BC SPEAK SURVEY: Your Story, Our Future – Round 3

BC SPEAK Population Health Survey

استقصاء الصحي لسكان بريتيش كولومبيا

معلومات ونموذج الموافقة

الباحثون الرئيسيون

دكتور جات ساندو

مدير تنفيذي أول، إدارة الابتكار والشراكات وصحة السكان

مركز بي سي للسيطرة على الأمراض

655 West 12th Ave Vancouver, BC V5Z 4R4

604-707-2400

Principal Investigator

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مقدمة

تم إعداد الاستقصاء لسكان بريتيش كولومبيا ("الاستقصاء") نتيجة لاستمرار جائحة كوفيد-19. بعد التركيز الأولي على استجابة الطوارئ لكوفيد-19، يوجد حالياً تركيز أكبر على التعافي، مما يتطلب رصداً مستمراً للصحة العامة وأنشطة التصدي للفيروس. من المهم فهم الآثار غير المقصودة لجائحة كوفيد-19، وهي جزء من هيئة الخدمات الصحية للمقاطعة، إلى فهم آثار جائحة كوفيد-19 على جميع سكان بريتيش كولومبيا.

BCCDC Foundation for Public Health
Introduction
The BC Population Survey (the "Survey") has been developed as a result of the COVID-19 pandemic. After an initial focus on the emergency response to COVID-19, there is now a greater emphasis on post-pandemic recovery, which requires ongoing public health surveillance and response activities. Understanding the unintended impacts on the social, economic, physical health, mental wellness and resiliency of communities is important. The BC Centre for Disease Control ("BCCDC"), a part of the Provincial Health Services Authority, wants to understand the impacts of the COVID-19 pandemic for all B.C. residents, to plan the recovery and learn how we can support you through this next phase.

Purpose of the Survey

We want to learn more about our communities' experience, and how the current environment around us may affect our health, wellness, and lives in general. We also want to learn how this has changed from May 2020 to now. The responses from the Survey will be used to inform our plans going forward. As a resident of B.C., you are invited to participate in the Survey.

Procedures

The Survey is voluntary and available via the internet. If you decide to participate in the Survey, you may answer as many questions as you wish. The Survey includes questions to guide decision-makers with regard to managing the ongoing pandemic disease burden, experiences and unintended consequences, and broader policy considerations and equity to support recovery. It is estimated that the Survey will take 10-15 minutes to complete.

Risks and Benefits

We do not expect completing the Survey to cause any harm to you. Some questions may be sensitive or personal; you are not required to answer any question unless you wish to do so. The results from the Survey will help us understand and improve our response.
Lamwajhaaاجانحة كوفيد-19. وقد يعود الاستقصاء عليكم بالنفع حال تفعيل جهود وخدمات محسنة لمنع انتشار الفيروس والمحد منه في المجتمع المحلي وتحسين التفاعلي من الجائحة.

Risks and Benefits

We do not anticipate any harm will be caused to you by completing the Survey. Some of the questions we ask may seem sensitive or personal; you do not have to answer a question in the Survey if you do not want to. The Survey results will help us understand and improve our response to the COVID-19 pandemic. You may benefit from the Survey if there are improved prevention efforts and services put in place that reduce community transmission and improve recovery from the pandemic.

Privacy and Confidentiality

We are collecting your personal information under the authority of sections 26 (c) and (e) of the B.C. Freedom of Information and Protection of Privacy Act ("FIPPA"). The information you provide to us will only be used for the purposes we have outlined in this Form. Questions regarding the collection of your personal information or requests for records may be directed to the Information Access Privacy office that supports BCCDC at privacyandfoi@phsa.ca or 604.707.5833

Your privacy and confidentiality will be respected at all times. You will not be identified in any reports, and information that discloses your identity will not be released.

تمتثل المنصات المستخدمة في جمع بيانات الاستقصاء والتسجيل امتثالاً كاملاً لقانون حرية المعلومات وحماية الخصوصية. يتم أخذ نسخ احتياطية من بيانات الاستقصاء وحفظها في مكان أمن في كندا.

At the end of the Survey, you will be asked for your contact information if you wish to be contacted for future population public health projects related to BC’s response and recovery.
from the wide impacts of the COVID-19 pandemic and be prepared to better meet your needs.

At the end of the Survey, you will also be asked for your Personal Health Number ("PHN"), which can be found on your B.C. Services Card, BC 'Driver's license, or your CareCard. Provision of PHN will facilitate more meaningful population-level analysis by linking your responses to administrative health databases to better understand healthcare use and guide health system planning and recovery from the pandemic.

In support of the BC public health response, BCCDC will also ask if you wish to be contacted about research opportunities to help with recovery from the pandemic. You can participate in the Survey even if you do not provide your PHN or contact information.

Data Access and Storage

The Survey data will be safely stored within the secure computer network of BCCDC. After Survey data is downloaded onto BCCDC's secure network folders, it will be encrypted to protect the information. Any personally identifiable information will be stored separately from the Survey responses and be encrypted. Access to Survey data will be strictly limited to the Survey project team. All analysis of Survey responses will be reported in aggregate to ensure participant confidentiality. Data will only be used for the purposes of the BC COVID-19 response as outlined in this form.

شاركنا النتائج

Will be announced to the public on BCCDC's reports and graphs website. Any information that is revealed will not link back to the identity of any participants.
Sharing the Results

The results from this Survey will be made publicly available on the BCCDC website in the reports and graphics. Any information released will be summarized and will not identify any participant.

 سوف تتم مشاركة نتائج الاستقصاء المجرى على مستوى السكان، والتي سيتم إزالة هوية الأشخاص منها لحماية خصوصيتهم، مع أخصائيي الصحة، وشركاء المجتمع المحلي والوكالات المجتمعية، والآسات الأكاديمية لتحسن دعم أنشطة التصدي للكوفيد-19.

Population-level findings from the Survey, which will be de-identified to protect your privacy, will be shared with health professionals, community partners and agencies, and the academic community to better support the response activities to COVID-19.

Questions or Concerns

If you have any questions about the Survey or how your information is used to support our public health response, contact the Survey project team at covid19.speak@bccdc.ca.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the University of British Columbia Office of Research Ethics by e-mail at RSIL@ors.ubc.ca or by phone at 604-822-8598 (Toll Free: 1-877-822-8598.)

Participant Consent

Your participation in this Survey is completely voluntary and will not affect any health care services or other government services you receive currently or in the future.
You are free to withdraw at any time. If you withdraw, you may request that your data be removed from the Survey database if you have provided us with your PHN and contact information as part of your response. At the end of the data collection and once the data have been analyzed and made publicly available at an aggregate level, participants will be unable to withdraw their Survey data.

The research ethics number is H22-01403.

