BC SPEAK Population Health Survey

نظر سنج کووید-19 به سی در مورد سلامت جمعیت

Information and Consent Form

اطلاعات و فرم رضایتمندی

Information and Consent Form

Principal Investigator

محققین اصلی

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دکتر جات سنندو

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مدیر کل ارشد ابداعات، همکاری و مدیریت بهداشت جمعیت

BC Centre for Disease Control BC Centre for Disease Control

 مركز کنترل بیماری های بی سی

655 West 12th Ave Vancouver, BC V5Z 4R4

604-707-2400

Introduction

مقدمه

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 will require 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”), part of the Provincial Health Services Authority, wants to understand the impacts of the COVID-19 pandemic for all BC 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 our 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 here. 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

Mazaya and Mafatilat
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 BC 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.

The platforms used to collect Survey and registration data are fully compliant with FIPPA. The Survey data is kept secure, and is stored and backed up in Canada.

منابعی که برای گردآوری نظرسنجی و ثبت اطلاعات مورد استفاده قرار می‌گیرند تماماً در تابعیت از قرار FIPPA منایبی که برای گردآوری نظرسنجی و ثبت اطلاعات مورد استفاده قرار می‌گیرند تماماً در تابعیت از قرار FIPPA
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 BCs 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 BC 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.

You can participate in the Survey even if you do not provide your PHN or contact information. You will still be able to complete the Survey and contribute to the public health response to COVID-19.

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.

In support of the BCs 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. You will still be able to complete the Survey and contribute to the public health response to COVID-19.

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.

PHN: 4
Sharing the Results

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

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]

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(فرنگی: هر عددی)

2. In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way we are treated by individuals and institutions, and this may affect our health. 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: __________
- Prefer not to answer

3. Are you Status First Nations?  

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

(فرنگی: اگر خود را به عنوان یکی از افراد فرست نیشن (بومی) تلقی می‌کنید، آیا در یک رزو زندگی می‌کنید و یا خارج از آن؟

- در یک رزو
- خارج از یک رزو
- ترجیح می‌دهم پاسخ ندهم
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: ____________

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. 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
آیا تاکنون یک پزشک، موارد زیر را برای شما تشخیص داده است؟ همه موارد مربوط را علائم پزیده.

<table>
<thead>
<tr>
<th>هیچ یک از موارد فوق</th>
<th>ترجیح می‌دهم پاسخ ندهم</th>
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</thead>
<tbody>
<tr>
<td>دیابت</td>
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<tr>
<td>فشار خون بالا</td>
<td></td>
</tr>
<tr>
<td>بیماری قلبی</td>
<td></td>
</tr>
<tr>
<td>سرطان، ریه</td>
<td></td>
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<tr>
<td>سرطان. سینه</td>
<td></td>
</tr>
<tr>
<td>سرطان. پروستات</td>
<td></td>
</tr>
<tr>
<td>سرطان. روده ای معده</td>
<td></td>
</tr>
<tr>
<td>سرطان. پوست</td>
<td></td>
</tr>
<tr>
<td>سرطان. دیگر مشخص کنید:</td>
<td></td>
</tr>
</tbody>
</table>

| بیماری مزمن مزمن (مانند بیماری کرون، سندرم روده تحریک پذیر با ابتلا به معده) |
| بیماری مزمن پوستی (مانند: سرویامس) |
| بیماری مزمن (مانند COPD، پروستات مزمن با افژن) |
| عادت‌ها برای درمانی |
| زخم‌های معده و چربی |
| سکته‌های مغزی |
| بیماری ازایم و یا کمری فراموشی دیگر |
| بیماری‌های روحی (مانند افسردگی، اختلال دو قطبی، مانیا، پایان یابای افسردگی) |
| اختلالات اضطرابی (مانند: غرباله، اختلالات وسواسی و یا پایین) |
| بیماری‌های خونی |
| بیماری‌های دیگر |
| نقش بیماری انسدادی (BMI - اضافه وزن (BMI - بیش از 29.9) | اضافه وزن (BMI - بیش از 30.9) |
| چاقی مفرط (BMI - بیش از 30.9) |
| پرفکت سی （BMI - بیش از 30.9) |
| هیچ یک از موارد فوق |                        |
| ترجیح می‌دهم پاسخ ندهم |                        |
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)
- [ ] Memory (e.g. frequent episodes of confusion)
- [ ] Substance use dependence
- [ ] Other, please specify: __________________
- [ ] 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
Section 2: Your Health

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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat in or take out meal from a fast-food chain</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
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<td></td>
</tr>
<tr>
<td>Eat at least one meal a day together with your family or a friend. Total possible 7 days</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. Which of the following best describes your cigarette use?

