

CanPath COVID-19 QUESTIONNAIRE (V10.5) – Core Questions

Thank you for completing this questionnaire! As the recent COVID-19 pandemic continues to affect all of our lives, we are seeking your help to better understand how COVID-19 has affected your current health and lifestyle.

You will have **SIX WEEKS** to complete this questionnaire. You do not need to finish this questionnaire all at once. You may pause, save your progress and return to it at a later time. To regain access, please go back to the email invitation and follow the link provided.

This questionnaire is designed to assess the impact that COVID-19 may have had on your health, both physical and mental, to ask about the known risk factors for COVID-19, and to learn about how the pandemic affected other parts of your life, such as your social support network and employment status.

Even if you have NOT experienced COVID-19 symptoms or have been diagnosed with COVID-19, please take the questionnaire as your answers are still valuable to health researchers.

Please avoid using your browser's back button. Forward and back buttons have been provided within the questionnaire.

Before starting this questionnaire, please gather a tape measure and a bathroom scale as we will be asking you for some body measurements at the end.

DEMOGRAPHIC INFORMATION

DE01. How old are you?

C_SDC_AGE

_____ years

DE02. What was your sex at birth?

C_SDC_SEX

0 Male

1 Female

The next few questions ask about sex and gender. Both biological and social differences between women and men contribute to differences in their health. Sex (biological attributes) and gender (socio-cultural factors) can influence things like our risk of developing certain diseases, response to medical treatments, and how often we seek health care.

DE03. Which best describes your current gender identity?

C_SDC_GENDER

0 Male

1 Female

- 2 Indigenous or other cultural gender minority (e.g., two-spirit)
- 3 Other (e.g., gender fluid, non-binary)
- 8 Prefer not to answer

DE04. What gender do you currently live as in your day-to-day life?

C_SDC_CURRENT_GENDER

- 0 Male
- 1 Female
- 2 Sometimes male, sometimes female
- 3 Something other than male or female
- 8 Prefer not to answer

DE05. Are you currently pregnant?

C_WH_PREG_CUR

- 1 Yes
- 0 No
- 9 Don't know

DE06. [IF YES] In what week are you?

C_WH_PREG_CUR_WK

_____ weeks

DE07. How many adults (age 18 or older) and children (under 18 years of age) including yourself are currently living in your household?

I live alone **C_SDC_HOUSEHOLD_ALONE**

Number of children under 18 years old? ___ **C_SDC_HH_CHILDREN & C_SDC_HH_CHILDREN_NB**

Number of adults 18 to 59 years old? ___ **C_SDC_HH_ADULTS_18_59 & C_SDC_HH_ADULTS_18_59_NB**

Number of adults 60 to 69 years old? ___ **C_SDC_HH_ADULTS_60_69 & C_SDC_HH_ADULTS_60_69_NB**

Number of adults 70 to 79 years old? ___ **C_SDC_HH_ADULTS_70_79 & C_SDC_HH_ADULTS_70_79_NB**

Number of adults 80 years old or more? ___ **C_SDC_HH_ADULTS_80 & C_SDC_HH_ADULTS_80_NB**

Don't know **C_SDC_HOUSEHOLD_DK**

DE08. What type of dwelling do you currently live in?

C_SDC_DWELLING_TYPE_CUR

- 0 House (e.g., single detached, semi-detached, duplex or townhouse)
- 1 Apartment or condominium
- 2 Seniors' housing (e.g., retirement home, senior lodges, senior residences, assisted living)
- 3 Institution (e.g., long-term care facility, nursing home)

- 4 Other (e.g. mobile home, hotel, rooming house, or group home)
- 5 Don't know
- 6 Prefer not to answer

DE09. What is your current residential Postal Code?

C_ADM_FSA

Please enter in the format A1A2A2 with no spaces.

Postal Code: _____

- 7 I live outside of Canada
- 8 Prefer not to answer
- 9 Don't know **C_ADM_FSA_CA**

COVID-19 DIAGNOSES

DG01. Have you used an online screening or self-assessment tool to determine if you might have and/or should be tested for COVID-19?

C_HS_COVID_SA_EVER

- Yes
- 0 No
- 8 Prefer not to answer

DG02. [IF YES] What was the source of the self-assessment tool? (Select all that apply)

- 1 Provincial health authority or government **C_HS_COVID_SA_GOV_SRC**
- 2 Employer **C_HS_COVID_SA_EMPL_SRC**
- 3 Other **C_HS_COVID_SA_OTHER_SRC**
- 9 Don't know **C_HS_COVID_SA_DNK_SRC**

DG03. As of today, have you been tested for COVID-19? **C_HS_COVID_EVER**

- 1 Yes
- 2 No – because I haven't experienced any symptoms
- 3 No – I have experienced one or more symptoms (for example, a cough, mild fever, muscle soreness, fatigue) but have not been tested
- 4 No – I have experienced symptoms but I do/did not meet the testing criteria in my province
- 8 Prefer not to answer

DG04. [IF DG03=1] What was the result of your COVID-19 test? **C_HS_COVID_RESULT**

- 0 Negative
- 1 Positive
- 8 Prefer not to answer
- 9 Don't know or have not received results yet

DG05. [IF DG03=1] What was the date of your COVID-19 test?

C_HS_COVID_EVER_DATE

Value (DD-MM-YYYY)

8 Prefer not to answer

9 Don't know **C_HS_COVID_EVER_DATE_CA**

DG06. What was the date that you received the results?

C_HS_COVID_RESULT_DATE

Value (DD-MM-YYYY)

8 Prefer not to answer

9 Don't know **C_HS_COVID_RESULT_DATE_CA**

DG07. [IF DG03=3,4] Do you suspect you have/had an undiagnosed case of COVID-19?

C_HS_COVID_SUSPICION

1 Yes

0 No

9 Don't know

DG08. Did you receive treatment with any experimental therapies for COVID-19 for prevention or treatment?

C_HS_COVID_EXP_TX

0 Yes

1 No

8 Prefer not to answer

9 Don't know

DG09. [IF YES] Which experimental therapies did you receive? Select all that apply.

1 Remdesivir **C_HS_COVID_EXP_TX_TYPE_RE**

2 Chloroquine/Hydroxychloroquine **C_HS_COVID_EXP_TX_TYPE_CH**

3 Lopinavir-Ritonavir **C_HS_COVID_EXP_TX_TYPE_LO**

4 Tocilizumab **C_HS_COVID_EXP_TX_TYPE_TO**

5 Colchicine **C_HS_COVID_EXP_TX_TYPE_CO**

6 Other – please specify: _____ **C_HS_COVID_EXP_TX_TYPE_O &**

C_HS_COVID_EXP_TX_TYPE_O_OTSP

8 Prefer not to answer **C_HS_COVID_EXP_TX_TYPE_PNA**

9 Don't know **C_HS_COVID_EXP_TX_TYPE_DK**

DG10. [IF DG08 = YES] Were the therapies described above prescribed to you by a clinician for COVID-19? **C_HS_COVID_EXP_TX_PRESCRIBED**

1 Yes

0 No

8 Prefer not to answer

Don't know

COVID-19 SYMPTOMS

We are interested in whether you've experienced flu-like and other symptoms, which may be related to COVID-19. For these next questions, please consider any symptoms which are not due to other health issues you might usually experience/expect, such as seasonal allergies, existing medical conditions, etc.

SY01. Have you had a fever since January 1, 2020? **C_HS_SYMPT_FEVER**

- 1 Yes
- 0 No
- 9 Don't know

SY02. [IF YES] How long did it last (if you had more than one fever answer this question for the longest period)? **C_HS_SYMPT_FEVER_LEN**

- Hours: _____ **C_HS_SYMPT_FEVER_HR**
- Or Days: _____ **C_HS_SYMPT_FEVER_DAY**
- 9 Don't know **C_HS_SYMPT_FEVER_CA**

SY03. What was the highest temperature recorded? **C_HS_SYMPT_FEVER_TEMP**

- _____ °C **C_HS_SYMPT_FEVER_TEMP_C**
- _____ °F **C_HS_SYMPT_FEVER_TEMP_F**
- I did not take my temperature **C_HS_SYMPT_FEVER_TEMP_CA**
- Don't know

SY04. Since January 1, 2020, have you experienced any of the following symptoms? Please do not include symptoms related to factors you might usually experience/expect, such as seasonal allergies, asthma, COPD, or other existing medical conditions. **C_HS_SYMPT**

	0 No	1 Mild	2 Severe	9 Don't know
Dry cough C_HS_SYMPT_DRY_COUGH				
Wet cough (cough that produces mucus) C_HS_SYMPT_WET_COUGH				
Runny nose C_HS_SYMPT_RUNNY_NOSE				
Sinus pain C_HS_SYMPT_SINUS_PAIN				
Ear pain C_HS_SYMPT_EAR_PAIN				
Sore throat C_HS_SYMPT_SORE_THROAT				

	0 No	1 Mild	2 Severe	9 Don't know
Hoarseness C_HS_SYMPT_HOARSENESS				
Shortness of breath or difficulty breathing C_HS_SYMPT_DIFF_BREATH				
Headache C_HS_SYMPT_HEADACHE				
Fatigue C_HS_SYMPT_FATIGUE				
General muscle and/or joint aches and pains C_HS_SYMPT_PAIN				
Chills or shivering C_HS_SYMPT_SHIVERING				
Loss of taste C_HS_SYMPT_LOSS_TASTE				
Loss of sense of smell C_HS_SYMPT_LOSS_SMELL				
Diarrhea C_HS_SYMPT_DIARRHEA				
Loss of appetite C_HS_SYMPT_APPETITE				
Nausea C_HS_SYMPT_NAUSEA				
Vomiting C_HS_SYMPT_VOMITING				

Did you experience any other symptoms?

C_HS_SYMPTOME_OTHER_EVER

1 Yes – please specify: _____ **C_HS_SYMPT_OTHER_OTSP**

0 No other symptoms

[IF YES] How severe were these symptoms? C_HS_SYMPT_OTHER

Mild

Severe

Don't know

SY05. [IF YES TO ANY SYMPTOMS] When did you first experience these symptoms?

C_HS_SYMPT_DATE

If you don't remember the exact date, please provide the best estimate that you can.