By completing the Survey, **you agree that consent has been given**.
### Section 1: About You

#### 1. What is your age?

[Open Number]

#### 2. Which category(ies) best describes you? Check all that apply.

- First Nations
- Métis
- Inuk/Inuit
- White (European descent)
- Chinese
- South Asian (e.g. East Indian, Pakistani, Sri Lankan)
- Black (e.g. African or Caribbean)
- Filipino
- Latin American/ Hispanic
- Southeast Asian (e.g. Vietnamese, Cambodian, Malaysian, Laotian)
- Arab
- West Asian (e.g. Iranian, Afghan)
- Korean
- Japanese
- Other, please specify: 

[Other, please specify]

#### 3. If you identify yourself as a First Nations person, do you live on a reserve or off-reserve?

- On a reserve
- Off-reserve
4. Are you Status First Nations?
- Yes
- No
- I don’t know
- Prefer not to answer

5. Are you a registered Métis Citizen of a Governing Member or Métis Chartered Community?
- Yes, specify community: __________
- No
- I don’t know
- Prefer not to answer

6. Do you identify as Two-Spirit?
- Yes
- No
- Prefer not to answer

7. What is your gender identity? Check all that apply.
- Man
- Woman
- Transgender
- Non-binary
- Prefer to self-describe as: __________
- Prefer not to answer

8. What municipality (city, town, etc.) do you live in?
- Select

9. What other municipality (city, town, etc.) do you live in?
- [Free text]

10. What is your postal code? (E.g. V1A 2B3)? If you don’t have a postal code, please leave blank.
- (Please enter in uppercase) __________
### Section 2: Your Health

11. In general, would you say your health is:
- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Prefer not to answer

12. Compared to one year ago, how would you say your health is now?
- [ ] A lot better
- [ ] Somewhat better now
- [ ] About the same
- [ ] Somewhat worse
- [ ] A lot worse
- [ ] I don’t know
- [ ] Prefer not to answer

13. هل شكلت طبيبك بأي من الحالات التالية؟ ضع علامة على كل ما ينطبق.
- [ ] مرض السكري
- [ ] ضغط عالي
- [ ] مرض القلب
- [ ] سرطان - رئة
- [ ] سرطان - فم
- [ ] سرطان - بروستاتا
- [ ] سرطان - مبيض
- [ ] سرطان - جلد
- [ ] سرطان - غير واحد (يرجى التحديد)
- [ ] حالة عامة مزمنة (مثل: داء كرون، التهاب القولون التقيبي، متلازمة القولون المتهيج، أو عدم التحكم في حركة الأمعاء)
- [ ] حالة جلدية مزمنة (مثل: الصدفية، الداء الرئوي المزمن، التهاب القصبات المزمن، أو انتفاخ الرئة)
- [ ] التهاب المفاصل (باستثناء الألم العضلي الليفي)
- [ ] الألم العضلي الليفي
- [ ] صداع نصفي
- [ ] فرح في الأمعاء أو البصر
- [ ] جلطة
- [ ] داء النزهات المزمنة، التهاب الغدد، أو انتفاخ الرئة
- [ ] التهاب القولون البولي (باستثناء الألم العضلي الليفي)
- [ ] حالة جلدية مزمنة (مثل: الصدفية، الداء الرئوي المزمن، التهاب القصبات المزمن، أو انتفاخ الرئة)
- [ ] اضطراب الدهون (مثل: الزهاب، اضطراب يبدو وهو، أو اضطراب البالغ)
- [ ] أمراض القلب
- [ ] مرض السكري
- [ ] أمراض الكليل
- [ ] متلازمة المناعة
- [ ] بقعة في الأمعاء أو البصر
- [ ] حالة عامة مزمنة (مثل: داء كرون، التهاب القولون التقيبي، متلازمة القولون المتهيج، أو عدم التحكم في حركة الأمعاء)
- [ ] حالة جلدية مزمنة (مثل: الصدفية، الداء الرئوي المزمن، التهاب القصبات المزمن، أو انتفاخ الرئة)
13. Has a doctor ever diagnosed you with any of the following conditions? Check all that apply.

- [ ] Diabetes
- [ ] High blood pressure
- [ ] Heart disease
- [ ] Cancer—Lung
- [ ] Cancer—Breast
- [ ] Cancer—Prostate
- [ ] Cancer—Colorectal
- [ ] Cancer—Skin
- [ ] Cancer—Other (specify): ______________
- [ ] Chronic Bowel Condition (e.g., Crohn’s disease, ulcerative colitis, irritable bowel syndrome or bowel incontinence)
- [ ] Chronic Skin Condition (e.g., psoriasis)
- [ ] Asthma
- [ ] Chronic obstructive pulmonary disease (COPD), chronic bronchitis or emphysema
- [ ] Arthritis (excluding fibromyalgia)
- [ ] Fibromyalgia
- [ ] Migraine headaches
- [ ] Intestinal or stomach ulcers
- [ ] Stroke
- [ ] Alzheimer’s Disease or any other dementia
- [ ] Mood disorder (e.g., Depression, bipolar disorder, mania, or dysthymia)
- [ ] Anxiety disorder (e.g., a phobia, obsessive-compulsive disorder, or a panic disorder)
- [ ] Liver disease
- [ ] Kidney disease
- [ ] Immunocompromised
- [ ] Overweight (BMI 25-29.9)
- [ ] Obese (BMI 30 or more)
- [ ] HIV
- [ ] Hep C
- [ ] Other, please specify: ______________
- [ ] None of the above
- [ ] Prefer not to answer

14. Do you have a permanent or long-term disability? If so, please indicate what type. Check all that apply.

- [ ] I do not have a disability
- [ ] Vision
- [ ] Hearing
- [ ] Mobility (e.g. difficulty walking)
- [ ] Flexibility (e.g. difficulty bending down and picking up an object)
- [ ] Dexterity (e.g. difficulty in using hands or fingers)
- [ ] Pain-related
- [ ] Learning (e.g. attention difficulties)
- [ ] Developmental (e.g. autism)
- [ ] Mental health-related (e.g. anxiety disorder)
11. Memory (e.g. frequent episodes of confusion)
- Yes
- No
- Not applicable
- I don’t know
- Prefer not to answer

12. Substance use dependence
- Yes
- No
- Not applicable
- I don’t know
- Prefer not to answer

13. Other, please specify: _____________
- Yes
- No
- Not applicable
- I don’t know
- Prefer not to answer

14. Prefer not to answer

15. Are you currently pregnant?
- Yes
- No
- Not applicable
- I don’t know
- Prefer not to answer

16. During the last 7 days, on how many days did you do moderate or vigorous physical activities that made you breathe harder than normal? Such as exercise, dancing, active commuting, cycling, sports, active chores, climbing stairs, heavy lifting /digging/construction)
- ___ days per week
- I don’t know
- Prefer not to answer

17. On average, how much time did you spend doing moderate or vigorous physical activities on one of those days?
- _______ hours per day and _______ minutes per day
- I don’t know
- Prefer not to answer

18. In general, how many servings of fruit do you eat in a day? Do not include fruit juice, but can include fresh, frozen and canned fruits. One serving is equal to one piece of fruit or ½ cup (about what would fit in your cupped hand).
- _______ servings of fruit per day
- I don’t know
- Prefer not to answer
19. In general, how many servings of vegetables and legumes do you eat in a day? Do not include vegetable juice, but can include fresh, frozen and canned vegetables. One serving is equal to ½ cup or about what would fit in your cupped hand.

 servings of vegetables per day

I don’t know

Prefer not to answer

20. In the past 7 days, how many times did you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>How many times</th>
<th>I don’t know</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink fruit juice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink other sugary beverage e.g. regular pop/soda, energy or sports drinks</td>
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<tr>
<td>Eat in or take out meal from a fast-food chain</td>
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<tr>
<td>Eat a home-made meal consumed at home or away from home (such as brought lunch to school or work) Consider 3 meals per day or 21 meals per 7 days</td>
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<tr>
<td>Eat at least one meal a day together with your family or a friend.</td>
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<tr>
<td>Total possible 7 days</td>
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<tr>
<td>Question</td>
<td>Options</td>
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<td>21. Which of the following best describes your cigarette use?</td>
<td>- I smoke cigarettes daily&lt;br&gt;- I smoke cigarettes occasionally&lt;br&gt;- I no longer smoke cigarettes, but I used to smoke cigarettes daily&lt;br&gt;- I no longer smoke cigarettes, but I used to smoke cigarettes occasionally&lt;br&gt;- I have never smoked cigarettes&lt;br&gt;- I don’t know&lt;br&gt;- Prefer not to answer</td>
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<tr>
<td>22. In the past 12 months, how often have you used an electronic cigarette (e-cigarette) or vaped?</td>
<td>- Never&lt;br&gt;- Less than once a month&lt;br&gt;- Once a month&lt;br&gt;- 2 to 3 times a month&lt;br&gt;- Once a week&lt;br&gt;- 2 to 3 times a week&lt;br&gt;- 4 to 6 times a week&lt;br&gt;- Every day&lt;br&gt;- I don’t know&lt;br&gt;- Prefer not to answer</td>
<td></td>
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</tbody>
</table>
| 23. In the past 12 months, how often have you used cannabis, marijuana or hashish? | - Never<br>- Less than once a month<br>- Once a month<br>- 2 to 3 times a month<br>- Once a week<br>- 2 to 3 times a week<br>- 4 to 6 times a week<br>- Every day
24. In the past 12 months, how often did you drink alcoholic beverages?