- [ ] I smoke cigarettes daily
- [ ] I smoke cigarettes occasionally
- [ ] I no longer smoke cigarettes, but I used to smoke cigarettes daily
- [ ] I no longer smoke cigarettes, but I used to smoke cigarettes occasionally
- [ ] I have never smoked cigarettes
- [ ] I don’t know
- [ ] Prefer not to answer
### Section 2: Your Health

The following question is about electronic cigarettes (e-cigarettes) or vaping devices. Please exclude vaping cannabis.

22. In the past 12 months, how often have you used an electronic cigarette (e-cigarette) or vaped?

- 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

23. In the past 12 months, how often have you used cannabis, marijuana or hashish?

- 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
### Section 2: Your Health

<table>
<thead>
<tr>
<th>Question</th>
<th>Arabic</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. In the past 12 months, how often did you drink alcoholic beverages?</td>
<td>در 12 ماه گذشته، چند بار مشروب الکلی نوشیده اید؟</td>
<td>In the past 12 months, how often did you drink alcoholic beverages?</td>
</tr>
<tr>
<td>□ Never</td>
<td>□ هرگز</td>
<td>□ Never</td>
</tr>
<tr>
<td>□ Less than once a month</td>
<td>□ کمتر از یک بار در ماه</td>
<td>□ Less than once a month</td>
</tr>
<tr>
<td>□ Once a month</td>
<td>□ یک بار در ماه</td>
<td>□ Once a month</td>
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<tr>
<td>□ 2 to 3 times a month</td>
<td>□ 2 تا 3 بار در ماه</td>
<td>□ 2 to 3 times a month</td>
</tr>
<tr>
<td>□ Once a week</td>
<td>□ یک بار در هفته</td>
<td>□ Once a week</td>
</tr>
<tr>
<td>□ 2 to 3 times a week</td>
<td>□ 2 تا 3 بار در هفته</td>
<td>□ 2 to 3 times a week</td>
</tr>
<tr>
<td>□ 4 to 6 times a week</td>
<td>□ 4 تا 6 بار در هفته</td>
<td>□ 4 to 6 times a week</td>
</tr>
<tr>
<td>□ Every day</td>
<td>□ هر روز</td>
<td>□ Every day</td>
</tr>
<tr>
<td>□ I don’t know</td>
<td>□ نمیدانم</td>
<td>□ I don’t know</td>
</tr>
<tr>
<td>□ Prefer not to answer</td>
<td>□ ترجیح می‌دهم پاسخ ندهم</td>
<td>□ Prefer not to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Male respondents</th>
<th>مردان مشارکت کننده</th>
<th>Male respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. 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.</td>
<td>در 12 ماه گذشته، چند بار 5 مشروب الکلی یا بیشتر را در یک بار نوشیده اید؟ یک اندازه مشروب الکل شامل: یک گیلاس آبجو، یک گیلاس کوچک شراب و یا یک شات مشروب الکلی قوی است.</td>
<td>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.</td>
</tr>
<tr>
<td>□ Never</td>
<td>□ هرگز</td>
<td>□ Never</td>
</tr>
<tr>
<td>□ Less than once a month</td>
<td>□ کمتر از یک بار در ماه</td>
<td>□ Less than once a month</td>
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<tr>
<td>□ Once a month</td>
<td>□ یک بار در ماه</td>
<td>□ Once a month</td>
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<tr>
<td>□ 2 to 3 times a month</td>
<td>□ 2 تا 3 بار در ماه</td>
<td>□ 2 to 3 times a month</td>
</tr>
<tr>
<td>□ Once a week</td>
<td>□ یک بار در هفته</td>
<td>□ Once a week</td>
</tr>
<tr>
<td>□ More than once a week</td>
<td>□ بیش از یک بار در هفته</td>
<td>□ More than once a week</td>
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<tr>
<td>□ I don’t know</td>
<td>□ نمیدانم</td>
<td>□ I don’t know</td>
</tr>
<tr>
<td>□ Prefer not to answer</td>
<td>□ ترجیح می‌دهم پاسخ ندهم</td>
<td>□ Prefer not to answer</td>
</tr>
</tbody>
</table>
### Section 2: Your Health