Value (DD-MM-YYYY)

Don't know **C_HS_SYMPT_DATE_CA**

SY06. SY05. [IF YES TO ANY SYMPTOMS] Do you feel back to normal?

C_HS_SYMPT_RECOV

- 1 Completely
- 2 Mostly
- 3 A bit
- 4 Not really
- 5 Not at all

SY07. SY06. [IF YES to 1,2] If you feel back to normal, how long were you sick for? C_HS_SYMPT_DAY

Number of days: _____

9 Don't know **C_HS_SYMPT_DAY_CA**

SY08. SY07. C_HS_SYMPT_DIF

	0 No	1 Mild	2 Severe	9 Don't know
Do you still have difficulty with a fever? C_HS_SYMPT_FEVER_DIF				
Do you still have difficulty with a dry cough? C_HS_SYMPT_DRY_COUGH_DIF				
Do you still have difficulty with a wet cough (cough that produces mucus)? C_HS_SYMPT_WET_COUGH_DIF				
Do you still have difficulty with a runny nose? C_HS_SYMPT_RUNNY_NOSE_DIF				
Do you still have difficulty with sinus pain? C_HS_SYMPT_SINUS_PAIN_DIF				
Do you still have difficulty with ear pain? C_HS_SYMPT_EAR_PAIN_DIF				
Do you still have difficulty with a sore throat? C_HS_SYMPT_SORE_THROAT_DIF				
Do you still have difficulty with hoarseness? C_HS_SYMPT_HOARSENESS_DIF				

	0 No	1 Mild	2 Severe	9 Don't know
Do you still have difficulty with shortness of breath or difficulty breathing? C_HS_SYMPT_DIFF_BREATH_DIF				
Do you still have difficulty with headaches? C_HS_SYMPT_HEADACHE_DIF				
Do you still have difficulty with fatigue? C_HS_SYMPT_FATIGUE_DIF				
Do you still have difficulty with general muscle and/or joint aches and pains? C_HS_SYMPT_PAIN_DIF				
Do you still have difficulty with chills or shivering? C_HS_SYMPT_SHIVERING_DIF				
Do you still have difficulty with loss of taste? C_HS_SYMPT_LOSS_TASTE_DIF				
Do you still have difficulty with loss of sense of smell? C_HS_SYMPT_LOSS_SMELL_DIF				
Do you still have difficulty with diarrhea? C_HS_SYMPT_DIARRHEA_DIF				
Do you still have difficulty with loss of appetite? C_HS_SYMPT_APPETITE_DIF				
Do you still have difficulty with nausea? C_HS_SYMPT_NAUSEA_DIF				
Do you still have difficulty with vomiting? C_HS_SYMPT_VOMITING_DIF				

SY09. SY08. [IF YES TO ANY SYMPTOMS] While you were experiencing COVID-19 related symptoms, did you have close contact with any of the following? Close contact means physical contact such as hugging, kissing, shaking hands, etc.

C_HS_SYMPT_CONTACT

	Yes	No	Don't know

Spouse or partner C_HS_SYMPT_CONTACT_PARTNER			
Family members living in the same place C_HS_SYMPT_CONTACT_FAM_IN			
Family members living in another place C_HS_SYMPT_CONTACT_FAM_OUT			
Housemates C_HS_SYMPT_CONTACT_HOUSEMATES			
Friends C_HS_SYMPT_CONTACT_FRIENDS			
Work colleagues C_HS_SYMPT_CONTACT_WORK			

SY10. ~~SY09.~~ [IF YES] Have any of those person(s) developed COVID-related symptoms? C_HS_SYMPT_CONTACT_C

Yes

No

Don't know

SY11. ~~SY10.~~ [IF YES] For those person(s) that developed COVID-related symptoms, which category/categories did they belong to and how many individuals were affected? Select all that apply

C_HS_SYMPT_CONTACT_NB

Spouse or partner

Family members living in the same place - number of individuals: _____

C_HS_SYMPT_CONTACT_C_FAM_IN_NB

Family members living in another place - number of individuals: _____

C_HS_SYMPT_CONTACT_C_FAM_OUT_NB

Housemates - number of individuals: _____

C_HS_SYMPT_CONTACT_C_HM_NB

Friends - number of individuals: _____

C_HS_SYMPT_CONTACT_C_FRIENDS_NB

Work colleagues - number of individuals: _____

C_HS_SYMPT_CONTACT_C_WORK_NB

COVID-19 - CARE/HOSPITAL RELATED INFORMATION

The following questions are only presented to participants with a positive test result for Covid-19.

CH01. Were you hospitalized because of COVID-19? C_HS_COVID_HOSP_EVER

1 Yes

0 No

9 Don't know

CH02. [IF YES] What date did you get admitted to the hospital?

C_HS_COVID_HOSP_DATE

DD-MM-YYYY

9 Don't know **C_HS_COVID_HOSP_DATE_CA**

CH03. [IF YES] How many days were you in the hospital? C_HS_COVID_HOSP_DAY

Number of days

9 Don't know **C_HS_COVID_HOSP_DAY_CA**

CH04. Were you admitted to an intensive care unit? C_HS_COVID_INT_CARE

1 Yes

0 No

9 Don't know

CH05. [IF YES] How long did you stay in the intensive care unit?

C_HS_COVID_INT_CARE_DAY

Number of days: _____

9 Don't know **C_HS_COVID_INT_CARE_DAY_CA**

CH06. Did you have a chest X-ray or CT scan? C_HS_COVID_SCAN_X_RAY

1 Yes

0 No

9 Don't know

CH07. Did you require mechanical ventilation for COVID-19? C_HS_COVID_VENTILATION

1 Yes

0 No

9 Don't know

CH08. [IF YES] How many days did you receive mechanical ventilation?

C_HS_COVID_VENTILATION_DAY

Number of days: _____

9 Don't know **C_HS_COVID_VENTILATION_DAY_CA**

CH09. What was the reason for ending hospitalization? C_HS_COVID_HOSP_END_REASON

0 Discharge (recovered)

1 Other/Unknown

CH10. Have you experienced complications related to hospitalization after you were discharged? C_HS_COVID_COMPLICATION

1 Yes

0 No

9 Don't know

CH11. [IF YES] Did you require further treatment or hospitalization?

C_HS_COVID_COMPLICATION_TX

1 Yes

0 No

9 Don't know

COVID-19 – EXPOSURE

EX01. Did you travel after January 1, 2020 (including within and outside your province)?

C_EXP_TRAVEL

1 Yes

0 No

9 Don't know

EX02. [IF YES] If you travelled after January 1, 2020 how far did you travel? (Check all that apply in the questions that follow - if you had multiple trips, please list details for your most recent trip for domestic and/or international travel, if applicable).

Domestic (within province) **C_EXP_TRAV_PROV_IN**

Domestic (outside of province but within Canada) **C_EXP_TRAV_PROV_OUT**

[IF YES] What city did you travel to for your most recent trip?

_____ **C_EXP_TRAV_PROV_OTSP**

What were your dates of travel for your most recent trip? **Note: The date entered must be later than or the same as the travel start date.**

From DD MM YYYY **C_EXP_TRAV_PROV_START_DATE**

To DD MM YYYY **C_EXP_TRAV_PROV_END_DATE**

9 Don't know **C_EXP_TRAV_PROV_START_DATE_CA &**

C_EXP_TRAV_PROV_END_DATE_CA

International **C_EXP_TRAV_INTER**

[IF YES] What countries did you travel to for your most recent trip? _____

C_EXP_TRAV_INTER_OTSP

What were your dates of travel for your most recent trip? **Note: The date entered must be later than or the same as the travel start date.**

From DD MM YYYY **C_EXP_TRAV_INTER_START_DATE**

To DD MM YYYY **C_EXP_TRAV_INTER_END_DATE**

9 Don't know **C_EXP_TRAV_INTER_START_DATE_CA &**

C_EXP_TRAV_INTER_END_DATE_CA

Travel on a cruise ship **C_EXP_TRAV_CRUISE**

[IF YES] What were your dates of travel? **Note: The date entered must be later than or the same as the travel start date.**

From DD MM YYYY **C_EXP_TRAV_CRUISE_START_DATE**

To DD MM YYYY **C_EXP_TRAV_CRUISE_END_DATE**

9 Don't know **C_EXP_TRAV_CRUISE_START_DATE_CA & C_EXP_TRAV_CRUISE_END_DATE_CA**

EX03. We're interested in whether other people may have exposed you to COVID-19. To your knowledge, have you been in the same room as a person who was told by a physician that they have COVID-19? **C_EXP_CONTACT_COVID**

1 Yes

0 No

9 Don't Know

EX04. [IF YES] On which date did you have first contact with this person after they were diagnosed with COVID-19?

If you don't remember the exact date, please provide the best estimate that you can.

DD MM YYYY **C_EXP_CONTACT_COVID_DATE**

9 Don't know **C_EXP_CONTACT_COVID_DATE_CA**

EX05. [If EX03=1] Who was this person with COVID-19? **C_EXP_CONTACT_COVID_SRC**

Spouse or partner

Family member living in the same place

Family member living in another place

Housemate

Friend

Work colleague

Other – please specify **C_EXP_CONTACT_COVID_SRC_OTSP**

EX06. To your knowledge, since January 1, 2020 have you been in the same room as a person who went on to develop symptoms of COVID-19? These include fever, severe fatigue, shortness of breath, dry cough, muscle pain or increased phlegm production.

C_EXP_CONTACT_SYMPT

1 Yes

0 No

9 Don't Know

EX07. [IF YES] On which date did you have first contact with this person before they started experiencing symptoms of COVID-19? **C_EXP_CONTACT_SYMPT_DATE**

DD MM YYYY

9 Don't know **C_EXP_CONTACT_SYMPT_DATE_CA**

EX08. [IF YES] Who was this person with symptoms of COVID-19?

C_EXP_CONTACT_SYMPT_SRC

Spouse or partner

Family member living in the same place

Family member living in another place

Housemate

Friend
Work colleague
Other – please specify **C_EXP_CONTACT_SYMPT_SRC_OTSP**

EX09. To your knowledge, have you been in the same room as someone who returned from an international trip after January 1, 2020? If you have travelled internationally since January 1, 2020, do not include people that you travelled with. **C_EXP_CONTACT_OUTSIDE**

1 Yes
0 No
9 Don't Know

EX10. [IF YES] On which date did you have first contact with this person after they returned from their trip?

