



APPENDIX 2: Demographics survey

The following form is anonymous, so we cannot tell who filled it out. By completing the form below, you are providing consent for us to use this information anonymously to report our overall study demographics.

1.	Focus group number		
2.	Gender identity		
	0	Man	
	0	Woman	
	0	Non-binary	
	0	Two-spirit	
	0	Other:	
	0	Prefer not to say	
3.	Age range		
	0	18-35	
	0	36-55	
	0	56-75	
	0	75+	
	0	Prefer not to say	
4.	In what provinces/territories do you primarily receive healthcare? (check all that apply)		
		Alberta	
		British Columbia	
		Manitoba	
		New Brunswick	
		Newfoundland & Labrador	
		Northwest Territories	
		Nova Scotia	
		Nunavut	
		Ontario	
		Prince Edward Island	
		Quebec	
		Saskatchewan	
		Yukon	
5.	Would	I you classify the area that you live as	
	0	Urban/Population centre	
	0	Rural	
	0	Unsure	
	0	Prefer not to say	

6.	[If	urb	an/population centre selected] What is the population of your city?
		0	1,000-29,999
		0	30,000-99,999
		0	100,000-499,999
		0	500,000+
		0	Unsure
		0	Prefer not to say
7.	Do	you	u identify as an Indigenous person
		0	Yes
		0	No
		0	Prefer not to say
8.	Do	you	u identify as a member of a visible minority?
		0	Yes
			Please describe how you identify:
		0	No
		0	Prefer not to say
9.	Pre	eferi	red language
		0	English
		0	French
		0	Other
		0	Prefer not to say
10.	Wł	hat i	is the highest level of education you have completed?
		0	Some high school, no diploma
		0	High school graduate
		0	Some post-secondary studies, no degree
		0	College or vocational degree
			Undergraduate degree
		0	Post-graduate degree
		0	Other, please specify:
		0	Prefer not to say
11.	Но	w v	vould you classify your chronic illness?
		0	Primarily physical
		0	Primarily mental
		0	Both
		0	Prefer not to say
12.	Но		would you rate your overall satisfaction with the Canadian Healthcare System?
		0	Likert scale from 1-10, where 1 is not satisfied at all and 10 is completely
			satisfied