Better Data Questionnaire



Context

The Better Data questionnaire has been developed based on guidelines from experts in the field of equity and anti-oppression within post-secondary institutions as well as through detailed community consultation. The questionnaire asks identity-related questions across six identity categories: (1) Gender identity; (2) Sexual orientation; (3) Disability; (4) Indigenous identity; (5) Racial and/or ethnocultural identity; and (6) Religious and/or spiritual identity. The questions and options represent current practices concerning up-to-date language but are not static and will be updated based on quality assessment on an on-going basis.

This is a preview of the questionnaire. To complete it, please visit betterdata.uvic.ca.

Gender identity

- 1. Please indicate which of the following terms best describes your gender identity [select all that apply]:
 - a. Genderfluid
 - b. Genderqueer
 - c. Man (cis or trans)
 - d. Nonbinary
 - e. Two-Spirit
 - f. Woman (cis or trans)
 - g. Prefer not to answer
 - h. An identity not listed (please specify)
- 2. Do you identify as trans or consider yourself to be a part of the trans community?
 - a. Yes
 - b. No
 - c. Prefer not to answer

Sexual Orientation

- 3. Please indicate which of the following terms best describe your sexual orientation [select all that apply]:
 - a. Asexual
 - b. Bisexual
 - c. Gay
 - d. Heterosexual
 - e. Lesbian
 - f. Pansexual
 - g. Queer
 - h. Two-Spirit
 - i. An identity not listed (please specify)
 - j. Prefer not to answer



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Disability

- 4. Do you identify as a person with a disability, a disabled person, or a person with a chronic health condition?
 - a. Yes
 - b. No
 - c. Prefer not to answer
- 5. (*Branched*) If yes, please indicate which of the following options best describes your disability/disabilities or chronic health condition [select all that apply]:
 - a. One or more diagnosed disabilities or chronic health conditions
 - b. One or more undiagnosed disabilities or chronic health conditions
 - c. Prefer not to answer
- 6. (*Branched*) If yes, please confirm the nature of your disability/disabilities or chronic health condition. [select all that apply]:
 - a. Physical and/or mobilitea.d ah-2.3 (I)-2.2V-0H(ndi)-2.3 Tw 0.90h.Tw -28.533 -1.21nd alabi53o1nd8.533 -1.21nd con333 -1.21a44.3 (o)1.BDC6y q04 Tc 0.006 Tw 0.3d1 4 Td[O)-5 (n)-0.8 (e)-6 (o)-9.6 (r)8 ()10.6 (m)-9.3 (o)-9.7 (r)

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University of Victoria's Better Data Questionnaire

- c. Nuu-chah-nulth
- d.