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- 2 to 3 times a week
- 4 to 6 times a week
- Every day
- I don’t know
- Prefer not to answer

I don’t know
Prefer not to answer

25. Male respondents

In the past 12 months, how often have you had 5 or more drinks on one occasion? One drink of alcohol includes one glass of beer, one small glass of wine or one shot of hard alcohol.

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week
- I don’t know
- Prefer not to answer

26. Female respondents

In the past 12 months how often have you had 4 or more drinks on one occasion? One drink of alcohol includes one glass of beer, one small glass of wine or one shot of hard alcohol.

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week
- I don’t know
- Prefer not to answer

I don’t know
Prefer not to answer
27. Based on your gender, in the past 12 months how often have you had: 5 or more drinks on one occasion (male); 4 or more drinks in one occasion (female)? One drink of alcohol includes one glass of beer, one small glass of wine or one shot of hard alcohol.

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week
- I don’t know
- Prefer not to answer

If you are transgender or your gender is non-binary, please answer according to the option that feels most appropriate for you.

The following question may be sensitive. It asks about other substance use. Please be assured that your response will not identify you and will be grouped with others to only inform health and community planning.

27. In the past 12 months have you used any of the following substances (other than alcohol, tobacco, or cannabis)? Check all that apply.

- Cocaine (crack, freebase, powder)
- Ecstasy (MDMA, E, XTC, Molly)
- Methamphetamine (speed, crystal meth, ice, side, jib)
- Hallucinogens (such as ketamine, LSD, acid, magic mushrooms, shrooms, PCP)
- Opioid (fentanyl, heroin, junk, smack, down)
- Pills or prescription drugs that were not prescribed to you (such as opioids, Dilaudid, oxycodone, Percocet, Xanax bar, benzodiazepines, Ritalin, Dexedrine, Adderall)

Other, please specify: ___________________________

- I don’t know
- Prefer not to answer

28. If you are transgender or your gender is non-binary, please answer according to the option that feels most appropriate for you.

28. In the past 12 months have you used any of the following substances (other than alcohol, tobacco, or cannabis)? Check all that apply.

- Cocaine (crack, freebase, powder)
- Ecstasy (MDMA, E, XTC, Molly)
- Methamphetamine (speed, crystal meth, ice, side, jib)
- Hallucinogens (such as ketamine, LSD, acid, magic mushrooms, shrooms, PCP)
- Opioid (fentanyl, heroin, junk, smack, down)
- Pills or prescription drugs that were not prescribed to you (such as opioids, Dilaudid, oxycodone, Percocet, Xanax bar, benzodiazepines, Ritalin, Dexedrine, Adderall)

Other, please specify: ___________________________

- I don’t know
- Prefer not to answer

29. In the past 12 months have you used any of the following substances (other than alcohol, tobacco, or cannabis)? Check all that apply.

- Cocaine (crack, freebase, powder)
- Ecstasy (MDMA, E, XTC, Molly)
- Methamphetamine (speed, crystal meth, ice, side, jib)
- Hallucinogens (such as ketamine, LSD, acid, magic mushrooms, shrooms, PCP)
- Opioid (fentanyl, heroin, junk, smack, down)
- Pills or prescription drugs that were not prescribed to you (such as opioids, Dilaudid, oxycodone, Percocet, Xanax bar, benzodiazepines, Ritalin, Dexedrine, Adderall)

Other, please specify: ___________________________

- I don’t know
- Prefer not to answer

29. In the past 12 months have you used any of the following substances (other than alcohol, tobacco, or cannabis)? Check all that apply.

- Cocaine (crack, freebase, powder)
- Ecstasy (MDMA, E, XTC, Molly)
- Methamphetamine (speed, crystal meth, ice, side, jib)
- Hallucinogens (such as ketamine, LSD, acid, magic mushrooms, shrooms, PCP)
- Opioid (fentanyl, heroin, junk, smack, down)
- Pills or prescription drugs that were not prescribed to you (such as opioids, Dilaudid, oxycodone, Percocet, Xanax bar, benzodiazepines, Ritalin, Dexedrine, Adderall)

Other, please specify: ___________________________

- I don’t know
- Prefer not to answer
28. Compared to a year ago, has your substance use (other than alcohol, tobacco, or cannabis) changed?
- Significantly more
- Somewhat more
- No Change
- Somewhat less
- Significantly less
- I don’t know
- Prefer not to answer

29. Compared to one year ago, have some of your behaviours changed?

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Significantly more</th>
<th>Some what more</th>
<th>Some what less</th>
<th>Significantly less</th>
<th>Prefer not to answer</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking, running, or cycling for recreation</td>
<td></td>
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<tr>
<td>Walking, running, or cycling for commute</td>
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<tr>
<td>Other exercise or physical activity</td>
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<tr>
<td>Fruit and vegetable consumption</td>
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<td>Sugary beverage consumption (pop/soda, energy, or sports drinks)</td>
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<tr>
<td>Sleep</td>
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<tr>
<td>Drink alcohol</td>
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<tr>
<td>Use cannabis (e.g. marijuana)</td>
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<tr>
<td>Connecting with friends</td>
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<tr>
<td>Connecting with family</td>
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<td>Use public transit (e.g. bus, sky train, sea bus)</td>
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</tbody>
</table>

30. Generally, how would you rate your mental health?
- Excellent
- Very good
- Good
30. In general, would you say your mental health is:
- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

31. Compared to one year ago, how would you rate your mental health (such as feeling anxious, depressed, or irritable) now?
- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse
- Prefer not to answer

32. Thinking about the amount of stress in your life, would you say that most days are:
- Not very stressful
- A bit stressful
- Somewhat stressful
- Quite stressful
- Extremely stressful
- Prefer not to answer

33. In your life, what types of stressors do you experience most days?
- Work-related stress (e.g., work hours, job satisfaction)
- Financial stress (e.g., debt, lack of money)
- Relationship stress (e.g., marriage, dating)
- Family stress (e.g., childcare, aging family members)
- Personal and family stress (e.g., health issues, legal issues)
- Physical health issues
- Grief or loss of loved ones
- Major life changes
- Natural disasters
- Personal or domestic violence
- Other (please specify): __________________
- Prefer not to answer
33. What would you say are the factors contributing to your feelings of stress? Check all that apply.
- Physical health problem or condition
- Emotional or mental health problem or condition
- Financial situation (e.g., not enough money, debt)
- Work situation (e.g., hours of work, working conditions)
- Employment status (e.g., unemployment)
- School
- Caring for children/grandchildren
- Caring for elderly relatives
- Other personal and family responsibilities
- Personal relationships (e.g., divorce)
- Discrimination
- Isolation
- Personal or family safety
- Living conditions (e.g., inadequate housing, housing security)
- Health of family members
- Not having enough time
- Intergenerational trauma
- Extreme weather events
- Other (specify): ____________________
- Nothing
- I don’t know
- Prefer not to answer

34. How often do you feel lonely (e.g. feeling left out, isolated from others, or lacking companionship)?
- Never or hardly ever
- Some of the time
- Often
- Almost always
- Prefer not to answer

35. How would you describe your sense of belonging to your local community?
- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- I don’t know
- Prefer not to answer

36. In the past 12 months, have you experienced any increased conflict or disruption in your household or where you live?
- No, none
- Yes, household members occasionally more short-tempered with one another; no physical harm
- Yes, household members more frequently short-tempered with one another; or children in the home getting in physical fights with one another
19

| Yes, household members more frequently short-tempered with one another and adults in the home throwing things at one another, knocking over furniture, hitting, or harming one another |
| Yes, other, please specify: ___________ |
| Prefer not to answer |

37. In the past 12 months, have you experienced any discrimination, been treated unfairly or with less respect because of any of the following? Check all that apply.