If you don't remember the exact date, please provide the best estimate that you can.

DD MM YYYY **C_EXP_CONTACT_OUTSIDE_DATE**
9 Don't know **C_EXP_CONTACT_OUTSIDE_DATE_CA**

EX011. Have you been in any large public gatherings of greater than 250 people (such as a concert) since January 1 2020? **C_EXP_CONTACT_250**

1 Yes
0 No
9 Don't know

The provinces declared COVID-19 a public health emergency in March 2020, and put recommended prevention measures in place, including restrictions on activities outside the home, physical distancing, and public gatherings to reduce the risk of exposure to COVID-19.

EX12. Since March 2020, which of the following measures did you undertake? (Select all that apply, even if there are some that you no longer practice due to changing public health guidelines.) **C_EXP_MEASURE**

Worked from home, where that was an option for your job **C_EXP_MEASURE_WRK**

Stocked up on essentials at a grocery store or pharmacy **C_EXP_MEASURE_STOCK**

Avoided leaving the house for non-essential reasons **C_EXP_MEASURE_HOUSE**

Used social distancing when out in public (i.e. made changes in your everyday routine to minimize close contact with others) **C_EXP_MEASURE_SOCIAL_DIST**

Avoided crowds and large gatherings **C_EXP_MEASURE_LARGE_GATH**

Did not visit with people outside my household **C_EXP_MEASURE_VISIT**

Wore a mask when going out in public **C_EXP_MEASURE_MASK**

Wore gloves when going out in public **C_EXP_MEASURE_GLOVES**

Washed your hands more regularly **C_EXP_MEASURE_WASH_HAND**

Avoided touching your face **C_EXP_MEASURE_TOUCH_FACE**

Cancelled travel **C_EXP_MEASURE_CANCEL_TRAVEL**

Other – please specify: _____ **C_EXP_MEASURE_OTHER &
C_EXP_MEASURE_OTSP**
None **C_EXP_MEASURE_NONE**

EX13. Did you regularly take public transit before March 2020? C_EXP_TRANSPORT

- 1 Yes
- 0 No
- 8 Prefer not to answer
- 9 Don't Know

EX 14. [IF YES] Have you changed how frequently you take public transit since the province declared a public health emergency? C_EXP_TRANSPORT_AFTER

- Yes – I have stopped taking public transit
- Yes – I take public transit less frequently
- No
- Prefer not to answer
- Don't know

For the next two questions, please use the following definitions:

Self-isolation: no symptoms or positive test, but stayed at home other than essential errands or exercise, including working from home where that was possible.

Quarantine: did not leave your house or yard due to recent travel, symptoms, positive test, or possible exposure to someone diagnosed with COVID-19.

EX15. To date, have you self-isolated during the COVID-19 pandemic? C_EXP_SI_EVER

- 1 Yes
- 0 No
- 8 Prefer not to answer
- 9 Don't know

EX16. [IF YES] How long were you in self-isolation?

Number of weeks: _____ **C_EXP_SI_WK**
9 Don't know **C_EXP_SI_WK_CA**

EX17. [IF YES to the parent question] How many people (adults and children) living in your home were in self-isolation with you?

Number of people: _____ **C_EXP_SI_PEOPLE_NB**
Don't know **C_EXP_SI_PEOPLE_NB_CA**

EX18. [IF YES to the parent question] Are you still in self-isolation? C_EXP_SI_CURR

- 1 Yes
- 0 No
- 8 Prefer not to answer
- 9 Don't know

EX19 To date, have you or anyone in your household been in quarantine during the COVID-19 pandemic? **C_EXP_QUARANTINE_EVER**

1 Yes

0 No

8 Prefer not to answer

9 Don't know

EX20. [IF YES] If you or anyone in your household is still in quarantine, how long has it been?

Number of days: _____ **C_EXP_QUARANTINE_CURR_DAY**

8 Members of my household are no longer in quarantine

9 Don't know **C_EXP_QUARANTINE_CURR_DAY_CA**

EX21. If you or anyone in your household has completed quarantine, how long has it been since quarantine was completed?

Number of weeks: _____ **C_EXP_QUARANTINE_COMP_WK**

Quarantine is ongoing

9 Don't know **C_EXP_QUARANTINE_COMP_WK_CA**

EX22. [IF YES] Did/Do you have someone to help meet your immediate needs (e.g. food, medicine, etc.)? **C_EXP_ASSISTANCE**

1 Yes

0 No

9 Don't know

EX23. Are you working as a medical professional (physician, nurse, hospital employee, first responder, pharmacist) with exposure to patients? **C_WRK_MEDICAL**

1 Yes

0 No

8 Prefer not to answer

9 Don't know

EX24. Are you working as an essential service provider (grocery store attendant, public transit, police, security, etc.) with regular exposure to members of the public?

C_WKR_ESSENTIAL_SERVICE

1 Yes

0 No

8 Prefer not to answer

9 Don't know

EX25. Below are a series of statements about COVID-19; please indicate the degree to which you agree or disagree with the statements. **C_EXP_EX23**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
COVID-19 poses a major threat to the public C_EXP_MAJOR_THREAT					
I think the situation with COVID-19 is overblown C_EXP_SIT_OVERBLOWN					
Because of my location, profession, and/or lifestyle, I am personally at a high risk of contracting COVID-19 C_EXP_HIGH_RISK					
Because of my age and/or pre-existing conditions, I am likely to have serious symptoms if I were to contract COVID-19 C_EXP_CONTRACT_COVID					
Because of my age and/or pre-existing conditions, I am likely to need hospitalization if I were to contract COVID-19 C_EXP_CONTRACT_COVID_HOSP					
The seasonal flu is just as dangerous as COVID-19 C_EXP_SEASONAL_FLU					
COVID-19 was created in a lab on purpose C_EXP_COVID_CREATED_LAB					

RISK FACTORS

As the COVID-19 virus affects the respiratory system, the next few questions ask about smoking cigarettes, e-cigarettes and cannabis.

RF01. At the present time, do you smoke cigarettes daily, occasionally, or not at all?

C_SMK_CIG_CUR_FREQ

- 1 Daily (At least one cigarette every day for the past 30 days)
- 2 Occasionally (At least one cigarette in the past 30 days, but not every day)
- 3 Not at all (You did not smoke at all in the past 30 days)

RF02. [IF YES to Daily or Occasionally] Has your smoking changed since March 2020?

C_SMK_CIG_FREQ_CHANGED

- 0 No
- 1 Yes – smoking more than before
- 2 Yes – smoking less than before
- 9 Don't know

RF03. Have you ever tried an electronic cigarette, also known as an e-cigarette? Vaping products have many names, such as: e-cigarettes, vape pens, vapes, mods, tanks, and e-hookahs. They may also be known by various brand names. C_SMK_ECIG_EVER

- 1 Yes
- 0 No
- 9 Don't know

RF04. [IF YES] In the past 30 days did you use an e-cigarette? C_SMK_ECIG_30DAYS

- 1 Yes
- 0 No
- 9 Don't know

RF05. Has your use of e-cigarettes changed since March 2020?

C_SMK_ECIG_FREQ_CHANGED

- 0 No
- 1 Yes – using more than before
- 2 Yes – using less than before
- 9 Don't know

RF06. Have you used cannabis in the past 12 months? C_SMK_MJ_LAST

- 1 Yes
- 0 No
- 8 Prefer not to answer
- 9 Don't know

RF07. [IF YES] In the past 12 months, have you used cannabis for any of the following?

C_SMK_MJ_REASON

- 1 Non-medical purposes only
- 2 Medical purposes only, either with or without a medical document
- 3 Both medical and non-medical purposes
- 8 Prefer not to answer
- 9 Don't know

RF08. In the past 12 months, which of the following methods to consume cannabis did you use most often? C_SMK_MOST_USED

- 1 Smoked
- 2 Vaporized

- 3 Consumed in food or drink
- 4 Other
- 8 Prefer not to answer
- 9 Don't know

RF09. Has your use of cannabis changed since March 2020?

C_SMK_MJ_FREQ_CHANGED

- 0 No
- 1 Yes – using more often than before
- 2 Yes – using less often than before
- 9 Don't know

RF10. On average, over the last year, how often did you drink alcohol? C_ALC_CUR_FREQ

- 7 6 to 7 times a week
- 6 4 to 5 times a week
- 5 2 to 3 times a week
- 4 Once a week
- 3 2 to 3 times a month
- 2 About once a month
- 1 Less than once a month
- 0 Never
- 9 Don't know

RF11. [IF RF10=any option other than 0 and 9] Has your alcohol consumption changed since March 2020? C_ALC_FREQ_CHANGED

- 0 No
- 1 Yes – drinking alcohol more often than before
- 2 Yes – drinking alcohol less often than before
- 9 Don't know

MEDICAL CONDITIONS

COVID-19 is a new disease and evidence of risk factors continues to evolve. People who have pre-existing medical conditions, or who have compromised immune systems may be at higher risk of serious illness, similar to what is seen with other respiratory illnesses, such as influenza.

MC01. Has a doctor ever told you that you had a cancer or a malignancy of any kind?

