



Draft



# Client Verbal and Physical Aggression Experienced by Staff

*Please use BLOCK letters to complete the form in either black or blue pen, or dark pencil*

## Survey Consent

We are interested in understanding the experience of staff who support people with developmental disabilities who are aggressive. We want to know more about how much client aggression you witness on the job and how it impacts your emotional well being.

Our plan is to get information from AS MANY STAFF AS POSSIBLE from as many agencies as possible across Ontario. To our knowledge, no such work has been done here before but we think it is very important.

We will write a summary of our findings for the province as a whole and also by region, which is why we ask in the survey what region you are from.

Thank you for considering participation in this survey that is part of a study being done at the Centre for Addiction and Mental Health (CAMH). This survey consists of 5 sections and a total of 65 questions. It should take about 15 to 30 minutes to complete. You may choose to discontinue at any time. This survey is anonymous. Your agency cannot be made aware of your individual responses.

If you have any questions about this study you may contact the principal investigator, Dr. Carolyn Dewa, at 416 535-8501, ext 4101 or Dr. Yona Lunsy at 416 535-8501 ext 7813. If you wish to discuss your rights as a research participant, you may contact Dr. Padraig Darby, Chair of the Research Ethics Board at the Centre for Addiction and Mental Health at 416 535-8501 ext 6876.

**Please answer the following question before proceeding:**

**I understand the above and I agree to participate in this study (please select yes or no).**

Yes

No

—————▶ **If you selected "No", please do not proceed.**



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## Demographics

1a. What is your age?

1b. What is your gender?

- Male    Female    Transgender, two spirited

1c. What is your marital status?

- Single, never married    Separated    Widowed  
 Married    Divorced    Cohabiting with significant other

1d. Were you born in Canada?

- Yes    No   **▶ GO TO 1f**

1e. Was your arrival in Canada in the last 5 years or more than 5 years ago?

- Five years ago or less  
 More than five years ago

**1f. What is your main language?**

- English  
 French  
 Other

**▶ 1g. If you selected "Other", please indicate language from the following list.**

- |  |                                  |                                     |
|--|----------------------------------|-------------------------------------|
| <input type="radio"/> American Sign Language | <input type="radio"/> Hebrew     | <input type="radio"/> Serbian       |
| <input type="radio"/> Amharic                | <input type="radio"/> Hindi      | <input type="radio"/> Slovak        |
| <input type="radio"/> Arabic                 | <input type="radio"/> Hungarian  | <input type="radio"/> Slovenian     |
| <input type="radio"/> Bulgarian              | <input type="radio"/> Italian    | <input type="radio"/> Somali        |
| <input type="radio"/> Cambodian              | <input type="radio"/> Japanese   | <input type="radio"/> Spanish       |
| <input type="radio"/> Cantonese              | <input type="radio"/> Korean     | <input type="radio"/> Swahili       |
| <input type="radio"/> Computer note (deaf)   | <input type="radio"/> Kurdish    | <input type="radio"/> Tagalo        |
| <input type="radio"/> Cree                   | <input type="radio"/> Laotian    | <input type="radio"/> Tamil         |
| <input type="radio"/> Croatian               | <input type="radio"/> Lithuanian | <input type="radio"/> Turkish       |
| <input type="radio"/> Czech                  | <input type="radio"/> Macedonian | <input type="radio"/> Ukrainian     |
| <input type="radio"/> Dutch                  | <input type="radio"/> Mandarin   | <input type="radio"/> Urdu          |
| <input type="radio"/> Farsi                  | <input type="radio"/> Ojibway    | <input type="radio"/> Vietnamese    |
| <input type="radio"/> Filipino               | <input type="radio"/> Polish     | <input type="radio"/> Yiddish       |
| <input type="radio"/> Finnish                | <input type="radio"/> Portuguese | <input type="radio"/> Yoruba        |
| <input type="radio"/> German                 | <input type="radio"/> Punjabi    | <input type="radio"/> Not specified |
| <input type="radio"/> Greek                  | <input type="radio"/> Romanian   |                                     |
| <input type="radio"/> Gujarati               | <input type="radio"/> Russian    |                                     |