#### Female respondents

26. 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

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

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

- I have not used any substances
- 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, Dextroamphetamine, Adderall)
- Other, please specify: ___________________________
- I don’t know
- Prefer not to answer

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29. **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
### Section 2: Your Health

#### Q30. 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>Same</th>
<th>Some what less</th>
<th>Significantly less</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking, running, or cycling for recreation</td>
<td></td>
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<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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<tr>
<td>Sugary beverage consumption (pop/soda, energy, or sports drinks)</td>
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<td></td>
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<tr>
<td>Sleep</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Drink alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use cannabis (e.g. marijuana)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecting with friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecting with family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use public transit (e.g. bus, sky train, sea bus)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Activate 

## در مقایسه با سال گذشته، آیا بعضی از رفتارهای شما تغییر کرده است؟

<table>
<thead>
<tr>
<th>رفتار/کارکرد</th>
<th>اصل</th>
<th>ترجیح می‌دهم</th>
<th>پاسخ دهم</th>
<th>به طور کمتر</th>
<th>به طور قطعی</th>
<th>به طور کمتر</th>
<th>به طور قطعی</th>
<th>پیاده روی، دویدن یا دوچرخه سواری برای سرگرمی</th>
<th>پیاده روی، دویدن یا دوچرخه سواری برای رفت و امتداد</th>
<th>سابز ورزش‌ها یا عامل‌های تحت عنوان</th>
<th>مصرف مواد سریزی</th>
<th>مصرف کانابیس (مانند ماری‌جواه)</th>
<th>ارتباط با دوستان</th>
<th>ارتباط با خانواده</th>
<th>استفاده از وسایل حمل و نقل عمومی (مانند الیوی، sky train)</th>
<th>استفاده از وسایل حمل و نقل عمومی (مانند الیوی، sea bus)</th>
</tr>
</thead>
</table>

*BC SPEAK Survey*
### Section 3: Mental Health

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

32. **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

33. **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
### Section 3: Mental Health

34. **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, please specify: ____________________
- Nothing
- I don’t know
- Prefer not to answer

35. **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
### Section 3: Mental Health

#### 36. How would you describe your sense of belonging to your local community?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very strong</td>
<td></td>
</tr>
<tr>
<td>Somewhat strong</td>
<td></td>
</tr>
<tr>
<td>Somewhat weak</td>
<td></td>
</tr>
<tr>
<td>Very weak</td>
<td></td>
</tr>
<tr>
<td>I don’t know</td>
<td></td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td></td>
</tr>
</tbody>
</table>

**Arabic:**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>شدید</td>
<td></td>
</tr>
<tr>
<td>قوی</td>
<td></td>
</tr>
<tr>
<td>ضعیف</td>
<td></td>
</tr>
<tr>
<td>نه</td>
<td></td>
</tr>
<tr>
<td>ترجیح من نمی‌دهم</td>
<td></td>
</tr>
</tbody>
</table>

#### 37. In the past 12 months, have you experienced any increased conflict or disruption in your household or where you live?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, none</td>
<td></td>
</tr>
<tr>
<td>Yes, household members occasionally more short-tempered with one another; no physical harm</td>
<td></td>
</tr>
<tr>
<td>Yes, household members more frequently short-tempered with one another; or children in the home getting in physical fights with one another</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>Yes, other, please specify: ___________</td>
<td></td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td></td>
</tr>
</tbody>
</table>