- Age
- Sex or gender
- Sexual orientation
- Ethnicity, nationality, race or skin colour
- Substance use
- Being homeless
- Culture
- Language or accent
- Religion
- Family or marital status (e.g. single parent, divorced)
- Disability or health status
- Low income
- Other, please specify: ___________
- No, I have not been treated unfairly or with less respect
- Prefer not to answer

38. In what setting have you experienced discrimination, been treated unfairly or with less respect. Check all that apply.

- Workplace
- School or educational setting
- Health care
- Community
- Online
- Other, please specify: ___________
- Prefer not to answer

39. Do you need any support about your mental health or emotional issue, where have you received the support?

- Hospital's emergency services
- Community mental health services
- Mental health treatment (e.g. therapy, counseling) within community
- Community mental health services (e.g. therapy, counseling)
- Mental Health First Aid Training
- Community programs/services
- Other, please specify: ___________
39. **Think of the last time you needed support for an emotional or mental health issue, where did you access support?**

- [ ] I have not needed emotional or mental health support
- [ ] Doctor’s office (Family Doctor, Psychiatrist)
- [ ] Community health centre / public health unit
- [ ] Psychologist or counsellor’s office
- [ ] Hospital emergency room
- [ ] Urgent care centre
- [ ] Hospital outpatient clinic
- [ ] Not in person: virtual visit or consultation (phone, video)/ 8-1-1
- [ ] Apps
- [ ] Group or individual programs
- [ ] Family member or friend
- [ ] Talking to an Elder, attending ceremony and or spending time on the land
- [ ] Other, please specify: __________________
- [ ] I don’t know
- [ ] Prefer not to answer

40. **In the past week, how often you have felt hopeful for the future.**

- [ ] Not at all or less than 1 day
- [ ] 1-2 days
- [ ] 3-4 days
- [ ] 5-7 days
- [ ] I don’t know
- [ ] Prefer not to answer

41. **During the past 12 months, was there ever a time when you felt that you needed mental health help, but didn’t receive it? (This could include emotional problems or use of alcohol or other substances)**

- [ ] Yes
- [ ] No
- [ ] Prefer not to answer

42. **If you did not receive help, why didn’t you? (During the past 12 months)**

- [ ] I had access to the help I needed
- [ ] I didn’t need help
- [ ] I didn’t know how to get help
- [ ] I didn’t have the time
- [ ] I didn’t have the money
- [ ] I didn’t have insurance
- [ ] I was afraid of what others would think
- [ ] Language barrier
- [ ] Other, please specify: __________________
- [ ] I don’t know
- [ ] Prefer not to answer
### Section 4: Your Care

#### 42. Why didn’t you receive the help you needed (during the past 12 months)?
- [ ] You preferred to manage yourself
- [ ] You didn’t know how or where to get this kind of help
- [ ] You haven’t gotten around to it (e.g., too busy)
- [ ] Your job interfered (e.g., workload, hours of work or no cooperation from supervisor)
- [ ] Access to care was limited (e.g., help was not readily available)
- [ ] You didn’t have confidence in the health care system or social services
- [ ] You couldn’t afford to pay
- [ ] Insurance did not cover
- [ ] You were afraid of what others would think of you
- [ ] Language problems
- [ ] Other, please specify: ____________________
- [ ] I don’t know
- [ ] Prefer not to answer

#### 43. هل لديك موفر رعاية صحية دائم (مثل طبيب الأسرة، أو عيادة، أو ممرض ممارس)؟
- [ ] نعم
- [ ] لا
- [ ] لا أعرف
- [ ] أفضل عدم الإجابة

#### 44. ما هي أسباب عدم وجود موفر رعاية صحية دائم؟
- [ ] لا تحتاج له تحديداً، ولكن لديك مكان معاد للرعاية
- [ ] لا يوجد شخص متوفّر في المنطقة
- [ ] لا يوجد شخص في المنطقة يستقبل مرضى جدد
- [ ] لم تحاول [انت] العثور على شخص
- [ ] كان لديك شخص ولكنه انتقل أو تقاعد
- [ ] غير ذلك، رجاء التحديد
- [ ] لا أعرف
- [ ] أفضل عدم الإجابة

#### 45. In the past 12 months, have you experienced difficulty in accessing health care you needed from a doctor, nurse, traditional health care provider or other health professional?
- [ ] I haven’t needed care
- [ ] Yes
- [ ] No
- [ ] I don’t know
- [ ] Prefer not to answer
46. **What kind of care have you had difficulty accessing? Check all that apply.**

- □ Family doctor
- □ Scheduled surgery
- □ Diagnostic services (e.g. laboratory, imaging, endoscopy, angiography etc.)
- □ Emergency or urgent care services
- □ Preventive care (e.g. Immunizations/shots, mammography, cervical screening)
- □ Specialty care (e.g. dermatologist, optometrist, obstetrician, podiatrist)
- □ Complementary care (e.g. physical therapy, massage therapy, nutritionist, chiropractor)
- □ COVID-19 immunization
- □ Influenza (flu) immunization
- □ Routine immunization (other than COVID-19 or Influenza (Flu))
- □ Dental care
- □ Counselling
- □ Mental health care
- □ Traditional wellness/healing
- □ Harm reduction services for substance use
- □ Treatment services for substance use
- □ Contraception services (e.g., abortion, birth control)
- □ Sexually Transmitted Infections (STI) prevention services (e.g., STI testing, supplies to prevent STI’s)
- □ Other, please specify: ____________________
- □ I don’t know
- □ Prefer not to answer

47. **How do you think this difficulty accessing the care you needed has impacted your health?**

- □ Significantly worsened my health
- □ Somewhat worsened my health
- □ Has likely not impacted my health
- □ I don’t know how it has impacted my health
- □ Prefer not to answer
### Section 5: Your Household

#### 48. What type of home do you live in?
- Single detached home
- Semi-detached home (double) or duplex
- Townhouse (row or terrace)
- Basement suite
- Laneway house
- Apartment or condo
- Residential care or long-term care facility
- Mobile home
- Dormitory/college or university residences
- Boarding house
- Shelter/hostel
- Single room occupancy hotel
- Supportive housing
- Friends house
- I have no permanent home
- Other, please specify: ___________
- Prefer not to answer

#### 49. Do you live by yourself?
- Yes
- No
- Prefer not to answer

#### 50. How many other people live in your household, not including yourself?
- __________________ number

#### 51. The number of other adults living with you:

---

- Your Story
- Our Future
- BC SPEAK Survey
51. Please indicate the number of people in each age range who live in your household and their relationship to you.