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**1h. How many years of experience do you have in developmental disabilities?**

- < 2 years
- 2-5 years
- 6-10 years
- 11-20 years
- > 20 years

**1i. What type of specialized education/training do you have to work with people with developmental disabilities? (Check all that apply)**

- Undergraduate degree from University
- College diploma (e.g., DSW)
- Training provided by agency
- None
- Other, please specify \_\_\_\_\_

**1j. In what region is your agency located?**

- Northern
- North East Regions
- Eastern
- South East
- South West
- Hamilton/Niagara
- Central East
- Central West
- Toronto

**1k. Does your work setting specialize in any of these groups? (Check all that apply)**

- Dual diagnosis
- Complex medical needs
- Autism spectrum disorders
- Clients in criminal justice system
- Traumatic brain injury
- Other, please specify \_\_\_\_\_



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## 1l. What kind of program do you work in? (Check all that apply)

- Respite
- Day program
- Residential program
- Job coach
- Supported employment

## 1m. If you work in a residential program, what type of program is it? (Check all that apply)

Note: Please answer this question only if you work in a residential program.

- Group home
- SIL
- Other, please specify \_\_\_\_\_

## 1n. I work primarily with ...

- Children and/or adolescents
- Adults

## 1o. What resources are available through your agency, or will be arranged, for workers experiencing emotional difficulties related to challenging behaviour or aggression encountered in the workplace? (Check all that apply)

- Employee assistance program
- Referral to professional
- Crisis line
- Counselling
- Leave of absence
- Supervision
- Modification to work requirements
- Resources not available
- Don't know
- Other, please specify \_\_\_\_\_

## 1p. How many hours per week do you work?

- < 10 hours per week
- 10-20 hours per week
- 21-30 hours per week
- 31-40 hours per week
- > 40 hours per week



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## Client Verbal and Physical Aggression Experienced by Staff

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**1q. Are you paid by:**

- Hourly wage
- Salary
- Other, please specify \_\_\_\_\_

**1r. Do you receive sick leave benefits?**

- Yes
- No
- Don't know

**1s. What is your total annual net income?**

- Less than 20K
- 20 - 39K
- 40 - 59K
- 60 - 79K
- 80K and above



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# Client Verbal and Physical Aggression Experienced by Staff

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## Aggression at Work

Challenging behaviours and aggression are defined as any verbal, non-verbal or physical behaviour displayed by the client that was threatening or caused harm to self, others or property.

**2a. In the past 6 months, how frequently have you experienced challenging behaviour or aggression at work?**

- Never
- < 1 time per month
- 1-3 times per month
- 1-2 times per week
- Almost every day

**2b. For each category of aggression listed below, select the most severe form you have encountered in the workplace in the past 6 months.**

### **Aggression towards you, the staff member:**

- Experienced no aggression
- Experienced verbal aggression (i.e. shouting, screaming, verbal abuse, verbal threats)
- Experienced physical aggression (i.e. kicking, biting, scratching, punching) not resulting in injury
- Experienced physical aggression resulting in injury (i.e. bruising, bleeding, tissue damage)

### **Physical aggression towards others (i.e. other staff members, other clients, members of the public)**

- Witnessed no aggression
- Witnessed verbal aggression (i.e. shouting, screaming, verbal abuse, verbal threats)
- Witnessed physical aggression (i.e. kicking, biting, scratching, punching) not resulting in injury
- Witnessed physical aggression resulting in injury (i.e. bruising, bleeding, tissue damage)

### **Self-injurious behaviour (i.e. face-slapping, head-banging, scratching or biting self)**

- Witnessed no self-injurious behaviour
- Witnessed self-injurious behaviour not resulting in injury
- Witnessed self-injurious behaviour resulting in injury (i.e. bruising, bleeding, tissue damage)

### **Property aggression (i.e. banging on furniture, pulling curtains, throwing objects)**

- Did not witness property aggression
- Witnessed property aggression not resulting in damage to person or property
- Witnessed property aggression resulting in damage to person or property



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**2c. How would you rate, from 0 to 100, the severity of the challenging behaviour or aggression you experienced at work? (0 = Not severe at all, 100 = Extremely severe)**

**2d. In the past 6 months, have you been physically injured resulting in time off work as a result of challenging behaviour or aggression at work?**

- Yes
- No

**2e. In the past 6 months, did you stay in bed at all, including any nights spent as a patient in a hospital, as a result of challenging behaviour or aggression experienced at work?**

- Yes
- No  → GO TO **2g**
- Don't know

**2f. How many days did you stay in bed for all or most of the day?**  
(Enter 0 if less than a day. Maximum is 180 days.)