**Arabic:**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>خیر، هیچ</td>
<td></td>
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<tr>
<td>نه</td>
<td></td>
</tr>
<tr>
<td>بله، اعضای خانواده که یکدیگر با یکدیگر بهبود بخاطر منجر به شدید می‌شوند</td>
<td></td>
</tr>
<tr>
<td>نه</td>
<td></td>
</tr>
<tr>
<td>بله، اعضای خانواده اغلب اوقات در منزل با هم یا با فرزندان با او در فیزیک با هم در گیر می‌شوند</td>
<td></td>
</tr>
<tr>
<td>نه</td>
<td></td>
</tr>
<tr>
<td>بله، اعضای خانواده اغلب اوقات در منزل با هم یا با فرزندان و افراد بزرگسال چهارگانه با یکدیگر می‌پرتابند، می‌بزنند، می‌یارند و نه</td>
<td></td>
</tr>
<tr>
<td>نه</td>
<td></td>
</tr>
<tr>
<td>ترجیح من نمی‌دهم</td>
<td></td>
</tr>
</tbody>
</table>
### Section 3: Mental Health

#### 38. 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

#### 39. 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

#### 40. 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
Section 3: Mental Health

- 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

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

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

Aya در 12 ماه گذشته زمین یا بوته است که احساس کرد یا بهداشت روان خود به کمک نداخت. اما کمک دریافت نکرده یا نشست؟ (میتواند شامل مشکلات روحی یا استفاده از الکل و سایر مواد مخدر باشد)

- ترجیح می‌دهم پاسخ ندهم

پس از آخرین باری فکر کنید که برای مشکلی روحی یا عاطفی به حمایت نیاز داشتید، برای دریافت این حمایت به کجا مراجعه کردید؟

- نیازی به کمک های عاطفی یا مربوط به بهداشت روان نداشت‌ام
- مطلب‌های مشکل‌ناپیم‌، افراد برای بهداشت عمومی
- اورژانس بیمارستان
- مرکز مراقبت‌های اضطراری
- دیگر، لطفا مشخص کنید: ________________
- I don’t know

در هفته گذشته چند مرتبه احساس امیدواری به آینده‌ای؟

- بهیچ وجه یا کمتر از یک روز
- 1 تا 2 روز
- 3 تا 4 روز
- 5 تا 7 روز
- نمی‌دانم
- ترجیح می‌دهم پاسخ ندهم
### Section 3: Mental Health

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

### Section 4: Your Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a regular health care provider (such as a family doctor, clinic or nurse practitioner)?</td>
<td>- Yes</td>
</tr>
<tr>
<td></td>
<td>- No</td>
</tr>
<tr>
<td></td>
<td>- I don't know</td>
</tr>
<tr>
<td></td>
<td>- Prefer not to answer</td>
</tr>
</tbody>
</table>
45. **What are the reasons why you do not have a regular health care provider?**

- Do not need one in particular, but you have a usual place of care
- No one available in the area
- No one in the area is taking new patients
- [You] have not tried to find one
- Had one who left or retired
- Other, please specify: __________________
- I don’t know
- Prefer not to answer

46. **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
47. 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

48. 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>49. What type of home do you live in?</td>
<td>- Single detached home</td>
</tr>
<tr>
<td></td>
<td>- Semi-detached home (double) or duplex</td>
</tr>
<tr>
<td></td>
<td>- Townhouse (row or terrace)</td>
</tr>
<tr>
<td></td>
<td>- Basement suite</td>
</tr>
<tr>
<td></td>
<td>- Laneway house</td>
</tr>
<tr>
<td></td>
<td>- Apartment or condo</td>
</tr>
<tr>
<td></td>
<td>- Residential care or long-term care facility</td>
</tr>
<tr>
<td></td>
<td>- Mobile home</td>
</tr>
<tr>
<td></td>
<td>- Dormitory/college or university residences</td>
</tr>
<tr>
<td></td>
<td>- Boarding house</td>
</tr>
<tr>
<td></td>
<td>- Shelter/hostel</td>
</tr>
<tr>
<td></td>
<td>- Single room occupancy hotel</td>
</tr>
<tr>
<td></td>
<td>- Supportive housing</td>
</tr>
<tr>
<td></td>
<td>- Friends house</td>
</tr>
<tr>
<td></td>
<td>- I have no permanent home</td>
</tr>
<tr>
<td></td>
<td>- Other, please specify:</td>
</tr>
<tr>
<td></td>
<td>- Prefer not to answer</td>
</tr>
</tbody>
</table>

| 50. Do you live by yourself?                                           | - Yes                                                                   |
|                                                                         | - No                                                                    |
|                                                                         | - Prefer not to answer                                                  |

| 51. How many other people live in your household, not including yourself? | - _______________ number                                               |


Section 5: Your Household

52. 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></td>
<td>(Aged less than 1 year, Aged 1-4 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 say)</td>
</tr>
<tr>
<td></td>
<td>Aged 5-12 years, Aged 13-17 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aged 18-39 years, Aged 40-64 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aged 65-79 years, Aged 80 or more years</td>
<td></td>
</tr>
<tr>
<td>Person 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

لطفاً تعداد نفرات هر یک از بانه‌های سنی که در خانوار شما زندگی می‌کنند را معین کنید، و نسبت آنها را با خودتان مشخص کنید.