C_CANCER_EVER

- 1 Yes, select all that apply
- 0 No
- 9 Don't know

MC02. C_DIS_CANCER

Breast C_CANCER_BREAST	Are you currently undergoing treatment for breast cancer? C_CANCER_BREAST_TX 1 Yes 0 No 9 Don't know
Colon C_CANCER_COLON_EVER	Are you currently undergoing treatment for colon cancer? C_CANCER_COLON_TX 1 Yes 0 No 9 Don't know
Leukemia C_CANCER_LEUKEMIA_EVER	Are you currently undergoing treatment for leukemia? C_CANCER_LEUKEMIA_TX 1 Yes 0 No 9 Don't know
Lung and bronchus C_CANCER_LUNG_EVER	Are you currently undergoing treatment for lung and bronchus cancer? C_CANCER_LUNG_TX 1 Yes 0 No 9 Don't know
Lymphoma (Hodgkin Lymphoma) C_CANCER_HL_EVER	Are you currently undergoing treatment for lymphoma (Hodgkin lymphoma) cancer? C_CANCER_HL_TX 1 Yes 0 No 9 Don't know
Lymphoma (non-Hodgkin Lymphoma) C_CANCER_NHL_EVER	Are you currently undergoing treatment for lymphoma (Non-Hodgkin lymphoma) cancer? C_CANCER_NHL_TX 1 Yes 0 No 9 Don't know
Pancreatic C_CANCER_PANCREAT_EVER	Are you currently undergoing treatment for pancreatic cancer? C_CANCER_PANCREAT_TX 1 Yes 0 No 9 Don't know
Prostate C_CANCER_PROSTATE_EVER	Are you currently undergoing treatment for prostate cancer? C_CANCER_PROSTATE_TX

	1 Yes 0 No 9 Don't know
Rectum C_CANCER_RECTUM_EVER	Are you currently undergoing treatment for rectal cancer? C_CANCER_RECTUM_TX 1 Yes 0 No 9 Don't know
Skin (Melanoma) C_CANCER_SKIN_M_EVER	Are you currently undergoing treatment for skin (melanoma) cancer? C_CANCER_SKIN_M_TX 1 Yes 0 No 9 Don't know
Skin (Non-Melanoma) C_CANCER_SKIN_NM_EVER	Are you currently undergoing treatment for skin (non-melanoma) cancer? C_CANCER_SKIN_NM_TX 1 Yes 0 No 9 Don't know
Thyroid C_CANCER_THYROID_EVER	Are you currently undergoing treatment for thyroid cancer? C_CANCER_THYROID_TX 1 Yes 0 No 9 Don't know
Uterus C_CANCER_UTERUS_EVER	Are you currently undergoing treatment for uterine cancer? C_CANCER_UTERUS_TX 1 Yes 0 No 9 Don't know
Other cancer or malignancy – please specify: _____ C_CANCER_OTHER_EVER & C_CANCER_OTHER_OTSP	Are you currently undergoing treatment for the other cancer or malignancy specified? C_CANCER_OTHER_TX 1 Yes 0 No 9 Don't know

MC03. Has a doctor ever told you that you had any of the following conditions?

Condition	Diagnosed	Are you currently being treated?
Diabetes C_DIS_DIAB_EVER	1 Yes 0 No 9 Don't know	

Condition	Diagnosed	Are you currently being treated?
	If yes, which type of diabetes was it? C_DIS_DIAB_TYPE	
	Type 1 diabetes C_DIS_DIAB_TYPE1	[IF SELECTED] Are you currently being treated for Type 1 diabetes? C_DIS_DIAB_TYPE1_TX 1 Yes 0 No 9 Don't know
	Type 2 diabetes C_DIS_DIAB_TYPE2	[IF SELECTED] Are you currently being treated for Type 2 diabetes? C_DIS_DIAB_TYPE2_TX 1 Yes 0 No 9 Don't know
	Gestational diabetes only C_DIS_GEST_DIAB	[IF SELECTED] Are you currently being treated for gestational diabetes? C_DIS_GEST_DIAB_TX 1 Yes 0 No 9 Don't know
Heart and circulatory conditions C_DIS_CARDIO_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_CARDIO	
	High blood pressure (hypertension, not including during pregnancy) C_DIS_HBP_EVER	[IF SELECTED] Are you currently being treated for high blood pressure (hypertension, not including during pregnancy)? C_DIS_HBP_TX 1 Yes 0 No 9 Don't know
	Heart attack (myocardial infarction) C_DIS_MI_EVER	[IF SELECTED] Are you currently being treated for a heart attack (myocardial infarction)? C_DIS_MI_TX 1 Yes 0 No 9 Don't know

Condition	Diagnosed	Are you currently being treated?
	Heart failure C_DIS_HF_EVER	[IF SELECTED] Are you currently being treated for heart failure? C_DIS_HF_TX 1 Yes 0 No 9 Don't know
	Atherosclerosis / Coronary heart disease (including angioplasty or stents) C_DIS_CHD_EVER	[IF SELECTED] Are you currently being treated for atherosclerosis / coronary heart disease (including angioplasty or stents)? C_DIS_CHD_TX 1 Yes 0 No 9 Don't know
	Atrial fibrillation C_DIS_ATRIAL_EVER	[IF SELECTED] Are you currently being treated for atrial fibrillation? C_DIS_ATRIAL_TX 1 Yes 0 No 9 Don't know
	Angina C_DIS_ANGINA_EVER	[IF SELECTED] Are you currently being treated for angina? C_DIS_ANGINA_TX 1 Yes 0 No 9 Don't know
	Valvular heart disease (e.g. aortic stenosis, mitral valve prolapse) C_DIS_VHD_EVER	[IF SELECTED] Are you currently being treated for valvular heart disease (e.g. aortic stenosis, mitral valve prolapse)? C_DIS_VHD_TX 1 Yes 0 No 9 Don't know
Respiratory system conditions C_DIS_RESP_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_RESP	
	Asthma C_DIS_ASTHMA_EVER	[IF SELECTED] Are you currently being treated for asthma? C_DIS_ASTHMA_TX

Condition	Diagnosed	Are you currently being treated?
		1 Yes 0 No 9 Don't know
	Chronic obstructive pulmonary disease (COPD) C_DIS_COPD_EVER	[IF SELECTED] Are you currently being treated for chronic obstructive pulmonary disease (COPD)? C_DIS_COPD_TX 1 Yes 0 No 9 Don't know
	Interstitial lung disease (lung tissue scarring resulting from other health conditions or exposures) C_DIS_IL_EVER	[IF SELECTED] Are you currently being treated for interstitial lung disease? C_DIS_IL_TX 1 Yes 0 No 9 Don't know
	Chronic bronchitis C_DIS_CB_EVER	[IF SELECTED] Are you currently being treated for chronic bronchitis? C_DIS_CB_TX 1 Yes 0 No 9 Don't know
	Cystic fibrosis C_DIS_CF_EVER	[IF SELECTED] Are you currently being treated for cystic fibrosis? C_DIS_CF_TX 1 Yes 0 No 9 Don't know
	Emphysema C_DIS_EMPHYSEMA_EVER	[IF SELECTED] Are you currently being treated for emphysema? C_DIS_EMPHYSEMA_TX 1 Yes 0 No 9 Don't know
	Sleep apnea C_DIS_SLEEP_APNEA_EVER	[IF SELECTED] Are you currently being treated for sleep apnea? C_DIS_SLEEP_APNEA_TX 1 Yes 0 No 9 Don't know
Gastrointestinal conditions	1 Yes, select all that apply 0 No	

Condition	Diagnosed	Are you currently being treated?
C_DIS_GASTRO_EVER	9 Don't know	
	C_DIS_GASTRO	
	Crohn's disease C_DIS_CROHN_EVER	[IF SELECTED] Are you currently being treated for Crohn's disease? C_DIS_CROHN_TX 1 Yes 0 No 9 Don't know
	Ulcerative colitis C_DIS_UC_EVER	[IF SELECTED] Are you currently being treated for ulcerative colitis? C_DIS_UC_TX 1 Yes 0 No 9 Don't know
	Irritable bowel syndrome C_DIS_IBS_EVER	[IF SELECTED] Are you currently being treated for irritable bowel syndrome? C_DIS_IBS_TX 1 Yes 0 No 9 Don't know
	Celiac disease C_DIS_CELIAC_EVER	[IF SELECTED] Are you currently being treated for celiac disease? C_DIS_CELIAC_TX 1 Yes 0 No 9 Don't know
Liver or pancreas conditions C_DIS_LIVER_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_LIVER	
	Liver cirrhosis C_DIS_LC_EVER	[IF SELECTED] Are you currently being treated for liver cirrhosis? C_DIS_LC_TX 1 Yes 0 No 9 Don't know
	Chronic hepatitis C_DIS_CH_EVER	[IF SELECTED] Are you currently being treated for chronic hepatitis? C_DIS_CH_TX

Condition	Diagnosed	Are you currently being treated?
		1 Yes 0 No 9 Don't know
	Fatty liver (NAFLD- non-alcoholic fatty liver disease / NASH – nonalcoholic steatohepatitis) C_DIS_FATTY_EVER	[IF SELECTED] Are you currently being treated for fatty liver (NAFLD- non-alcoholic fatty liver disease / NASH – nonalcoholic steatohepatitis)? C_DIS_FATTY_TX 1 Yes 0 No 9 Don't know
Renal disease / kidney failure conditions C_DIS_RD_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_RD	
	Acute renal failure C_DIS_ACUTE_FAIL_EVER	[IF SELECTED] Are you currently being treated for acute renal failure? C_DIS_ACUTE_FAIL_TX 1 Yes 0 No 9 Don't know
	Chronic renal failure C_DIS_CHRONIC_FAIL_EVER	[IF SELECTED] Are you currently being treated for chronic renal failure? C_DIS_CHRONIC_FAIL_TX 1 Yes 0 No 9 Don't know
Mental health condition C_DIS_MH_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_MH	
	Major depression C_DIS_DEP_EVER	[IF SELECTED] Are you currently being treated for major depression? C_DIS_MAJOR_DEPRESSION_TX 1 Yes 0 No

Condition	Diagnosed	Are you currently being treated?
	Minor depression C_DIS_MINOR_DEP_EVER	9 Don't know [IF SELECTED] Are you currently being treated for minor depression? C_DIS_MINOR_DEPRESSION_TX 1 Yes 0 No 9 Don't know
	Bipolar disorder C_DIS_BIPOLAR_DISORDER_EVER	[IF SELECTED] Are you currently being treated for bipolar disorder? C_DIS_BIPOLAR_DISORDER_TX 1 Yes 0 No 9 Don't know
	Post-traumatic stress disorder C_DIS_PTSD_EVER	[IF SELECTED] Are you currently being treated for post-traumatic stress disorder? C_DIS_PTSD_TX 1 Yes 0 No 9 Don't know
	Schizophrenia or Schizoaffective disorder C_DIS_SCHIZOPHRENIA_EVER	[IF SELECTED] Are you currently being treated for schizophrenia or schizoaffective disorder? C_DIS_SCHIZOPHRENIA_TX 1 Yes 0 No 9 Don't know
	Obsessive compulsive disorder C_DIS_OCD_EVER	[IF SELECTED] Are you currently being treated for obsessive compulsive disorder? C_DIS_OCD_TX 1 Yes 0 No 9 Don't know
	Anxiety disorder C_DIS_ANXIETY_DIS_EVER	[IF SELECTED] Are you currently being treated for anxiety disorder? C_DIS_ANXIETY_DISORDER_TX 1 Yes 0 No 9 Don't know