**2g. Not counting days spent in bed, during the past 6 months, were there any days that you cut down on things you normally do as a result of challenging behaviour or aggression experienced at work?**

- Yes
- No  → GO TO **2i**
- Don't know

**2h. How many days did you cut down on things for all or most of the day?**  
(Enter 0 if less than a day. Maximum is 180 days.)



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**2i.** Not counting days spent in bed, during the past 6 months, were there any days when it took extra effort to perform up to your usual level at work or at your other daily activities as a result of challenging behaviour or aggression experienced at work?

Yes

No \_\_\_\_\_

Don't know \_\_\_\_\_

→ GO TO **2k**

**2j.** How many days required extra effort?

(Enter 0 if less than a day. Maximum is 180 days.)

**2k.** Have you ever struggled with emotional difficulties that you feel were the result of challenging behaviour or aggression experienced at work?

Yes

No \_\_\_\_\_

→ GO TO **2o**

**2l.** What resources have you used through your agency, or were arranged, for emotional difficulties related to challenging behaviour or aggression experienced at work? (Check all that apply)

Employee assistance program

Referral to professional

Crisis line

Counselling

Leave of absence

Supervision

Modification to work requirements

Have not used resources \_\_\_\_\_ → GO TO **2n**

Other, please specify \_\_\_\_\_

**2m.** How helpful were these resources?

Not helpful at all

Somewhat helpful

Helpful

Extremely helpful



**PLEASE GO TO QUESTION 2o ON THE NEXT PAGE.**



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**2n.** If you did not use resources for emotional difficulties related to challenging behaviour or aggression experienced at work, why? (Check all that apply)

- Was not aware of available resources
- Did not seek resources
- Resources were not available
- Other, please specify \_\_\_\_\_

**2o.** What sort of training would you be interested in? (Check all that apply)

- Not interested
- Learning why people are aggressive
- Learning behaviour techniques to manage aggression
- Strategies to keep self healthy and safe in the workplace
- Clinical supervision, counselling on how to cope with difficult clients
- Skill building around how to manage own emotions in difficult situations  
(e.g. mindfulness training, self care strategies)
- Other, please specify \_\_\_\_\_



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RESEARCH AND EVALUATION PROGRAM  
Centre for Addiction and Mental Health

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## Human Services

The purpose of this survey is to discover how various persons in the human services or helping professionals view their jobs and the people with whom they work closely.

Because persons in a wide variety of occupations will answer this survey, it uses the term recipients to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

On the following pages there are statements about job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, select "0" (zero). If you have had this feeling, indicate how often you feel it by selecting the number (from 1 to 6) that best describes how frequently you feel that way.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
I feel emotionally drained from my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel used up at the end of the workday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel fatigued when I get up in the morning and have to face another day on the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily understand how my recipients feel about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I treat some recipients as if they were impersonal objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with people all day is really a strain for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I deal very effectively with the problems of my recipients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel burned out from my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I'm positively influencing other people's lives through my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please shade circles completely:  not like:



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	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
<b>I've become more callous toward people since I took this job</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I worry that this job is hardening me emotionally</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel very energetic</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel frustrated by my job</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel I'm working too hard on my job</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I don't really care what happens to some recipients</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Working with people directly puts too much stress on me</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I can easily create a relaxed atmosphere with my recipients</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel exhilarated after working closely with my recipients</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I have accomplished many worthwhile things in this job</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel like I'm at the end of my rope</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In my work, I deal with emotional problems very calmly</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel recipients blame me for some of their problems</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## Emotional Reactions to Challenging Behaviours Scale

Below is a list of emotions that caregivers have said that they experience when they have to work with clients who display aggressive or challenging behaviours. We want to know how you typically feel in this situation. Think about your own recent experience of aggressive or challenging behaviours displayed by the clients that you work with. Consider each of the emotional reactions, and select the response next to each item that best describes how you feel when working with clients who display aggressive or challenging behaviours.