<table>
<thead>
<tr>
<th>نسبت با شمار</th>
<th>نسبت پدرانی سالن</th>
<th>اندازه خانواده</th>
</tr>
</thead>
<tbody>
<tr>
<td>شخص 1</td>
<td>(کمتر از 1 سال سن، بین 1 تا 4 سال سن)</td>
<td>1 نفر</td>
</tr>
<tr>
<td>شخص 2</td>
<td>بین 5 تا 12 سال سن</td>
<td></td>
</tr>
<tr>
<td>شخص 3</td>
<td>بین 13 تا 17 سال سن</td>
<td></td>
</tr>
<tr>
<td></td>
<td>بین 18 تا 39 سال سن</td>
<td></td>
</tr>
<tr>
<td></td>
<td>بین 40 تا 65 سال سن</td>
<td></td>
</tr>
<tr>
<td></td>
<td>بین 66 تا 79 سال سن</td>
<td></td>
</tr>
<tr>
<td></td>
<td>80 سال سن یا بالاتر</td>
<td></td>
</tr>
</tbody>
</table>

شمار 1

شمار 2

شمار 3
### Section 5: Your Household

53. 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
### Section 5: Your Household

54. 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>
</tr>
<tr>
<td>Having enough bedrooms</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being affordable</td>
<td></td>
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<tr>
<td>Its condition</td>
<td></td>
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<tr>
<td>Blocking regular noise from outside or from neighbours</td>
<td></td>
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</tr>
<tr>
<td>Being accessible to someone with a physical limitation</td>
<td></td>
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</tr>
<tr>
<td>Being safe and secure within the home</td>
<td></td>
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<tr>
<td>Being energy efficient</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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</tr>
</tbody>
</table>

Az کدام یک از جنبه‌های مسکن خود را راضی هستید؟

<table>
<thead>
<tr>
<th>ترجیح میده‌م یا نمی‌دهم</th>
<th>بسیار راضی</th>
<th>نه راضی و نه غیر راضی</th>
<th>غیر راضی</th>
<th>نه راضی و نه</th>
<th>بسیار ناراضی</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### Section 6: Your Children

**55.** 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

**56.** 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
**Section 6: Your Children**

**57. Please indicate how your child/ren’s wellbeing has changed?**

<table>
<thead>
<tr>
<th></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>
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</thead>
<tbody>
<tr>
<td>Physical activity</td>
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<tr>
<td>Stress</td>
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<td>Screen time</td>
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<tr>
<td>Fruit and vegetable</td>
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<td>Sugar beverage consumption</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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<tr>
<td>Learning</td>
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<td>Sleep</td>
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<tr>
<td>Culture events</td>
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<tr>
<td>Extra-curricular activities</td>
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</table>

**لطفا مشخص کنید که تندرستی فرزند یا فرزندان شما چگونه تغییر کرده است؟**

| فعالیت بدنی | استرس | مدت استفاده از وسایل الکترونیک | مصرف میوه و سبزیجات | مصرف نوشیدنی شیرین | برقراری ارتباط با دوستان | برقراری ارتباط با خانواده | آموزش | جواب | روابط‌های
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</tbody>
</table>
Section 6: Your Children

58. 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

آیا در 12 ماه گذشته، در دسترسی به خدمات آزمایشی، خاص، اضطراری یا درمانی، در منزل یا در منزل بچه‌ها یا بچه‌نامه‌ها شما به مشکل بوده‌اید؟ همه نظرات خود را در لیست زیر بررسی کنید.