Condition	Diagnosed	Are you currently being treated?
	Eating disorder C_DIS_EATING_DIS_EVER	[IF SELECTED] Are you currently being treated for an eating disorder? C_DIS_EATING_DISORDER_TX 1 Yes 0 No 9 Don't know
	Addiction disorder (e.g. alcohol, drug or gambling dependence) C_DIS_ADDICTION_DIS_EVER	[IF SELECTED] Are you currently being treated for an addiction disorder (e.g. alcohol, drug or gambling dependence)? C_DIS_ADDICTION_DISORDER_TX 1 Yes 0 No 9 Don't know
Neurological conditions C_DIS_NEURO_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_NEURO	
	Thrombotic stroke C_DIS_THROMBO_EVER	[IF SELECTED] Are you currently being treated for thrombotic stroke? C_DIS_THROMBO_TX 1 Yes 0 No 9 Don't know
	Hemorrhagic stroke C_DIS_HEMO_EVER	[IF SELECTED] Are you currently being treated for hemorrhagic stroke? C_DIS_HEMO_TX 1 Yes 0 No 9 Don't know
	Multiple sclerosis C_DIS_MS_EVER	[IF SELECTED] Are you currently being treated for multiple sclerosis? C_DIS_MS_TX 1 Yes 0 No 9 Don't know

Condition	Diagnosed	Are you currently being treated?
Bone and joint conditions C_DIS_BONE_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_BONE	
	Arthritis C_DIS_ARTHRTIS_EVER Which type(s) of arthritis was it? Rheumatoid arthritis C_DIS_ARTHRTIS_RA_EVER Osteoarthritis C_DIS_ARTHRTIS_OA_EVER Don't know C_DIS_ARTHRTIS_DK Other - please specify: _____ C_DIS_ARTHRTIS_OTHER & C_DIS_ARTHRTIS_TYPE_OTSP	[IF SELECTED] Are you currently being treated for arthritis? C_DIS_ARTHRTIS_TX 1 Yes 0 No 9 Don't know
	Lupus C_DIS_LUPUS_EVER	[IF SELECTED] Are you currently being treated for lupus? C_DIS_LUPUS_TX 1 Yes 0 No 9 Don't know
	Fibromyalgia C_DIS_FIBROMYAL_EVER	[IF SELECTED] Are you currently being treated for fibromyalgia? C_DIS_FIBROMYAL_TX 1 Yes 0 No 9 Don't know
Skin conditions C_DIS_SKIN_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_SKIN	
	Eczema C_DIS_ECZEMA_EVER	[IF SELECTED] Are you currently being treated for eczema? C_DIS_ECZEMA_TX 1 Yes 0 No 9 Don't know

Condition	Diagnosed	Are you currently being treated?
	Psoriasis C_DIS_PS_EVER	[IF SELECTED] Are you currently being treated for psoriasis? C_DIS_PS_EVER_TX 1 Yes 0 No 9 Don't know
	Scleroderma C_DIS_SC_EVER	[IF SELECTED] Are you currently being treated for scleroderma? C_DIS_SC_EVER_TX 1 Yes 0 No 9 Don't know
Immune system conditions C_DIS_INFEC_EVER	1 Yes, select all that apply 0 No 9 Don't know	
	C_DIS_INFEC	
	HIV C_DIS_HIV_EVER	[IF SELECTED] Are you currently being treated for HIV? C_DIS_HIV_TX 1 Yes 0 No 9 Don't know
	A weakened or compromised immune system (such as Severe Combined Immunodeficiency) C_DIS_SCID_EVER	[IF SELECTED] Are you currently being treated for a weakened or compromised immune system (such as severe combined immunodeficiency)? C_DIS_SCID_TX 1 Yes 0 No 9 Don't know
	Hashimoto's thyroiditis, Sjögren's syndrome, or Ankylosing spondylitis C_DIS_HT_EVER	[IF SELECTED] Are you currently being treated for Hashimoto's thyroiditis, Sjögren's syndrome, or ankylosing spondylitis? C_DIS_HT_TX 1 Yes 0 No 9 Don't know

Other Conditions

Do you have or have you had any other medical conditions? **C_DIS_OTHER_EVER**

Yes

No

Don't know

[IF YES] Please list these medical conditions: **C_DIS_OTHER_LIST**

1: _____ **C_DIS_OTHER_1_OTSP**

Are you currently being treated for the other medical condition specified above?

C_DIS_OTHER_1_TX

Yes

No

Don't know

2: _____ **C_DIS_OTHER_2_OTSP**

Are you currently being treated for the other medical condition specified above?

C_DIS_OTHER_2_TX

Yes

No

Don't know

3: _____ **C_DIS_OTHER_3_OTSP**

Are you currently being treated for the other medical condition specified above?

C_DIS_OTHER_3_TX

Yes

No

Don't know

4: _____ **C_DIS_OTHER_4_OTSP**

Are you currently being treated for the other medical condition specified above?

C_DIS_OTHER_4_TX

Yes

No

Don't know

5: _____ **C_DIS_OTHER_5_OTSP**

Are you currently being treated for the other medical condition specified above?

C_DIS_OTHER_5_TX

Yes

No

Don't know

C_DIS_OTHER_6_OTSP - C_DIS_OTHER_10_OTSP

&
C_DIS_OTHER_6_TX - C_DIS_OTHER_10_TX

MC04. Have you ever received an organ, bone marrow, or stem cell transplant?

C_DIS_TRANS_RECEIVED

- 1 Yes
- 0 No
- 9 Don't know

MC05. [IF YES] Are you currently taking immunosuppressive medication?

C_DIS_IMM_TX

- 1 Currently taking each day
- 2 Taken within the last few months (during the COVID-19 pandemic) but not every day
- 3 Taken before Jan 2020 but not currently
- 4 No
- 9 Don't know

MC06. What is your blood type? C_BLOOD_TYPE

- 1 A
- 2 B
- 3 AB
- 4 O
- 8 Prefer not to answer
- 9 Don't Know

MC07. Since March 2020, access to health services may have changed. Have you experienced any of the following changes related to your healthcare?

Select all that apply

Surgery cancelled or deferred C_DIS_HC_CHANGED_SPEC1

Medical procedure cancelled or deferred C_DIS_HC_CHANGED_SPEC2

Treatment cancelled or deferred C_DIS_HC_CHANGED_SPEC3

Other health-related appointment cancelled or deferred (e.g. dental, vision, etc.)

C_DIS_HC_CHANGED_SPEC4

Use of virtual appointments with health care provider C_DIS_HC_CHANGED_SPEC5

Delayed seeing a healthcare professional about an existing problem or concern

C_DIS_HC_CHANGED_SPEC6

Delayed seeing a healthcare professional about a new problem or concern

C_DIS_HC_CHANGED_SPEC7

Regular lab tests cancelled or deferred C_DIS_HC_CHANGED_SPEC8

Medication shortage C_DIS_HC_CHANGED_SPEC9

Other – please specify: _____ C_DIS_HC_CHANGED_OTHER &

C_DIS_HC_CHANGED_OTHER_OTSP

None or not applicable C_DIS_HC_CHANGED_NONE

MEDICATION

ME01. Are you currently taking or have you taken in the past 12 months any of the medications listed below? **C_MD_MED_EVER**

Yes, select all that apply

No

Don't know

Medication Type	[IF YES] How often?
ACE-inhibitors to lower blood pressure (e.g. benazepril, captopril, enalapril, lisinopril, ramipril) C_MD_MED_ACE	How often do or did you take ACE-inhibitors to lower blood pressure (e.g. benazepril, captopril, enalapril, lisinopril, ramipril)? C_MD_MED_ACE_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know
Angiotension II Receptor Blockers to lower blood pressure (e.g. candesartan, losartan, telmisartan, valsartan) C_MD_MED_ARB	How often do or did you take angiotensin II receptor blockers to lower blood pressure (e.g. candesartan, losartan, telmisartan, valsartan)? C_MD_MED_ARB_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know
Antibiotics C_MD_MED_ANTIBIOTIC	How often do or did you take antibiotics? C_MD_MED_ANTIBIOTIC_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know
Antivirals (e.g. lopinavir-ritonavir, remdesivir) C_MD_MED_ANTIVIRAL	How often do or did you take antivirals (e.g. lopinavir-ritonavir, remdesivir)? C_MD_MED_ANTIVIRAL_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day

Medication Type	[IF YES] How often?
	3 Taken before Jan 2020 but not currently 9 Don't know
Allergy medications C_MD_MED_ALLERGY	How often do or did you take allergy medications? C_MD_MED_ALLERGY_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know
Androgen deprivation therapy C_MD_MED_ADT	How often do or did you take androgen deprivation therapy? C_MD_MED_ADT_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know
Asthma medications C_MD_MED_ASTHMA	How often do or did you take asthma medication? C_MD_MED_ASTHMA_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know
Immunosuppressive or immunomodulatory medication (e.g. corticosteroids; disease-modifying anti-rheumatic drugs such as adalimumab, azathioprine, ciclosporin, etanercept, infliximab, methotrexate, rituximab, sulfasalazine, tocilizumab; anti-cytokine antibodies; interferons) C_MD_MED_IMM	How often do or did you take immunosuppressive or immunomodulatory medication (e.g. corticosteroids; disease-modifying anti-rheumatic drugs such as adalimumab, azathioprine, ciclosporin, etanercept, infliximab, methotrexate, rituximab, sulfasalazine, tocilizumab; anti-cytokine antibodies; interferons)? C_MD_MED_IMM_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know
Blood thinners (e.g. apixaban, rivaroxaban, dabigatran) C_MD_MED_BT	How often do or did you take blood thinners (e.g. apixaban, rivaroxaban, dabigatran)? 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day

Medication Type	[IF YES] How often?
	3 Taken before Jan 2020 but not currently 9 Don't know
Non-steroidal anti-inflammatory drugs (e.g. ibuprofen such as Advil or Motrin; naproxen such as Aleve) C_MD_MED_NSAID	How often do or did you take non-steroidal anti-inflammatory drugs (e.g. ibuprofen such as Advil or Motrin; naproxen such as Aleve)? C_MD_MED_NSAID_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know
Other pain/fever relievers (e.g. aspirin, paracetamol or acetaminophen) C_MD_MED_OTHER_PAIN	How often do or did you take other pain/fever relievers (e.g. aspirin, paracetamol or acetaminophen)? C_MD_MED_OTHER_PAIN_FREQ 1 Currently taking each day 2 Taken within the last few months (during the COVID-19 pandemic) but not every day 3 Taken before Jan 2020 but not currently 9 Don't know

MENTAL & EMOTIONAL IMPACTS

The following questions ask how you have been feeling since March 2020 when COVID-19 was declared a pandemic. Please note that your responses will not be reviewed by a health professional. If you are experiencing stress or anxiety and would like to access support, please reach out to mental health services available in your area. Please follow the link for resources available in Alberta

(<https://www.albertahealthservices.ca/findhealth/Service.aspx?id=6810&serviceAtFacilityID=1047134>)

PI01. Since March 2020, how often have you been bothered by the following problems?