<table>
<thead>
<tr>
<th>People in Household</th>
<th>Age category</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1</td>
<td>(Aged less than 1 year, Aged 1-4 years, Aged 5-12 years, Aged 13-17 years, Aged 18-39 years, Aged 40-64 years, Aged 65-79 years, Aged 80 or more years)</td>
<td>(Spouse or common-law, Boyfriend, girlfriend, partner (not common-law), Parent (mother, father, mother-in-law, father-in-law), Grandparent, Child (daughter, son, daughter-in-law, son-in-law), Grandchild, Sibling, Roommate (not related), Lodger or boarder (not related), Other, Prefer not to answer)</td>
</tr>
<tr>
<td>Person 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52. How would you describe your housing situation?
- I own my home without a mortgage
- I own my home with a mortgage
- I rent my home
- I live in a home that I do not own or rent
- Temporary housing
- Unhoused
- Other, please specify: ___________
- I don't know
- Prefer not to answer

53. What is your level of satisfaction with the following aspects of your home?
- Best
- Very Satisfied
- Satisfied
- Not Satisfied
- Very Dissatisfied
- Not at all satisfied
- Prefer not to answer

- Do you find the size of your home adequate for your needs?
53. **How satisfied are you with the following aspects of your housing?**

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Dissatisfied</th>
<th>Very dissatisfied</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having enough space overall in your home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Having enough bedrooms</td>
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<td></td>
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<tr>
<td>Being affordable</td>
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<tr>
<td>Its condition</td>
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<tr>
<td>Blocking regular noise from outside or from neighbours</td>
<td></td>
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<tr>
<td>Being accessible to someone with a physical limitation</td>
<td></td>
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<tr>
<td>Being safe and secure within the home</td>
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<tr>
<td>Being energy efficient</td>
<td></td>
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<tr>
<td>Being able to maintain a comfortable temperature in the winter</td>
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<tr>
<td>Being able to maintain a comfortable temperature in the summer</td>
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<td></td>
</tr>
</tbody>
</table>
## Section 6: Your Children

54. Compared to one year ago, have there been changes to childcare for your children under 12?

- Yes, childcare facility closed permanently
- Yes, childcare facility closed temporarily
- Yes, I lost my in-home childcare support (e.g. nanny, relative)
- Yes, I chose to take my children out of childcare
- Yes, I did lose childcare but have since regained it
- No
- I don’t use external childcare
- Prefer not to answer

55. Compared to one year ago, overall, how has your child/ren’s wellbeing changed?

- Significantly worse
- Somewhat worse
- No change
- Somewhat better
- Significantly better
- Prefer not to answer

56. In the reference period, did the living situation of your children change?

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Increase</th>
<th>No Change</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time spent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits and Vegetables Consumption</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar Intake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Events</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please note that the above table is a representation of the data collected and may not be complete or accurate.*
### 56. Please indicate how your children’s wellbeing has changed?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Significantly more</th>
<th>Some what more</th>
<th>Same</th>
<th>Some what less</th>
<th>Significantly less</th>
<th>Prefer not to answer</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Stress</td>
<td></td>
<td></td>
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<tr>
<td>Screen time</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit and vegetable consumption</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugary beverage consumption</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecting with friends</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Connecting with family</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning</td>
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<tr>
<td>Sleep</td>
<td></td>
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</tr>
<tr>
<td>Culture events (e.g. traditional ceremonies important to your culture, celebrations)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Extra-curricular activities (e.g. music or art, dance, sports lessons, group organizations, camps)</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### 57. In the past 12 months, have you had difficulty accessing any of the following healthcare services for child/ren in your household? Check all that apply.

- Family doctor
- Scheduled surgery
- Diagnostic services (e.g., laboratory, imaging, endoscopy, angiography etc.)
- Emergency or urgent care services
- Specialty care (e.g., dermatologist, optometrist, obstetrician, podiatrist)
- Complementary care (e.g., physical therapy, massage therapy, nutritionist, chiropractor)
- COVID-19 immunization
- Influenza (flu) immunization
- Routine immunization (other than COVID-19 or Influenza (Flu))
- Dental care
- Counselling
- Mental health care
- Traditional wellness/healing
- Other, please specify: ______
- I don't know
- Prefer not to answer
Section 7: Your Circumstances

58. Which of the following best describes your current employment status? Check all that apply.

- Self-employed
- Full-time employed
- Part-time employed
- Casual employment
- Retired
- Looking after home and/or family
- Unable to work because of sickness or disability
- Unemployed
- Doing unpaid or voluntary work outside the home
- Full-time student
- Part-time student
- Other, please specify: ________
- Prefer not to answer

59. Compared to one year ago, how has it been for you or your household to meet its financial needs?

- Much more difficult
- Somewhat more difficult
- Neither more difficult nor easier
- Somewhat easier
- Much easier
- I don’t know
- Prefer not to answer

60. You worry that food will run out before you get money to buy more.

- Often true
- Sometimes true
- Never true
61. How likely is it that you will need to move within the next 6 months because you can no longer afford your current home?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely
- I don’t know
- Prefer not to answer

62. For each of the following statements, do you agree or disagree?

- There are special paths, or separate paths or roads, or shared walks for cyclists and pedestrians in my neighborhood.
- There are sidewalks in my neighborhood and they are in good condition (paved, with a few cracks) and not blocked.
- There are many stores, restaurants and services in my neighborhood within a short drive/walking distance.
- There are many large, fresh vegetables and fruits in my neighborhood.
- There are many attractive natural places in my neighborhood (like parks with beautiful views, or parks).
- The traffic in my neighborhood makes walking difficult or annoying or unsafe.
حركة المرور في جواري
جعل ركوب الدراجات أمرًا صعبًا أو مزعجًا أو غير آمن
أشعر بالأمان واتنا وحدي في جواري بعد حلول الظلام
أرى العديد من الأشخاص يسيرون ويركبون الدراجات في جواري
من الأمان والمريح التجول في جواري باستخدام الوسائل المساعدة على الحركة مثل عربة الأطفال أو الكرسي المتحرك أو السكوتر أو المشاية

<table>
<thead>
<tr>
<th>62.</th>
<th>For each statement, indicate to what extent you agree or disagree. The next question asks about the neighbourhood you live in. Think about your neighbourhood as the area within a 20-minute walk or a distance of one mile (1.6km) from your home.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are special lanes, separate paths or trails, or shared use paths for cyclists and pedestrians in my neighborhood</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>There are sidewalks in my neighborhood that are well maintained (paved, with few cracks) and not obstructed</td>
<td></td>
</tr>
<tr>
<td>Many shops, restaurants, services and facilities are within easy walking/rolling or cycling distance of my home</td>
<td></td>
</tr>
<tr>
<td>A large selection of fruits and vegetables is available in my neighborhood</td>
<td></td>
</tr>
<tr>
<td>There are many attractive natural sites in my neighborhood (such as landscaping, views or parks)</td>
<td></td>
</tr>
<tr>
<td>Traffic in my neighborhood makes it difficult, unpleasant, or unsafe to walk</td>
<td></td>
</tr>
<tr>
<td>Traffic in my neighborhood makes it difficult, unpleasant, or unsafe to bike</td>
<td></td>
</tr>
<tr>
<td>I feel safe being alone in my neighborhood after dark</td>
<td></td>
</tr>
<tr>
<td>I see a lot of people walking and cycling in my neighborhood</td>
<td></td>
</tr>
<tr>
<td>It is safe and convenient to get around in my neighborhood using mobility aids, such as a stroller, wheelchair, scooter, or walker</td>
<td></td>
</tr>
</tbody>
</table>

63. ما حالات الطوارئ أو الكوارث الرئيسية التي مررت بها شخصيًا خلال العام الماضي؟ أذكر فقط الأحداث التي حدثت في كندا، في المجتمع الذي كنت تعيش به أثناء حدوثها ولا تشمل كوفيد-19. ضع علامة على كل ما ينطبق.

- لم أمر أنا شخصيًا بحدث رئيسي طارئ أو كارثة
- يعصف بجيوب، أو العاصفة الشتائية، أو العاصفة الجوية
- برود شديدة
- حجر شديد
- فيضان (بسبب، على سبيل المثال: نهر قام أو أمطار غزيرة)
- زوبعة
- إعصار
- أعمال/agriculture or forestry
- حرائق غابات
- آثار التربة أو ظاهرة الجليد أو صحراء
- حادث صناعي أو نقل يتضمن مواد خطرة (على سبيل المثال: مواد كيميائية أو انسكاب بترول، أو حادث نووي)
- حادث أرضي أو تهديد أرضي (على سبيل المثال: آثار الأعاصير)
- أعمال غابات أو إعصارات مدنية (على سبيل المثال: إعصار خفيف أو حصار غير قانوني)
- انتاج الكهرباء لمدة طويلة (أي الظلام تمامًا أو عطل في شبكة التغذية دام لمدة 24 ساعة أو أكثر)
- تلوث أو نقص في الماء أو الطعام (على سبيل المثال: أمريكا كولومبيا، أو سلمنيدا)
63. Which major emergency or disasters have you personally experienced within the last year? Include only events that took place in Canada, in a community where you were living at the time of the event not including COVID-19. Check all that apply.

