

Demographic Data Collection Project - DRAFT

Demographic Data Collection Project**Introduction**

The College is collecting voluntary demographic information to better understand who makes up the profession and help identify any barriers to participation and representation. This initiative is based on the principle that what is measured can be better understood and improved.

The information you provide will help ensure the College's policies, programs, and decisions are informed by the experiences and diversity of its registrants. This will support the College in making decisions that reflect lived experience and authentic representation.

Before you begin, please note:

- **Participation is voluntary.** You may answer all, some, or none of the questions, and each question includes a "Prefer not to answer" option.
- **Your answers are confidential.** They will be stored securely and separately from your registration information, and access will be restricted to only authorized individuals.
- **Results will be reported only in aggregate form.** Individual responses will not be reported or shared in a way that identifies you.
- **Your answers will only be used for this initiative.** They will not be used for registration, renewal, complaints, or any other purpose, and staff in these departments will not have the ability to link your answers to your individual identity.

For more information about this initiative, [click here](#).

If you do not wish to participate, you may skip this survey by [clicking here](#).

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Indigenous Identity, Ethnic or Cultural Origin, and Race

All questions are voluntary. You may skip any question. Where the listed response options do not describe you, you may use the write-in option provided.

Race and Ethnicity

Do you identify as First Nations, Métis and/or Inuit? Select all that apply.

- No
- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- Yes, I identify with a group(s) not listed – (Open comment box)
- I prefer not to answer

What is your ethnic or cultural origin(s)?

Ethnic or cultural origin refers to your ancestry, heritage or cultural background. It may differ from your citizenship, nationality, language, or place of birth. For example, Anishinaabe, Chinese, Colombian, Cree, English, Filipino, French, Guyanese, Indian, Inuit, Irish, Italian, Jamaican, Jewish, Korean, Lebanese, Métis, Mi'kmaq, Ojibway, Pakistani, Polish, Portuguese, Scottish, Somali, Sri Lankan or Ukrainian. Please list all ethnic or cultural origins that apply to you:

- *(Open comment box)*
- I prefer not to answer

In our society, people are often described by their race or racial background. For example, some people are considered “White,” “Black” or “East/Southeast Asian.” Which race category or categories best describes you? Select all that apply.

- Black – African, Afro-Caribbean or African-Canadian descent
- East/Southeast Asian – Chinese, Korean, Japanese, Taiwanese, Filipino, Vietnamese, Cambodian, Thai, Indonesian or other Southeast Asian descent
- Indigenous – First Nations, Métis or Inuit descent
- Latinx/Latino – Latin American or Hispanic descent
- Middle Eastern- Arab, Persian or West Asian descent; for example, Afghan, Egyptian, Iranian, Lebanese, Turkish or Kurdish.
- South Asian – East Indian, Pakistani, Bangladeshi, Sri Lankan or Indo-Caribbean descent
- White — European descent
- I identify with a group(s) not listed - *(Open Text Box)*
- I prefer not to answer

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Religion and/or Spiritual Affiliation

What is your religion and/or spiritual affiliation?

Please select all options that apply to you. You may choose more than one or write your own.

- Atheist
- Buddhist
- Christian
- Hindu
- Indigenous spirituality
- Jewish
- Multifaith – please write in how you identify – (*Open Text Box*)
- Muslim
- Sikh
- No religion/agnostic
- I identify with other religion(s) or spiritual affiliation(s) not listed – (*Open comment box*)
- I prefer not to answer

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Languages Spoken

What language(s), other than English or French, can you speak well enough to conduct a conversation?

Please select one response.

- None
- Please write in other language(s) you speak- (*Open comment box*)
- I prefer not to answer

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Disability

A formal diagnosis is not required to identify as a person living with a disability. Disability includes acute or chronic physical, mental, learning, auditory, visual or sensory disabilities, substance use dependencies, environmental sensitivities, as well as other conditions that limit activities of daily living.

Do you identify as a person with a disability?

Please select all options that apply to you. You may choose more than one or write your own.

- No
- Yes, physical disability
- Yes, sensory and/or communication disability
- Yes, invisible disability
- Yes, mental health disability
- Yes, cognitive disability
- Yes, developmental disability and/or learning disability
- Yes, multiple chemical sensitivity (MCS) and/or environmental disability
- Yes, I identify with a group(s) not listed - (*Open comment box*)
- I prefer not to answer

If you answered “yes”, please select all options that apply to you.

You may choose more than one or write your own.

- Attention-deficit disorders (ADHD, ADD), learning disabilities (e.g. dyslexia, dyscalculia, etc.) or other developmental disabilities (e.g. Down Syndrome, etc.)
- Autism spectrum disorder (ASD), sensory sensitivities and/or neurodivergence
- Physical disabilities (e.g. Cerebral Palsy, spinal cord injury, amputation, arthritis, etc.)
- Neuromuscular diseases, genetic disorders and other mobility disorders (e.g. Multiple Sclerosis (MS), Parkinson’s disease, muscular dystrophy, vertigo/balance disorders, etc.)
- Sensory and communication disability (e.g. blindness or loss of vision; deaf or hard of hearing; deafblind; speech disorders; etc.)
- Chronic health conditions (e.g., Autoimmune conditions, diabetes, cancer, cardiac/respiratory conditions, inflammatory bowel disease, epilepsy, etc.).
- Invisible disabilities (e.g. Dysautonomia/POTS, immunocompromised, pain disorders, chronic fatigue syndrome, fibromyalgia, etc.)
- Brain injury (e.g. Concussion disorder, traumatic or acquired brain injury, etc.)
- Mental health condition (e.g., schizophrenia, depression, anxiety disorder, bipolar disorder, PTSD, etc.)
- Cognitive impairment (e.g. stroke, dementia, Alzheimer’s disease, etc.)

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- Environmental health conditions, MCS (multiple chemical sensitivities), severe allergies and anaphylaxis, asthma, etc.
- Temporary disability/injury (e.g., broken bone)
- I identify with a disability or disabilities not listed - (*Open comment box*)
- I prefer not to answer

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Gender Identity

Please select the option(s) that best describes your gender identity.

You may choose more than one or write in your own.

- Agender
- Cisgender
- Genderfluid
- Genderqueer
- Man
- Nonbinary
- Questioning
- Trans
- Two-Spirit
- Woman
- I identify with an identity/ies not listed - (*Open comment box*)
- I prefer not to answer

Do you identify as trans or consider yourself to be a part of a trans community?

Please select one response.

- Yes
- No
- Not sure
- (*Open comment box*)
- I prefer not to answer

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Sexual Orientation

Please select the option(s) that you feel most accurately describe your sexual orientation.

You may choose more than one or write your own.

- Asexual
- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Pansexual
- Queer
- Questioning
- Two-Spirit
- I identify with an identity/ies not listed - (*Open comment box*)
- I prefer not to answer

Do you have any additional comments/feedback? (*open comment box*)

Consent Acknowledgment

- ☐ I have read and understand the purpose of this survey and the reasons for collecting the information requested. I understand that providing this information is voluntary and that, by submitting this survey, I consent to the College of Opticians of Ontario collecting and using my responses for the purposes described in the introduction to this survey. I understand that my responses will be kept confidential, stored securely, and accessed only by authorized individuals. I further understand that my survey responses will be maintained separately from my registration and other identifying information, and that any analysis, reporting, or sharing of results will be done in a way that does not identify me as an individual. I further understand that I can withdraw my consent at any time by contacting the College and asking for my responses to be deleted.