	0 Not at all	1 Several Days	2 More than half of the days	3 Nearly every day
Feeling nervous, anxious, or on edge C_HS_1_FEELING_NERVOUS				
Not being able to stop or control worrying C_HS_2_CONSTANT_WORRYING				

Worrying too much about different things C_HS_3_EXCESSIVE_WORRYING				
Trouble relaxing C_HS_4_TROUBLE_RELAXING				
Being so restless that it's hard to sit still C_HS_5_TOO_RESTLESS				
Becoming easily annoyed or irritable C_HS_6_EASILY_ANNOYED				
Feeling afraid as if something awful might happen C_HS_7_FEELING_AFR Aid				

PI02. [IF YES TO ANY ABOVE] If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? C_HS_8_IMPACT_ANXIOUS

- 0 Not difficult at all
- 1 Somewhat difficult
- 2 Very difficult
- 3 Extremely difficult

PI03. Since March 2020, how often have you been bothered by the following problems?

	0 Not at all	1 Several Days	2 More than half of the days	3 Nearly every day
Little interest or pleasure in doing things C_HS_1_LITTLE_INTEREST				
Feeling down, depressed or hopeless C_HS_2_FEELING_DEPRESSED				
Trouble falling or staying asleep, or sleeping too much C_HS_3_SLEEPING_PROB				
Feeling tired or having little energy C_HS_4_FEELING_TIRED				
Poor appetite or overeating C_HS_5_EATING_PROB				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down C_HS_6_SELF_CONF_PROB				

Trouble concentrating on things, such as reading the newspaper or watching television C_HS_7_CONCENTRATE_PROB				
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual C_HS_8_SLOW_FAST_PROB				

PI04. [IF YES TO ANY ABOVE] If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? **C_HS_9_IMPACT_DEPRESSIVE**

- 0 Not difficult at all
- 1 Somewhat difficult
- 2 Very difficult
- 3 Extremely difficult

PI05. We would like you to compare your mental and emotional health before March 2020 to now.

	Excellent	Very Good	Good	Fair	Poor
In general, would you say your current mental/emotional health is: C_HS_EH_CURRENT					
		Better	About the Same		Worse
Your current mental/emotional health now compared to before March 2020: C_HS_MH_CURRENT					

PI06. Stressful situations have the potential to affect the relationships around you. We understand that many things may have changed in your life due to the impact of COVID-19. In the next set of questions, we are interested in how your relationships have changed since March 2020.

My relationship with:	N/A	Has become closer than before the pandemic	Is about the same as before the pandemic	Is more distant or strained than before the pandemic
Intimate partner C_HS_PARTNER_RELATIONSHIP				

Other family members (excluding intimate partner) C_HS_FAM_RELATIONSHIP				
Friends C_HS_FRIENDS_RELATIONSHIP				
Neighbours C_HS_NEIGH_RELATIONSHIP				
People you don't know but are in your community C_HS_COM_RELATIONSHIP				
Work colleagues C_HS_WORK_RELATIONSHIP				

C_HS_WORK_COLLEAGUE

PI07. Since March 2020, have you accessed mental health services? Select all that apply

0 No **C_HS_MH_SERV_EVER_NO**

1 Yes - using resources that I already had in place **C_HS_MH_SERV_EVER_USE**

2 Yes – I have initiated new use of services **C_HS_MH_SERV_EVER_NEW**

8 Prefer not to answer **C_HS_MH_SERV_EVER_PNA**

9 Don't know **C_HS_MH_SERV_EVER_DK**

PI08. [IF YES – 1,2] Did you access mental health services for any of the following conditions? (Select all that apply)

1 Anxiety **C_HS_MH_SERV_ANXIETY**

2 Depression **C_HS_MH_SERV_DEPRESSION**

3 Stress **C_HS_MH_SERV_STRESS**

Other – please specify: _____ **C_HS_MH_SERV_OTHER & C_HS_MH_SERV_OTSP**

8 Prefer not to answer **C_HS_MH_SERV_PNA**

9 Don't know **C_HS_MH_SERV_DK**

PI09. Since March 2020, has anyone in your household accessed mental health services?

Select all that apply

0 No **C_HS_MH_SERV_HOUSEHOLD_EVER_NO**

1 Yes - using resources that they already had in place **C_HS_MH_SERV_HOUSEHOLD_EVER_USE**

2 Yes – they have initiated new use of services **C_HS_MH_SERV_HOUSEHOLD_EVER_NEW**

3 Not applicable – I live alone **C_HS_MH_SERV_HOUSEHOLD_EVER_NA**

8 Prefer not to say **C_HS_MH_SERV_HOUSEHOLD_EVER_PNA**

9 Don't know **C_HS_MH_SERV_HOUSEHOLD_EVER_DK**

SOCIAL & ECONOMIC IMPACT

The March, 2020 declaration of a global pandemic has devastated local communities and economies and many people have had their livelihoods affected. With this next set of questions, we want to understand how your family's ability to meet its essential needs and financial obligations have been impacted, and ask whether your family has given or received support in your community.

SI01. Prior to March 2020, what was your employment status? Full time means 30 hours or more per week. Part time means less than 30 hours per week. Select all that apply.

- 1 Full-time employed / self-employed **C_WRK_STATUS_FT**
- 2 Part-time employed / self-employed **C_WRK_STATUS_PT**
- 3 Retired **C_WRK_STATUS_RETIRED**
- 4 Looking after home and/or family **C_WRK_STATUS_CARE**
- 5 Unable to work because of sickness or disability **C_WRK_STATUS_SICK**
- 6 Unemployed **C_WRK_STATUS_UNEMPLOYED**
- 7 Doing unpaid or voluntary work **C_WRK_STATUS_VOLUNTARY**
- 8 Student **C_WRK_STATUS_STUDENT**
- 88 Prefer not to answer **C_WRK_STATUS_PNA**

SI02. [IF YES to all except 88] Has anything about your employment changed because of the pandemic (e.g. working from home)? **C_WRK_STATUS_CHANGED**

- 0 No
- 1 Yes

SI03. [IF YES] What has changed about your employment? Select all that apply.

- 1 Nature of work has changed **C_WRK_STATUS_CHANGED_SPEC_1**
- 2 External workplace has changed **C_WRK_STATUS_CHANGED_SPEC_2**
- 3 Work from home **C_WRK_STATUS_CHANGED_SPEC_3**
- 4 Reduced wages/ hours **C_WRK_STATUS_CHANGED_SPEC_4**
- 5 Loss of employment **C_WRK_STATUS_CHANGED_SPEC_5**
- 6 Redeployed into healthcare for pandemic response
C_WRK_STATUS_CHANGED_SPEC_6
- 7 Redeployed into other essential services for pandemic response
C_WRK_STATUS_CHANGED_SPEC_7
- 8 Other – please specify: _____ **C_WRK_STATUS_CHANGED_SPEC_8 & C_WRK_STATUS_CHANGED_SPEC_OTSP**
- 88 Prefer not to answer **C_WRK_STATUS_CHANGED_SPEC_9**

SI05. Prior to the pandemic, what was your approximate total household income (from all sources) before taxes last year? Please include the total income including salaries, pensions and allowances. **C_SDC_INCOME**

- 1 Less than \$10,000
- 2 \$10,000 - \$24,999
- 3 \$25,000 - \$49,999
- 4 \$50,000 - \$74,999
- 5 \$75,000 - \$99,999
- 6 \$100,000 - \$149,999
- 7 \$150,000 - \$199,999
- 8 \$200,000 or more
- 88 Prefer not to answer
- 99 Don't know

SI06. Has your monthly household income been changed because of the COVID-19 pandemic?

C_SDC_INCOME_CHANGED

- 1 Substantially decreased
- 2 Somewhat decreased
- 3 No change
- 4 Somewhat increased
- 5 Substantially increased

SI07. Have your household savings been changed because of the COVID-19 pandemic?

C_SDC_SAVING_CHANGED

- 1 Substantially decreased
- 2 Somewhat decreased
- 3 No change
- 4 Somewhat increased
- 5 Substantially increased

SI08. Which of the following best describes the impact of COVID-19 on your ability to meet financial obligations or essential needs, such as rent or mortgage payments, utilities and groceries? C_SDC_FINANCE_DIFFICULTY

- 1 Major impact
- 2 Moderate impact
- 3 Minor impact
- 4 No impact
- 5 Too soon to tell

SI09. Since March 2020, has anyone in your household ever received food from a food bank, soup kitchen or other charitable agency? C_SDC_CHARITY_EVER

- 1 Yes
- 0 No
- 8 Prefer not to answer
- 9 Don't know

SI10. [IF YES] How many times? _____ C_SDC_CHARITY_NB

SI11. On a scale of 1 to 7, please indicate how much you worry about having enough money to do what is important for you/your family: C_SDC_INCOME_WORRIED

Rarely/never (1) --- Always (7)

SI12. On a scale of 1 to 7, please indicate if you have the financial resources you need to meet you/your family's needs: C_SDC_INCOME_NEED

Rarely/never (1) --- Always (7)

We'd like to ask you about giving and receiving support during the pandemic.