- I didn’t personally experience a major emergency or disaster
- Blizzard, winter storm or ice storm
- Extreme cold
- Extreme heat
- Flood (due to, for example a river overflowing or heavy rains)
- Tornado
- Hurricane
- Storm Surge or Tsunami
- Drought
- Earthquake
- Wildfire or forest fire
- Landslide or avalanche
- Industrial or transportation accident involving hazardous materials (for example, chemical or oil spill; nuclear accident)
- Act of terrorism or terrorist threat (for example, bombing)
- Rioting or civil unrest (for example, violent protests, illegal blockades)
- Extended power outage (that is, a black-out or failure of a power grid that lasts for 24 hrs or longer)
- Contamination or shortage of water or food (for example, e coli, salmonella)
- Other – Specify
- I don’t know
- Prefer not to answer

64. Which major emergency or disaster impacted you the most? Check one only.

- Blizzard, winter storm or ice storm
- Extreme cold
- Extreme heat
- Flood (due to, for example a river overflowing or heavy rains)
- Tornado
- Hurricane
- Storm Surge or Tsunami
- Drought
- Earthquake
- Wildfire or forest fire
- Landslide or avalanche
- Industrial or transportation accident involving hazardous materials (for example, chemical or oil spill; nuclear accident)
- Act of terrorism or terrorist threat (for example, bombing)
- Rioting or civil unrest (for example, violent protests, illegal blockades)
- Extended power outage (that is, a black-out or failure of a power grid that lasts for 24 hrs or longer)
- Contamination or shortage of water or food (for example, e coli, salmonella)
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>65. Did this emergency result in a severe impact on your health and wellbeing?</td>
<td>Yes, No, Prefer not to answer</td>
</tr>
<tr>
<td>66. Is your home or where you live able to provide you with a space that is cool during very hot weather?</td>
<td>Yes, No, Prefer not to answer</td>
</tr>
<tr>
<td>67. Is your home or where you live equipped with an air conditioner or a heat pump?</td>
<td>Yes, a central air conditioner that cools the whole home, Yes, a heat pump that cools the whole home, Yes, a heat pump, a window or portable air conditioner that cools one or more rooms, Yes, a mini-split heat pump that cools one or more rooms, No, I don’t feel I need one, No, but I would like one, I don’t know, Prefer not to answer</td>
</tr>
<tr>
<td>68. When the weather is hot in your community how do you change your daily activities? Check all that apply.</td>
<td>I do not change my daily activities when the weather is hot, I listen for or seek out heat warning information, I monitor my indoor temperature using a thermometer, I keep my windows closed during the hottest times of the day (10am – 8pm) and open them at night to let the cooler air in, I use window coverings or films to block the light coming in, I use an air conditioner in one or more rooms of my home, I leave my home to go to public air-conditioned buildings or shady outdoor spaces, I take cool showers/baths or use wet clothing to cool myself down, I drink plenty of water regardless of if I feel thirsty</td>
</tr>
</tbody>
</table>
69. In general, how often do you spend time in natural settings? (e.g., parks, trails, beaches, near water)

- Everyday
- A few times a week
- Once a week
- 1-3 times a month
- Less than once a month
- Never
- Prefer not to answer

60. Thinking about the public greenspaces (e.g., parks, trails) available within your neighborhood, is there anything currently preventing you from using these spaces? Check all that apply.

- I do not have quality public greenspaces within my neighborhood
- They are difficult for me to get to
- There are barriers related to my abilities (e.g., wheelchair use, vision, seating)
- They do not have public washrooms
- They do not have the facilities I would like (e.g., tables, benches, equipment)
- They are not well maintained
- They are not suitable for my uses (e.g., playing sports)
- They do not have shaded areas for gathering or playing
- They are too crowded
- I do not feel safe using these spaces
- I prefer greenspaces or parks in other communities
- I am worried I may experience discrimination
- Other, please specify: __________________________
- Prefer not to answer
### Section 9: Occupation

What occupation or industry did you most recently work in? Check all that apply.

- [x] I do not do paid work or go to school (e.g. I am retired, or do unpaid work)
- [ ] Post-secondary education student (e.g. university, college, institute)
- [ ] Accommodation and food services
- [ ] Administrative and support, waste management, and remediation services
- [ ] Agriculture, forestry, fishing and hunting
- [ ] Arts, entertainment and recreation
- [ ] Construction
- [ ] Educational services
- [ ] Finance and insurance
- [ ] Health care
- [ ] Information and cultural industries
- [ ] Management of companies and enterprises
- [ ] Manufacturing
- [ ] Mining, quarrying, and oil and gas extraction
- [ ] Professional, scientific and technical services
- [ ] Public administration (local, provincial, or federal government)
- [ ] Real estate and rental and leasing
- [ ] Retail trade
- [ ] Social assistance
- [ ] Transportation and warehousing
- [ ] Utilities
- [ ] Wholesale trade
- [ ] Other services (except public administration), please specify: ____________
- [ ] Prefer not to answer

---

### Section 10: Education

What type of post-secondary education programs are you currently enrolled in? Check all that apply.

- [ ] Certificate
- [ ] Diploma
- [ ] Bachelor’s degree
- [ ] Master’s degree or professional qualification (e.g. engineering, medicine)
- [ ] Doctorate
- [ ] Other, please specify: ____________
- [ ] Prefer not to answer
72. What type of post-secondary education program are you enrolled in?
- College or diploma
- Bachelor's degree
- Master's or professional degree (e.g. dentistry, medicine)
- PhD
- Other, please specify:____________
- Prefer not to answer

73. Last week, was your main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, retired or something else?
- Working at a paid job or business
- Vacation from paid work
- Looking for paid work
- Going to school, including vacation from school
- Caring for children
- Household work
- Retired
- Maternity, paternity, or parental leave
- Long term illness
- Volunteering
- Care-giving other than for children
- Other
- Prefer not to answer

74. In the past 30 days, in which of these locations did you work the most hours?
- At a fixed location outside the home (e.g., office building, factory)
- Outside the home with no fixed location (e.g., driving, making sales calls)
- At home (e.g., main residence, cottage)
- Absent from work
- I don’t know
- Prefer not to answer
### Section 10: Vaccination

76. How many doses of a COVID-19 vaccine have you received?

- [ ] None
- [ ] One dose
- [ ] Two doses
- [ ] Three doses
- [ ] Four doses
- [ ] Other, please specify: __________
- [ ] I don’t know
- [ ] Prefer not to answer

77. If an additional dose of a COVID-19 vaccine is recommended for you in the future, how likely is it that you would receive it?

- [ ] Very likely
- [ ] Somewhat likely
- [ ] Somewhat unlikely
- [ ] Very unlikely
- [ ] I don’t know
- [ ] Prefer not to answer
For what reasons would you choose not to receive a COVID-19 vaccine or an additional dose of a COVID-19 vaccine? Check all that apply.