- دکتر خانواده
- جراحی
- خدمات تشخیصی (_UART، آزمایشگاه، عکسبرداری، انوسکوپی، آنژیوگرافی و غیره)
- خدمات اورژانسی یا فوریت (مانند پزشک یا پزشک)
- خدمات یا خاص (مانند پزشک یا پزشک، متخصص چشم، متخصص زنان و زایمان، متخصص دیگر)
- خدمات یا تکمیلی (مانند فیزیوتراپی، ماساژ درمانی، مزایک، کارپورکتر)
- ایمنی مزایی در مقابل کووید-19
- ایمنی مزایی در مقابل انفلوآنزا
- ایمنی مزایی معمول (بیش از کووید-19 و انفلوآنزا)
- ایمنی مزایی بهداشتی (مانند پزشک یا پزشک)
- طب سنتی و شگاه پایی
- سایر موارد، لطفا مشخص کنید: -----------
- انتخاب من دوم پاسخ دنی
- انتخاب من نمی‌دانم
- انتخاب من انتخاب نمی‌کنم
59. 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

60. 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
**Section 7: Your Circumstances**

Please indicate whether the following statement is often true, sometimes true, or never true during the past 12 months.

61. You worry that food will run out before you get money to buy more.
   - [ ] Often true
   - [ ] Sometimes true
   - [ ] Never true
   - [ ] I don’t know
   - [ ] Prefer not to answer

62. 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

---

**Section 8: Environment**

63. 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neutral</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>Prefer not to answer</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>
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<tr>
<td>There are sidewalks in my neighborhood that are well maintained (paved, with few cracks) and not obstructed</td>
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<tr>
<td>Many shops, restaurants, services and facilities are within easy walking/rolling or cycling distance of my home</td>
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<tr>
<td>A large selection of fruits and vegetables is available in my neighborhood</td>
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<tr>
<td>There are many attractive natural sites in my neighborhood (such as landscaping, views or parks)</td>
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<tr>
<td>Traffic in my neighborhood makes it difficult, unpleasant, or unsafe to walk</td>
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<tr>
<td>Traffic in my neighborhood makes it difficult, unpleasant, or unsafe to bike</td>
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</tr>
</tbody>
</table>
I feel safe being alone in my neighborhood after dark.
I see a lot of people walking and cycling in my neighborhood.
It is safe and convenient to get around in my neighborhood using mobility aids, such as a stroller, wheelchair, scooter, or walker.

In this area, people walk, cycle, and use mobility aids.

A question about the neighborhood location.
When thinking about this place, is there a distance of 20 minutes by walking or 1 mile (1.6 kilometers) from your home?

Please express your agreement or disagreement with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel safe being alone in my neighborhood after dark.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I see a lot of people walking and cycling in my neighborhood.</td>
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</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>
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</tbody>
</table>

In this area, there are options for walking and cycling.

A question about traffic conditions.
When only being there, is the walking or cycling experience uncomfortable or unsafe?

In this area, there are options for walking and cycling.

A question about the neighborhood location.
When thinking about this place, is there a distance of 20 minutes by walking or 1 mile (1.6 kilometers) from your home?
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, please specify:_________________
- [ ] I don’t know
- [ ] Prefer not to answer
65. 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)
- Other - Specify
- I don't know
- Prefer not to answer

66. Did this emergency result in a severe impact on your health and wellbeing?

- Yes
- No
- Prefer not to answer

67. Is your home or where you live able to provide you with a space that is cool during very hot weather?

- Yes
- No
- Prefer not to answer
68. **Is your home or where you live equipped with an air conditioner or a heat pump?**
- 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

69. **When the weather is hot in your community how do you change your daily activities? Check all that apply.**
- 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
- I reduce activity during the hottest times of the day
- Other: specify
- I have not been around when there is a heat warning in my community
- Prefer not to answer
70. 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

71. 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 don’t feel safe using these spaces
- I prefer greenspaces or parks in other communities
- I am worried I may experience discrimination
- Other, please specify: ________________________
- There is nothing stopping me from using public greenspaces in my community more often
- I don’t feel like I need to use public greenspaces in my community more often
- Prefer not to answer
### Section 9: Your Occupation

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

- [ ] 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
73. 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