	Never	Sometimes	Often
Shocked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incompetent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resigned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frightened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humiliated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Betrayed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## Self-Efficacy

Below are several questions that ask about your responses to aggressive or challenging behaviours displayed by the client with Development Disabilities that you care for. Please read each question, and select the number on the scale that reflects your own views.

If your views are described best by the end points of the scale, please circle either number 1 or number 7.

If your views are somewhere in between the two end points, please select a position on the scale that reflects where you feel your views should be placed. Please select a response for all questions.

5a. How confident are you in dealing with the aggressive or challenging behaviours?

- 1- Not at all confident   
  2   
  3   
  4   
  5   
  6   
  7 - Very confident

5b. How difficult do you personally find it to deal with the aggressive or challenging behaviours?

- 1- Very difficult   
  2   
  3   
  4   
  5   
  6   
  7 - Not at all difficult

5c. To what extent do you feel that the way you deal with the aggressive or challenging behaviours has a positive effect?

- 1 - Has no positive effect at all   
  2   
  3   
  4   
  5   
  6   
  7 - Has a very positive effect

5d. How satisfied are you with the way in which you deal with the aggressive or challenging behaviours?

- 1- Not satisfied at all   
  2   
  3   
  4   
  5   
  6   
  7 - Very satisfied

5e. To what extent do you feel in control of the aggressive or challenging behaviours?

- 1- Not in control at all   
  2   
  3   
  4   
  5   
  6   
  7 - Very much in control



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**Policy and Resources**

**6a. Does your agency have a policy in place to address challenging behaviour or aggression experienced by staff in the workplace?**

Yes

No

Don't know

\_\_\_\_\_ → **GO TO next page**

**6b. What types of incidents must be reported? (Check all that apply)**

Mandatory reporting of client's behaviour

Mandatory reporting of client injury

Mandatory reporting of staff injury

Critical event debriefing

Don't know

Other, please specify \_\_\_\_\_

**6c. How often do you follow this policy?**

Never

Occasionally

Sometimes

Usually

Always \_\_\_\_\_ → **GO TO next page**

**6d. If you have not always followed agency policy in the past, was it because:  
(Check all that apply)**

Difficult to follow

Too much work

Difficult to remember

Not helpful

Did not understand

Disagree with policy

Afraid to report

Not aware of agency policy

Other, please specify \_\_\_\_\_



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## Staff Positive Contributions Questionnaire

Many staff that work with clients with intellectual disabilities believe that this has had a special effect on them. The following questions ask about positive contributions that you believe your work with clients with intellectual disabilities has had on you.

Read each statement and circle the one response that best describes how much you agree or disagree with each statement. The answers and their meaning are:

SD = Strongly Disagree    D = Disagree    A = Agree    SA = Strongly Agree

### WORKING WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES IS:

- |                                       | SD                    | D                     | A                     | SA                    |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Why I am a more responsible person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### I CONSIDER WORKING WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES TO BE:

- |   | SD                    | D                     | A                     | SA                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 2. Responsible for my increased sensitivity to people                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. What gives our staff group a sense of continuity- a sense of history | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. The reason I am more productive                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. The reason I am able to cope better with stress and problems         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. A career in which affection is given and received                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### THE PRESENCE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES:

- |   | SD                    | D                     | A                     | SA                    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 7. Is an inspiration to improve my job skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Gives a new perspective to my job          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Is very uplifting                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### BECAUSE OF WORKING WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES:

- |                                       | SD                    | D                     | A                     | SA                    |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 10. Our staff group has become closer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I have many unexpected pleasures  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**\*\* Please see next page for mailing address \*\***

**Please mail the completed survey to the mailing address below:**

(Mailing address label)

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**Dr. Carolyn Dewa**  
Centre for Addiction and Mental Health  
33 Russell Street, Room T319  
Toronto, ON M5S 2S1

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