- I don’t think it will work
- I am worried the vaccine will give me COVID-19
- I am worried about how it will work against the new variants of the virus
- I am worried about the side effects
- It depends on which vaccine I am offered
- I am worried about the effect on an existing health condition
- I am worried about the long-term effects on my health
- I don’t think it will be safe
- I am worried it might be painful
- I am pregnant or trying to get pregnant and afraid of the effects on my baby
- I don’t think I need the vaccine as I have already tested positive for COVID-19
- I don’t think I need the vaccine as I have already had COVID-19 although I did not have a positive test
- I don’t feel COVID-19 is a personal risk
- I will wait to see how well the vaccine works
- I am against vaccines in general
- I don’t have the time
- A healthcare provider has recommended against it
- I don’t have easy access to a vaccination clinic
- I don’t know where to access
- Vaccination clinic hours are not suitable
- I have previously had a bad reaction to a COVID-19 vaccine or other vaccine
- No concerns about receiving the vaccine
- Other, please specify: __________________
- Prefer not to answer
78. Are child/ren aged between 6 months and 17 years in your household up to date for their COVID-19 vaccination?
- Yes
- No
- I don't know
- Prefer not to answer

79. If an additional dose of a COVID-19 vaccine is recommended for children in the future, how likely would children in your household receive it?
- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- I don't know
- Prefer not to answer

80. If a second dose of a COVID-19 vaccine is recommended for children in the future, how likely is it that children in your household will receive it?
- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- I don't know
- Prefer not to answer

81. What are the reasons why you/he/she/they did not receive all the recommended doses of the COVID-19 vaccine for your child/children?
- I don’t know
- Prefer not to answer
80. For what reasons have child/ren in your household **not** receive all recommended doses of a COVID-19 vaccine? Check all that apply.

- I don't think it will work
- I am worried the vaccine will give them COVID-19
- I am worried about how it will work against the new variants of the virus
- I am worried about the side effects
- I am worried about the effect on an existing health condition
- I am worried about the long-term effects on their health
- I don't think it will be safe
- I am worried it might be painful
- I don't think they need the vaccine as they have already had COVID-19
- I don't feel COVID-19 is a personal risk for them
- I will wait to see how well the vaccine works
- I am against vaccines in general
- I don't have the time
- A healthcare provider has recommended against it
- I don't have easy access to a vaccination clinic
- I don't know where to access the vaccine
- Vaccination clinic hours are not suitable
- They have previously had a bad reaction to a COVID-19 vaccine or other vaccine
- No concerns about receiving the vaccine for my child/ren
- Other, please specify: __________________
- Prefer not to answer

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81. Have you received the most recent seasonal influenza (flu) vaccine?

- Yes
- No
- I don't know
- Prefer not to answer

---

82. What are the reasons why you chose **not** to receive the most recent seasonal influenza (flu) vaccine? Check all that apply.

- I did not think it was necessary
- I am concerned about discomfort or side effects
- I don't think the flu is that severe
- I don't think the flu vaccine works that well
- I have previously had a bad reaction to the flu vaccine or other vaccine
- I have had difficulty accessing
- Other, please specify: __________
- Prefer not to answer

---

83. Have any child/ren aged between 6 months and 17 years in your household received the most recent seasonal influenza (flu) vaccine?

- Yes
- No
- I don't know
- Prefer not to answer

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84. هل تلقي أي طفل/أطفال تتراوح أعمارهم بين 6 أشهر و 17 عاما في أسرتك أحدث لقاح الإنفلونزا الموسمية (الإنفلونزا)؟

- نعم
- لا
- لا أعرف
- أفضل عدم الإجابة
84. **What are the reasons why child/ren aged between 6 months and 17 years in your household chose not to receive the most recent seasonal influenza (flu) vaccine? Check all that apply.**

- [ ] I did not think it was necessary
- [ ] I am concerned about discomfort or side effects
- [ ] I don’t think the flu is that severe
- [ ] I don’t think the flu vaccine works that well
- [ ] I have previously had a bad reaction to the flu vaccine or other vaccine
- [ ] I have had difficulty accessing
- [ ] Other, please specify: __________ 
- [ ] Prefer not to answer

85. **Are child/ren in your household up to date for their age on their routine childhood immunizations? e.g., diphtheria, tetanus, pertussis.**

- [ ] Yes, my child/ren have received all recommended vaccines
- [ ] No, my child/ren have received some of the recommended vaccines
- [ ] No, my children have not received any vaccines
- [ ] I don’t know
- [ ] Prefer not to answer

86. **هل الأطفال / الأطفال في أسرتك محدثون على التطعيمات الروتينية بالنسبة لأعمارهم؟ على سبيل المثال، الخناق (الدفبريا) والكزاز (التيتانوس) والشاهوق (السعال الديكي).**

- [ ] نعم، لقد تلقى طفليي/أطفالي جميع اللقاحات الموصى بها
- [ ] لا، لقد تلقى طفليي/أطفالي بعض اللقاحات الموصى بها
- [ ] لا، لم تلق أطفالي أي لقاحات
- [ ] أخر: يرجى التوضيح: __________
- [ ] أفضل عدم الإجابة

87. **ما هي أسباب عدم تلقى الطفل / الأطفال في أسرتك جميع التطعيمات الروتينية الموصى بها؟ حدد كل ما ينطبق.**

- [ ] لا أعتقد أنها سيعفع
- [ ] أنني قلق بشأن الآثار الجانبية
- [ ] أنني قلق بشأن التأثير على حالة صحة قائمة
- [ ] أنني قلق بشأن الآثار طويلة المدى على صحتهم
- [ ] لا أعتقد أنها ستعفع
- [ ] أنا قلق من أنها قد تكون مؤلمة
- [ ] أنا ضد اللقاحات بشكل عام
- [ ] ليس لدي الوقت
- [ ] أوصي مقدم الرعاية الصحية بدفع القيام بذلك
- [ ] ليس لدي وصول سهل إلى إعداد التطعيم
- [ ] لا أعرف من أين أحصل على اللقاح
- [ ] عادات عادة التطعيم غير مناسبة
- [ ] كان لديهم سابقاً رد فعل سوء تجاه اللقاح
- [ ] لا يوجد معلومات بشأن تلقى طفليي/أطفالي التطعيمات الروتينية
- [ ] أخر، يرجى التوضيح: __________
- [ ] أفضل عدم الإجابة
86. What reasons have child/ren in your household have not received all recommended routine immunizations? Check all that apply.

- I don’t think they work
- I am worried about the side effects
- I am worried about the effect on an existing health condition
- I am worried about the long-term effects on their health
- I don’t think it will be safe
- I am worried it might be painful
- I am against vaccines in general
- I don’t have the time
- A healthcare provider has recommended against it
- I do not have easy access to a vaccination clinic
- I do not know where to access the vaccine
- Vaccination clinic hours are not suitable
- They have previously had a bad reaction to a vaccine
- No concerns about my child/ren receiving their routine immunizations
- Other, please specify: ____________________________
- Prefer not to answer

87. In the past 3 months, have you worn a face mask (that covers your nose and mouth) during the following situations with the intention to protect yourself or others from respiratory viruses such as COVID-19, Influenza (Flu), and/or Respiratory syncytial virus (RSV)?

| Indoor public spaces where physical distancing is difficult, such as public transit or a sporting event | always | often | occasionally | never | Not applicable |
|Crowded outdoor public spaces| If you have respiratory symptoms| If you have no respiratory symptoms but your household members have respiratory symptoms|

88. In the past 3 months have you worn a face mask (that covers your nose and mouth) during the following situations with the intention to protect yourself or others from respiratory viruses such as COVID-19, Influenza (Flu), and/or Respiratory syncytial virus (RSV)?

- Certain activities
- In the past 3 months, have you worn a face mask (that covers your nose and mouth) during the following situations with the intention to protect yourself or others from respiratory viruses such as COVID-19, Influenza (Flu), and/or Respiratory syncytial virus (RSV)?

89. In the past 3 months, have you worn a face mask (that covers your nose and mouth) during the following situations with the intention to protect yourself or others from respiratory viruses such as COVID-19, Influenza (Flu), and/or Respiratory syncytial virus (RSV)?
89. Can you estimate your household income, before taxes and deductions, from all sources for the last calendar (tax) year? Household refers to all family (related) or common-law members of your household (exclude roommates). If you live alone, enter your personal income.

