (Required)
Yes
No
I prefer not to answer
7b. If "Yes", select the type(s) of disability that applies to you.
Communications
Developmental

Dexterity
Flexibility
Hearing
Learning
Memory
Mental-health related
Mobility
Pain-related
Seeing
Disability not listed above.
I prefer not to answer
Specify
8a. What language(s) did you first learn at home in childhood and still understand? (Select all that apply) (Required)
English
French
Another language
I prefer not to answer
8b. What language(s) do you speak most often at home? (Select all that apply) (Required)
English
French
Another language
I prefer not to answer
Comments or suggestions about the self-identification questionnaire (Maximum character count: 1500)