74. 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

75. 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
</table>
| **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** | - Very likely
|                                                                          | - Somewhat likely
|                                                                          | - Somewhat unlikely
|                                                                          | - Very unlikely
|                                                                          | - I don’t know
|                                                                          | - Prefer not to answer                                                 |
| **78. For what reasons would you choose not to receive a COVID-19 vaccine**| - 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 do not have easy access to a vaccination clinic
|                                                                          | - I do not 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
Section 10: Vaccination

79. 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

80. 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
## Section 10: Vaccination

### 81. 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 don’t have the time
- [ ] A healthcare provider has recommended against it
- [ ] I don’t have easy access to a vaccination clinic
- [ ] Prefer not to answer

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

- [ ] Yes
- [ ] No
- [ ] I don’t know
- [ ] Prefer not to answer
83. 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

84. 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

85. 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
### Section 10: Vaccination

**86.** 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

**87.** What reasons why 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 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 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 vaccine
- [ ] No concerns about my child/ren receiving their routine immunizations
- [ ] Other, please specify: __________________
- [ ] Prefer not to answer
### Section 10: Vaccination

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 RSV?

<table>
<thead>
<tr>
<th>Situation</th>
<th>always</th>
<th>often</th>
<th>occasionally</th>
<th>never</th>
<th>not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor public spaces where physical distancing is difficult, such as public transit or a sporting event</td>
<td></td>
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<tr>
<td>Crowded outdoor public spaces</td>
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<tr>
<td>If you have respiratory symptoms</td>
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<tr>
<td>If you have no respiratory symptoms but your household members have respiratory symptoms</td>
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</tbody>
</table>

افراد مبتلا به COVID-19، آنفولانزا (Flu) و ویروس رسو (RSV) استفاده کرده‌اند؟

آیا در 3 ماه گذشته در موقعیت‌هایی که ماسک صورت (که بین و دهان شما را پوشاند) به منظور محافظت از خود با دیگران در بازی ویروس‌های تنفسی مانند COVID-19، استفاده کرده‌اید؟

فضاهای عمومی اجتماعی که در آن فعالیت‌های اجتماعی انجام شده‌اند (فیلیپین) مشاوره باشد، مانند وسایل نقلیه عمومی یا در پی روباه ورزشی، فضاهای باز، مانند عمومی و نوشته

اگر عوارض تنفسی دارید

اگر هیچ نوع عوارض تنفسی ندارید، اما اعضای خانواده شما عوارض تنفسی دارند

هواشمندی‌های برای درک سلامت و رفاه جامعه خود، ما را با یادمانده که شما چگونه تحت تأثیر قرار گرفته‌اید؟

وضعیت سلامت جسمی و روان شما چگونه است؟

اگر می‌گوید با جمعیت خود ارتباط دارید؟

سلامت و رفاه جامعه شما چگونه است؟
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
### Section 11: Demographics

#### 92. Which of the following best describes your current status?
- [ ] Canadian citizen
- [ ] Permanent resident (landed immigrant)
- [ ] Refugee claimant
- [ ] Work or study permit
- [ ] No status
- [ ] I don’t know
- [ ] Prefer not to answer

#### 93. What is the highest level of education you have completed?
- [ ] 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
### Section 11: Demographics

94. What language(s) are you comfortable speaking? Check all that apply.

- [ ] 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
### Section 11: Demographics

95. 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

به کدامیک از این زبان‌ها مایلید اطلاعات بهداشتی را دریافت کنید؟ تنها یکی را علامت بزنید.
### Section 11: Demographics

**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

The following questions are specific to individuals completing the survey who are First Nations, Métis, or Inuit. We are interested in learning more about what is important to you as a First Nations, Métis, or Inuit person, whether you can access cultural knowledge when you wish, and whether more cultural knowledge should be available to strengthen Indigenous health and wellness. We acknowledge that Indigenous peoples express and engage with their culture in a variety of ways. Everyone’s opinions are important so please answer each question in whatever way you feel relates to you.

These questions were developed in collaboration with Elders, First Nation communities, First Nations Health Authority, and urban Indigenous organizations.