SI13. Since March 2020, have you provided help, aid or support to others (friends, family, neighbours, community/volunteer organization, colleagues) because of the pandemic?

C_SUP_PROVIDED_EVER

1 Yes

0 No

9 Don't know

SI14. [IF YES] What kind of help, aid or support did you provide and for whom? (Select all that apply)

	Emotional/ psychological	Financial	Medical	Information	Practical support (e.g. housing, childcare, clean- up, food delivery)	Material goods/donati ons (e.g. furniture, clothing)
Family (spouse, parent, other relatives)	C_SUP_PROVIDED_FAMILY_PSY	C_SUP_PROVIDED_FAMILY_FINANCE	C_SUP_PROVIDED_FAMILY_MED	C_SUP_PROVIDED_FAMILY_INFO	C_SUP_PROVIDED_FAMILY_PRACTICAL	C_SUP_PROVIDED_FAMILY_DON
Friend(s) / Neighbour(s)	C_SUP_PROVIDED_FRIEND_PSY	C_SUP_PROVIDED_FRIEND_FINANCE	C_SUP_PROVIDED_FRIEND_MED	C_SUP_PROVIDED_FRIEND_INFO	C_SUP_PROVIDED_FRIEND_PRACTICAL	C_SUP_PROVIDED_FRIEND_DON
Community /volunteer organization	C_SUP_PROVIDED_COMMUNITY_PSY	C_SUP_PROVIDED_COMMUNITY_FINANCE	C_SUP_PROVIDED_COMMUNITY_MED	C_SUP_PROVIDED_COMMUNITY_INFO	C_SUP_PROVIDED_COMMUNITY_PRACTICAL	C_SUP_PROVIDED_COMMUNITY_DON
Colleagues	C_SUP_PROVIDED_COLLEAGUES_PSY	C_SUP_PROVIDED_COLLEAGUES_FINANCE	C_SUP_PROVIDED_COLLEAGUES_MED	C_SUP_PROVIDED_COLLEAGUES_INFO	C_SUP_PROVIDED_COLLEAGUES_PRACTICAL	C_SUP_PROVIDED_COLLEAGUES_DON

SI15. Since March 2020, have you looked for help, aid or support (including from friends, family, community or government) because of the pandemic?

C_SUP_LOOKED_FOR_HELP_EVER

1 Yes

0 No

9 Don't know

SI16. Since March 2020, have you received help, aid, information or support (including from friends, family, community or government) because of the pandemic?

C_SUP_RECEIVED_EVER

1 Yes

0 No

9 Don't know

**SI17. [IF YES] what kind of help, aid or support did you receive and from whom?
(Check all that apply)**

	Emotional/ psychological	Financial	Medical	Information	Practical support (e.g. housing, childcare, clean- up, food delivery)	Material goods/donati ons (e.g. furniture, clothing)
Family (spouse, parent, other relatives)	C_SUP_RECEIVED_FAMILY_PSY	C_SUP_RECEIVED_FAMILY_FINANCE	C_SUP_RECEIVED_FAMILY_MED	C_SUP_RECEIVED_FAMILY_INFO	C_SUP_RECEIVED_FAMILY_PRACTICAL	C_SUP_RECEIVED_FAMILY_DON
Friend(s)/ Neighbour(s)	C_SUP_RECEIVED_FRIEND_PSY	C_SUP_RECEIVED_FRIEND_FINANCE	C_SUP_RECEIVED_FRIEND_MED	C_SUP_RECEIVED_FRIEND_INFO	C_SUP_RECEIVED_FRIEND_PRACTICAL	C_SUP_RECEIVED_FRIEND_DON
Community/ volunteer organization	C_SUP_RECEIVED_COMMUNITY_PSY	C_SUP_RECEIVED_COMMUNITY_FINANCE	C_SUP_RECEIVED_COMMUNITY_MED	C_SUP_RECEIVED_COMMUNITY_INFO	C_SUP_RECEIVED_COMMUNITY_PRACTICAL	C_SUP_RECEIVED_COMMUNITY_DON
Colleagues	C_SUP_RECEIVED_COLLEAGUES_PSY	C_SUP_RECEIVED_COLLEAGUES_FINANCE	C_SUP_RECEIVED_COLLEAGUES_MED	C_SUP_RECEIVED_COLLEAGUES_INFO	C_SUP_RECEIVED_COLLEAGUES_PRACTICAL	C_SUP_RECEIVED_COLLEAGUES_DON
Professional (doctor, lawyer, teacher,	C_SUP_RECEIVED_PROFESSIONAL_PSY	C_SUP_RECEIVED_PROFESSIONAL_FINANCE	C_SUP_RECEIVED_PROFESSIONAL_MED	C_SUP_RECEIVED_PROFESSIONAL_INFO	C_SUP_RECEIVED_PROFESSIONAL_PRACTICAL	C_SUP_RECEIVED_PROFESSIONAL_DON

	Emotional/ psychological	Financial	Medical	Information	Practical support (e.g. housing, childcare, clean- up, food delivery)	Material goods/donati ons (e.g. furniture, clothing)
counsellor, spiritual leader, financial advisor)						
General media (TV, internet, social media)	C_SUP_RECEIVED_MEDIA_PSY	C_SUP_RECEIVED_MEDIA_FINANCE	C_SUP_RECEIVED_MEDIA_MED	C_SUP_RECEIVED_MEDIA_INFO	C_SUP_RECEIVED_MEDIA_PRACTICAL	C_SUP_RECEIVED_MEDIA_DON
Provincial or Federal Health authorities (e.g. help/ information phone lines, websites, social media)	C_SUP_RECEIVED_AUTH_PSY	C_SUP_RECEIVED_AUTH_FINANCE	C_SUP_RECEIVED_AUTH_MED	C_SUP_RECEIVED_AUTH_INFO	C_SUP_RECEIVED_AUTH_PRACTICAL	C_SUP_RECEIVED_AUTH_DON
Government (financial suppo	C_SUP_RECEIVED_GOV_PSY	C_SUP_RECEIVED_GOV_FINANCE	C_SUP_RECEIVED_GOV_MED	C_SUP_RECEIVED_GOV_INFO	C_SUP_RECEIVED_GOV_PRACTICAL	C_SUP_RECEIVED_GOV_DON

	Emotional/ psychological	Financial	Medical	Information	Practical support (e.g. housing, childcare, clean- up, food delivery)	Material goods/donati ons (e.g. furniture, clothing)
rt, financ ial relief, resou rces)						

ANTHROPOMETRICS

Not only does our height and weight change as we age, the COVID-19 pandemic may have caused changes in your eating and activity habits. Please tell us your current height and weight, following the measurement instructions provided.

AM01. How tall are you?

Please answer the question using feet and inches or centimeters.

Feet _____ **C_PM_HEIGHT_FT** & Inches _____ **C_PM_HEIGHT_IN**

Centimetres _____ **C_PM_HEIGHT_CM**

8 Prefer not to answer **C_PM_HEIGHT_CA**

9 Don't know **C_PM_HEIGHT_CA**

AM02. How much do you weigh?

Adjust your scale to zero;

Weigh yourself with your clothes off, or wear light clothing. Remember to remove your shoes.

Step on the scale. Make sure both feet are fully on the scale.

Record your weight in pounds or kilograms.

Pounds _____ **C_PM_WEIGHT_LB**

Kilograms _____ **C_PM_WEIGHT_KG**

8 Prefer not to answer **C_PM_WEIGHT_CA**

9 Don't know **C_PM_WEIGHT_CA**

ATP ADDITIONAL QUESTIONS - OPTIONAL FOR PARTICIPANTS

COVID-19 has prompted us to revisit some of our activities of daily living, and to find ways to cope during store closures, working from home, and physical distancing. We are interested in activities you have been able to enjoy more since COVID-19. (Select ALL that apply)

1 Domestic activities (e.g., cooking, cleaning, de-cluttering) **C_ATP_ACT_ENJOY_DOM**

2 Household projects (e.g., renovations, gardening) **C_ATP_ACT_ENJOY_PROJ**

3 New or re-kindled hobbies (e.g., arts and crafts, reading books, writing, blogging)

C_ATP_ACT_ENJOY_HOBBY

4 Spending more time with family or housemates doing activities (e.g. playing board games)

C_ATP_ACT_ENJOY_FAMILY

5 Educational activities (e.g. online language course) **C_ATP_ACT_ENJOY_EDU**

6 Physical fitness or self-care (e.g., yoga, running, strength training, meditation)

C_ATP_ACT_ENJOY_FITNESS

7 Connecting with friends and family (e.g. using video or phone calls)

C_ATP_ACT_ENJOY_CONNECT

8 Other – (text box) **C_ATP_ACT_ENJOY_OTHER & C_ATP_ACT_ENJOY_O_OTSP**

0 None **C_ATP_ACT_ENJOY_NONE**

We'd like to ask you a few more questions about your health and diet/nutrition and physical activity habits.

In general, would you say your health is: C_ATP_GEN_HEALTH

Excellent

Very good

Good

Fair

Poor

For the next five questions, please indicate which statements best describe your own state of health today by selecting one option in each group.

Mobility C_ATP_EQ_MOBILITY

I have no problems in walking about

I have slight problems in walking about

I have moderate problems in walking about

I have severe problems in walking about

I am unable to walk about

Self-Care C_ATP_EQ_SELFCARE

I have no problems washing or dressing myself

I have slight problems washing or dressing myself

I have moderate problems washing or dressing myself

I have severe problems washing or dressing myself

I am unable to wash or dress myself

Usual activities (e.g. work, study, housework, family or leisure activities) C_ATP_EQ_ACTIVITY

I have no problems doing my usual activities

I have slight problems doing my usual activities

I have moderate problems doing my usual activities

I have severe problems doing my usual activities

I am unable to do my usual activities

Pain/discomfort C_ATP_EQ_PAIN

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

Anxiety/depression C_ATP_EQ_ANXIETY

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

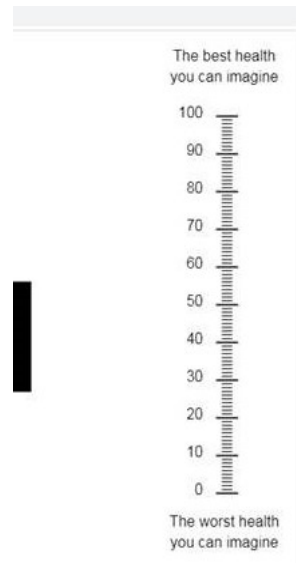
We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine.
0 means the worst health you can imagine.