- Under $20,000
- $20,000 to $39,999
- $40,000 to $59,999
- $60,000 to $79,999
- $80,000 to $99,999
- $100,000 to $119,999
- $120,000 to $139,999
- $140,000 to $159,999
- $160,000 to $179,999
- $180,000 to $199,999
- $200,000 and over
- I don’t know
- Prefer not to answer

90. Were you born in Canada?

- Yes
- No
- I don’t know
- Prefer not to answer

91. How long have you been in Canada?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 10 or more years
- Prefer not to answer

92. What best describes your current status?

- Canadian Citizen
- Permanent Resident (Resident Permanente)
- Temporary Resident (Visiteur Temporaire)
- Student Visa
- Work Permit
- I don’t know
- Prefer not to answer
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which of the following best describes your current status?</td>
<td>☐ Canadian citizen ☐ Permanent resident (landed immigrant) ☐ Refugee claimant ☐ Work or study permit ☐ No status ☐ I don’t know ☐ Prefer not to answer</td>
</tr>
<tr>
<td>93. ما هو أعلى مستوى دراسي أكملته؟</td>
<td>☐ أقل من المدرسة الثانوية ☐ التخرج من المدرسة الثانوية ☐ شهادة مهنية تبدو مهنية أو تدريب مهني ☐ شهادة غير جامعة أو دبلوم من كلية مجتمعية، أو مدرسة تعليم CEGEP أو مدرسة مهنية أخر، رجاء التحديد ☐ أفضل عدم الإجابة</td>
</tr>
<tr>
<td>94. What is the highest level of education you have completed?</td>
<td>☐ Less than high school graduation ☐ High school graduation ☐ Trade certificate of diploma from a vocational school or apprenticeship training ☐ Non-university certificate or diploma from a community college, CEGEP or nursing school ☐ University certificate below bachelor’s level ☐ Bachelor’s degree ☐ Graduate degree (such as a master’s or doctorate) ☐ Prefer not to answer</td>
</tr>
<tr>
<td>94. What language(s) are you comfortable speaking? Check all that apply.</td>
<td>☐ English ☐ French ☐ Indigenous language ☐ Cantonese ☐ Mandarin ☐ Punjabi (Panjabi) ☐ Spanish ☐ Arabic ☐ Dutch ☐ Farsi (Persian)</td>
</tr>
</tbody>
</table>
Which of these language(s) do you prefer receiving health information in? Check only one.

- English
- French
- Indigenous language
- Cantonese
- Mandarin
- Punjabi (Panjabi)
- Spanish
- Arabic
- Dutch
- Farsi (Persian)
- German
- Greek
- Hindi
- Italian
- Japanese
- Korean
- Portuguese
- Tagalog (Filipino)
- Taiwanese
- Tamil
- Other, please specify:
- Prefer not to answer
96. What is your sexual orientation?

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Queer
- Asexual
- My sexual orientation is: ______________________
- I don’t know
- Prefer not to answer

97. What is your marital status? Check one only.

- Never legally married
- Legally married (and not separated)
- Separated, but still legally married
- Common-law partner (people who live together as a couple but not married, regardless of duration of relationship)
- Divorced
- Widowed
- Prefer not to answer
Section 12: People who identify as First Nations, Métis or Inuit

98. In the past 12 months, did you use traditional healing practices? (Traditional healing practices can include use of traditional medicines, ceremony, assistance from healers, or other practices unique to your cultural heritage).

- Yes
- No, but I would be interested
- No, I am not interested
- I don’t know
- Prefer not to answer

99. Have you had any of the following difficulties when trying to access traditional medicine? Check all that apply.

- No difficulties in accessing traditional healing practices
- Not interested in using traditional healing practices
- Do not know enough about traditional medicine
- Do not know where to access traditional medicine
- Experienced restrictions/regulations in attempting to access traditional medicine
- Can’t afford traditional medicine
- Experience barriers to travel
- Not available in my health care setting
- Not covered by Non-Insured Health Benefits
- Barriers to childcare
- Other, please specify: __________
- Prefer not to answer

100. How often have you participated in harvesting or gathering of traditional foods? (e.g. hunting, fishing, trapping, berry gathering, etc.)

- Regularly (annually/ seasonally each year)
- Often (most years/ seasons)
- Sometimes (some years/ seasons)
- Rarely
- Never
- I don’t know
- Prefer not to answer

101. In the past 12 months, how often did you consume traditional foods?

- All the time
- Most days
- Some days
- Rarely
- Never
- I don’t know
- Prefer not to answer
### Section 12: People who identify as First Nations, Métis or Inuit

101. In the past 12 months, how often have you eaten traditional foods?
- Every day
- A few times a week
- Once a week
- 1-3 times a month
- Less than once a month
- I don’t know
- Prefer not to answer

102. How important do you consider spirituality in your life?
- Very important
- Somewhat important
- Neutral
- Somewhat not important
- Not very important
- I don’t know
- Prefer not to answer

103. Do you have any knowledge of a First Nations, Métis, or Inuit language (even if only a few words)?
- Yes
- No
- Prefer not to answer

104. How well can you understand, speak, read and write First Nations, Métis, or Inuit language?
- A few words
- Basic
- Intermediate
- Fluent
- Prefer not to answer

<table>
<thead>
<tr>
<th>How well can you understand?</th>
<th>A few words</th>
<th>Basic</th>
<th>Intermediate</th>
<th>Fluent</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### Section 12: People who identify as First Nations, Métis or Inuit

<table>
<thead>
<tr>
<th>Question</th>
<th>Could access if you wished</th>
<th>Have accessed in the past 12 months</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well can you speak?</td>
<td></td>
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<tr>
<td>How well can you read?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>How well can you write?</td>
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<tr>
<td>105. Which of the following cultural activities, services and supports</td>
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<td>do you feel you could access if you wished and which have you accessed</td>
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<tr>
<td>in the past 12 months? Check all that apply.</td>
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<tr>
<td>Language (speaking, listening, learning)</td>
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<tr>
<td>Time with Elders or Knowledge Keepers</td>
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<tr>
<td>Ceremonies or celebrations (e.g. brushdowns, potlatch, smudging, Rites of Passage, prayer, etc.)</td>
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<tr>
<td>Performing arts (e.g. dancing, singing, drumming, fiddling, jigging, etc.)</td>
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<tr>
<td>Visual arts (e.g. carving, weaving, painting, regalia making, beading, sculpting, etc.)</td>
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<tr>
<td>Cultural teachings, storytelling, customs, and protocols</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 12: People who identify as First Nations, Métis or Inuit

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathering of traditional medicines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of traditional medicines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvesting of traditional plants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation of traditional foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify:___________</td>
<td></td>
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</tbody>
</table>

### Section 13: Your Help

There are more ways you can help public health in BC be prepared to better meet your needs by participating in future population health research initiatives.

Would you be interested in participating in future population health research initiatives?

- Yes
- No
- Prefer not to answer

107. Please provide your email address, phone number and personal health number below. Your PHN will be used to help with meaningful population level analysis to support the COVID-19 response and recovery. There are very strict privacy practices in place to protect your identity and all results will be analyzed at population levels (never individual analysis). Your email address and phone number will be used to follow up with you regarding participation in the additional initiatives.

Your PHN, email address, and phone number will be stored securely and separately from your survey responses. You can find your PHN as the 10-digit number on your Care Card or the 10-digit number on the back of your BC Driver’s License or Services Card.

- Email: ___________________________
- Phone: ___________________________
- PHN: ____________________________
The BC SPEAK survey is provincial-wide, and some regions may offer a prize draw for participants who complete the survey. If you would like to be part of the prize draw in your region, please provide your email address.

Email: ________________