سوالات زیر مختص افراد فست لینش، متبیس با ای‌آنورسی است که که این توجه‌سنجی را تکمیل می‌کنند. ما علاقه‌مند هستیم که برای شما به عنوان یک فست لینش، متبیس با ای‌آنورسی مهم است که اطلاعات بیشتری کسب کنیم و اینکه ایا در صورت تمایل قادر به دسترسی به دانش فرهنگی هستید و ایا اینکه دانش فرهنگی رفتاری باید برای تقویت سلامت و تندروی وانی در دسترس ایانش قرار گیرد. ما اذعان داریم که افراد بومی فرهنگی جویا به طریق مختلف ابراز کرده و به آن می‌پردازند. نظارت همه افراد اهمیت دارد، با این لحاظ که هر یک از سوالات به هر شکلی که فکر می‌کنید به شما مربوط می‌شود پاسخ دهید.

این سوالات با همکاری برگزگان، جوامع فست لینش، سازمان بهداشت فست لینش، ها و سازمان‌های بومی شهری به همراه است.

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

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

آیا در 12 ماه گذشته از هیچ‌کدام از شیوه‌های درمانی استفاده کرده‌اید؟ (شیوه‌های درمانی می‌تواند شامل درگیری در داروهای درمانی، مراسم، در پلت کمک از شاگردانه یا یا تجربه‌های علاج شخصی در میان مردم شما باشد).

بله
خیر، اما علاقلند هستم
خیر، علاقلنده ای ندارم
نه دائم
نه کسی
ترجیح می‌دهم پاسخ دهم

آیا باریستسی می‌گویید به طی سنتی با هیچ‌کدام از مشکلات زیر روبرو بوده اید؟ کام مورد مرتبه‌رلا علامت زنده.

در دسترسی به طی سنتی مشکلی وجود نداشته است
علاقلندی به استفاده از شیوه‌های طبیعی سنتی نیاز نیامد
به تمام کافی رعایت به طی سنتی نمی‌پذیرم
تمدیدانی از کجا به طب سنتی دسترسی پیدا کنم
در کوشش برای دسترسی به طب سنتی با محدودیت‌های یا یا مقرراتی روبرو شده‌ام
طب سنتی برایم معرق صبر نمی‌نمایم
با موانع رایا سفر کردن مواجه هستم
در امور کاندیدای اختصاصی در رابطه با من چون ندارد
تحت پوشش مرکزی درمانی. غیر پس از این نیست
موانعی در مراقبت‌ها که است
سایر موارد، لطفاً مشخص کنید: __________
ترجیح می‌دهم پاسخ دهم
### Section 12: People who identify as First Nations, Métis or Inuit

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 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 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 |

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**BC Speak Survey**

Your Story  
Our Future
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?

<table>
<thead>
<tr>
<th></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>
<td>How well can you understand?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How well can you speak?</td>
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<tr>
<td>How well can you read?</td>
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<td></td>
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<tr>
<td>How well can you write?</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

You can choose one level in each row from the following:
- A few words
- Basic
- Intermediate
- Fluent
- Prefer not to answer
| Section 12: People who identify as First Nations, Métis or Inuit |  |
|---|---|---|
| 105. Which of the following cultural activities, services and supports do you feel you could access if you wished and which have you accessed in the past 12 months? Check all that apply. | Could access if you wished | Have accessed in the past 12 months |
| Language (speaking, listening, learning) |  |  |
| Time with Elders or Knowledge Keepers |  |  |
| Ceremonies or celebrations (e.g. brushdowns, potlach, smudging, Rites of Passage, prayer, etc.) |  |  |
| Performing arts (e.g. dancing, singing, drumming, fiddling, jigging, etc.) |  |  |
| Visual arts (e.g. carving, weaving, painting, regalia making, beading, sculpting, etc.) |  |  |
| Cultural teachings, storytelling, customs, and protocols |  |  |
| Gathering of traditional medicines |  |  |
| Use of traditional medicines |  |  |
| Harvesting of traditional plants |  |  |
| Preparation of traditional foods |  |  |
| None of the above |  |  |
| Other, please specify:_________ |  |  |
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.

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

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

ایا در این هر چیز باید به شرکت در نوآوری پزشکی جامعه بپردازید؟

- [ ] بله
- [ ] خیر
- [ ] اطلاعیه شخصی ندارم

ترجمه محقق یکتا دهه
Your willingness to actively support BC’s public health response is greatly appreciated. This question is VOLUNTARY and is not used to connect the survey results with your information and care.

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 public health in BC. 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: ____________________________