Please click on the scale to indicate how your health is TODAY.

C_ATP_EQ_HEALTH_TODAY



We are interested in how your diet/nutrition habits may have changed since March 2020 (the start of the provincial public health emergency). For the next few questions, please compare your current behaviours to your previous behaviours (before March 2020) when responding.

Food sources

	A lot less (1)	A little less (2)	About the same (3)	A little more (4)	A lot more (5)	Not applicable (6)

Preparing and/or cooking meals at home C_ATP_MEALS_HOME						
Baking at home C_ATP_BAKING						
Meal planning C_ATP_MEAL_PLANNING						
Budgeting for food or food shopping more carefully C_ATP_BUDGETTING						
Visiting the grocery store C_ATP_GROCERY						
Using grocery or food/meal delivery services (e.g., Hello Fresh, GoodFood, etc.) C_ATP_DELIVERY						

Eating patterns/habits

	A lot less (1)	A little less (2)	About the same (3)	A little more (4)	A lot more (5)	Not applicable (6)
Eating restaurant food (please consider restaurant food overall, including dining in takeout and delivery) C_ATP_RESTAURANT						
Snacking C_ATP_SNACKING						
Reaching for 'comfort' foods C_ATP_COMFORT_FOOD						
Skipping meals C_ATP_SKIPPING						
Thinking about or being pre-occupied with food C_ATP_THINKING_FOOD						
Having food go to waste C_ATP_WASTE_FOOD						

Eating alone C_ATP_EAT_ALONE						
Eating with others (including family) C_ATP_EAT_OTHERS						

Types of foods

	A lot less (1)	A little less (2)	About the same (3)	A little more (4)	A lot more (5)	Not applicable (6)
Eating fresh fruit and vegetables C_ATP_FRESH						
Eating frozen/canned fruit and vegetables C_ATP_FROZEN_CANNED						
Eating brown rice, whole grain pasta or bread, oats, barley and other whole grains C_ATP_WHOLE_GRAIN						
Eating meat, poultry, fish, dairy and other animal proteins C_ATP_ANIMAL_PROTEIN						
Eating nuts, beans, peas, lentils, tofu/soy products and other plant proteins C_ATP_PLANT_PROTEIN						
Eating packaged or prepared foods C_ATP_PACKAGED						

Which of the following statements best describes the food eaten in your household in the past 12 months, that is since MM of last year? **C_ATP_FOOD_SECURITY**

1 You and other household members always had enough of the kinds of foods you wanted to eat.

2 You and other household members had enough to eat but not always the kinds of foods you wanted.

- 3 Sometimes you and other household members did not have enough to eat.
- 4 Often you and other household members didn't have enough to eat.
- 5 Prefer not to answer
- 6 Don't know

We are interested in how your physical activity habits may have changed since March 2020 (the start of the provincial public health emergency). For the next few questions, please compare your current behaviours to your previous behaviours (before March 2020) when responding.

Walking

	A lot less (1)	A little less (2)	About the same (3)	A little more (4)	A lot more (5)	Not applicable (6)
Walk in my neighbourhood alone C_ATP_WALK_ALONE						
Walk in my neighbourhood with family members C_ATP_WALK_FAMILY						
Walk to a store, café, or shop C_ATP_WALK_STORE						
Walk to work C_ATP_WALK_WORK						

Locations of Activities

	A lot less (1)	A little less (2)	About the same (3)	A little more (4)	A lot more (5)	Not applicable (6)
Be physically active inside my home C_ATP_ACTIVE_HOME						
Be physically active in a facility outside my home C_ATP_ACTIVE_FACILITY						
Be physically active outdoors alone C_ATP_ACTIVE_OUTDOOR_ALONE						
Be physically active outdoors with family members C_ATP_ACTIVE_OUTDOOR_FAMILY						

Drive in motor vehicle (in your vehicle or with someone else) C_ATP_MOTOR						
Spend time outdoors C_ATP_OUTDOOR_TIME						
Visit parks C_ATP_VISIT_PARK						
Use pathways C_ATP_PATHWAY						

Types of Activities

	A lot less (1)	A little less (2)	About the same (3)	A little more (4)	A lot more (5)	Not applicable (6)
Use online workout videos C_ATP_ONLINE_WORKOUT						
Do cardio-based activity C_ATP_CARDIO						
Do weight training or bodyweight based activity C_ATP_WEIGHT_TRAINING						
Watch television C_ATP_TV						
Use screen-based devices (smart phone, computers, etc. - not television) C_ATP_SCREEN_BASED						
Play video games C_ATP_VIDEO_GAMES						
Interact with your neighbour face to face C_ATP_NEIGHBOUR						
Talk to others in your neighbourhood face to face (at a park, on a sidewalk or pathway) C_ATP_NEIGHBOURHOOD						

Do you have pets in your household? (Select all that apply)

- 1 Yes – dog(s) **C_ATP_PETS_DOG**
- 2 Yes – cat(s) **C_ATP_PETS_CAT**
- 3 Yes – bird(s) **C_ATP_PETS_BIRD**
- 4 Yes – other(s) **C_ATP_PETS_OTHER**
- 0 No **C_ATP_PETS_NO**
- 9 Don't know **C_ATP_PETS_DK**

We are interested in how people are staying up to date and learning about COVID-19. Which are the main sources you have used for information on COVID-19? (Select all that apply)

- 1 News outlets including local, national and international sources **C_ATP_SRC_NEWS**
 - 2 Provincial daily announcements by public health and political leaders (e.g. Dr. Deena Hinshaw, Alberta Chief Medical Officer of Health) **C_ATP_SRC_PROV_ANNOUNCEMENT**
 - 3 Federal daily announcements by public health and political leaders (e.g. Dr. Theresa Tam, Chief Public Health Officer) **C_ATP_SRC_FED_ANNOUNCEMENT**
 - 4 Municipal health agency (e.g. website, public service announcements) **C_ATP_SRC_MUNICIPAL_AGENCY**
 - 5 Provincial health agency (e.g. Alberta Health Services or Alberta Health website, public service announcements) **C_ATP_SRC_PROVINCIAL_AGENCY**
 - 6 Federal health agency (e.g. Public Health Agency of Canada website, public service announcements) **C_ATP_SRC_FEDERAL_AGENCY**
 - 7 Social media (e.g. Facebook, Instagram, Twitter, SnapChat, TikTok, YouTube) **C_ATP_SRC_SOCIAL_MEDIA**
 - 8 Family, friends or colleagues **C_ATP_SRC_FAM_FRIENDS**
 - 9 Health professionals **C_ATP_SRC_HEALTH_PROF**
 - 10 Schools, universities, colleges (e.g. email, website) **C_ATP_SRC_SCHOOLS**
 - 11 Place of employment **C_ATP_SRC_EMPLOYMENT**
 - 12 Other **C_ATP_SRC_OTHER**
- or
- 13 None of the above **C_ATP_SRC_NONE**

[If any chosen except for Other or None; only show options they chose from the above question) How informative do you find this source? Here, informative refers to something that is useful, helpful and relevant. Please choose an option from 1 (not at all informative) to 5 (very informative).

	1 Not at all	2	3	4	5 Very
News outlets C_ATP_INFO_NEWS					
Provincial daily announcements by public health and political leaders C_ATP_INFO_PROV_ANNOUNCEMENT					
Federal daily announcements by public health and political leaders C_ATP_INFO_FED_ANNOUNCEMENT					
Municipal health agency C_ATP_INFO_MUNICIPAL_AGENCY					
Provincial health agency C_ATP_INFO_PROVINCIAL_AGENCY					
Federal health agency C_ATP_INFO_FEDERAL_AGENCY					

Social media C_ATP_INFO_SOCIAL_MEDIA					
Family, friends or colleagues C_ATP_INFO_FAM_FRIENDS					
Health professionals C_ATP_INFO_HEALTH_PROF					
Schools, universities, colleges C_ATP_INFO_SCHOOLS					
Place of employment C_ATP_INFO_EMPLOYMENT					

[If any chosen except for Other or None) Which source of information did you find the most helpful (choose one)? C_ATP_INFO_MOST_HELPFUL
(show options they chose from above and allow one choice)

Thank you for responding to our COVID-19 survey. The following is a list of questions to help us understand how well we did with this survey administration. Your feedback is valuable to us and will help us plan for future survey deliveries.

1. What drew you to complete this survey? (Select all that apply)
 - a. Because I am an ATP participant **C_ATP_EV01_PARTICIPANT**
 - b. Because I would like to contribute to the understanding of COVID-19
C_ATP_EV01_CONTRIBUTE
 - c. Other (open text) **C_ATP_EV01_OTHER & C_ATP_EV01_OTHER_OTSP**

2. How would you rate your experience completing this survey? **C_ATP_EV02**
 - a. Excellent – did not encounter challenges
 - b. Good – encountered minimal challenges
 - c. Neutral
 - d. Poor – encountered some challenges
 - e. Very poor – encountered many challenges

Why did you give this rating? (open text) **C_ATP_EV02_REASON**

3. How would you rate the invitation asking you to participate in the COVID-19 survey?
C_ATP_EV03
 - a. Excellent
 - b. Good
 - c. Neutral
 - d. Poor
 - e. Very poor

Why did you give this rating? (open text) **C_ATP_EV03_REASON**

4. Did you feel the frequency of the survey reminder emails was appropriate? **C_ATP_EV04**
 - a. Yes
 - b. No
5. In your opinion, how can we continue to keep you engaged in future data collections?
(open text) **C_ATP_EV05**

This is the end of the questionnaire! Thank you for taking the time to complete this questionnaire!