



## BC COVID-19 Population Health Survey

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### Information and Consent Form

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#### Introduction

The BC Population Survey (the “Survey”) has been developed as a result of the continuing global spread of COVID-19 which will require ongoing public health surveillance and response activities into the coming months and years. 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 COVID-19 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 perceptions of COVID-19, 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, vaccination considerations, and broader policy considerations and equity to support recovery. It is estimated that the Survey will take 15-20 minutes to complete.

#### 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 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](mailto: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.

At the end of the Survey, you will be asked for your contact information if you wish to be contacted for future related projects to the BC COVID-19 response.

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.

In support of the COVID-19 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 will also 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.

### **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 in order 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](mailto:covid19.speak@bccdc.ca).

### **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.

This project has been reviewed and approved by the research ethics board at the University of British Columbia.

By completing the Survey, **you agree that consent has been given.**

# COVID-19 SPEAK: Your Story, Our Future – Round 2

BC COVID-19 SPEAK 2 (Survey on Population Experience, Actions, and Knowledge) Spring 2021

COVID-19 Population Health Survey for Adult Residents of British Columbia, Canada

## Section 1: About You

1. What is your age?

[Open Number]

2. Do you consider yourself to be (check all that apply)

- First Nations
- Métis
- 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. Do you live in your home community (on reserve)?

- Yes, full-time
- Yes, part-time/ seasonally
- No
- Prefer not to answer

4. Are you status First Nations?

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

5. Do you identify as Two-Spirit?

- Yes
- No
- Prefer not to answer

**The following questions are about your gender and sex at birth.**

6. What is your gender identity? Check all that apply.

- Man
- Woman
- Transgender
- Non-binary
- Prefer to self-describe as: \_\_\_\_\_
- Prefer not to answer

7. What was your sex at birth?

- Male
- Female
- Prefer not to answer

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

9. What other municipality (city, town, etc.) do you live in?

[Free text]

10. What First Nations community do you live in?

[Free text]

What is your postal code? (e.g. V1A 2B3).

\_\_\_\_\_ (Please enter in upper case)

I do not have a postal code

## Section 2: COVID-19 Exposure and Testing

11. Have you ever tested positive for COVID-19?

- Yes
- No, my test was negative
- I am waiting to receive the results
- I have never been tested
- I don't know
- Prefer not to answer

12. Why have you never been tested for COVID-19? Check all that apply.

- I have never had symptoms
- Testing was unavailable or difficult to access
- Testing is inconvenient and time-consuming
- Result takes too long
- I am afraid of getting COVID-19 from a testing site
- I am worried about getting a positive result (e.g. on work, school, or social life)
- I don't trust that results are kept confidential
- I have experienced discrimination when accessing health care
- I fear blame for spreading COVID-19
- I am afraid of the test procedure
- I can't take time off work for testing
- I was told to self-isolate instead of getting tested
- I don't have transportation to get to or from a testing site
- I don't have someone to watch my children/other people in my care while I go to a testing site
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

13. Have you ever avoided being tested for COVID-19? Check all that apply.

- No
- Yes, but I only had mild symptoms
- Yes, testing was unavailable or difficult to access
- Yes, testing is inconvenient and time-consuming
- Yes, results take too long
- Yes, I am afraid of getting COVID-19 from a testing site
- Yes, I am worried about getting a positive result (e.g. on work, school, or social life)
- Yes, I don't trust that results are kept confidential
- Yes, I have experienced discrimination when accessing health care
- Yes, I fear blame for spreading COVID-19
- Yes, I am afraid of the test procedure
- Yes, I can't take time off work for testing
- I don't have transportation to get to or from a testing site
- I don't have someone to watch my children/other people in my care while I go to a testing site
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

14. Have you ever been identified as a close contact to someone with COVID-19 or told to self-isolate by Public Health?

- Yes
- No
- Prefer not to answer

15. Did you have a place where you could self-isolate for the whole time of your isolation period?

- I was able to self-isolate in my own home
- I was able to self-isolate in someone else's home
- I was able to self-isolate in a hotel
- I received assistance with finding a place to self-isolate (e.g. through Health Authority, BC Housing, First Nations Health Authority)
- Other, please specify: \_\_\_\_\_
- No, I was not able to self-isolate
- Prefer not to answer

16. Why could you not self-isolate for the whole time of your isolation period? Check all that apply.

- I live in a home that does not have enough space to self-isolate
- I live in a group or communal living setting
- I care for someone else (e.g. child, elder)
- I could not take time off work
- I could not afford to take time off work
- I wanted to see friends/family
- I needed to go out for food or other necessary items
- I was having trouble coping with the isolation
- I have no permanent home
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

### Section 3: Your Health

17. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

19. Has a doctor ever diagnosed you with any of the following conditions? Check all that apply.

- Diabetes
- High blood pressure
- Heart disease
- Chronic breathing condition (e.g. asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis or emphysema)
- Cancer
- Liver disease
- Kidney disease
- Immunocompromised
- Overweight (BMI 25-29.9)
- Obese (BMI 30 or more)
- Other; specify:
- None of the above
- Prefer not to answer

20. 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)
- Other; Please specify
- Prefer not to answer

21. Are you currently pregnant?

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

22. Which of the following best describes your smoking or vaping use?

- I have never smoked/vaped
- I smoke/vape daily
- I smoke/vape occasionally
- I no longer smoke/vape, but I used to smoke/vape daily
- I no longer smoke/vape, but I used to smoke/vape occasionally
- I don't know
- Prefer not to answer

23. 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

24. 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

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

	How many times	I don't know	Prefer not to answer
Drink fruit juice			
Drink other sugary beverage <i>e.g. regular pop/soda, energy or sports drinks</i>			
Eat in or take out meal from a fast-food chain			
Eat a home-made meal consumed at home or away from home (such as brought lunch to school or work) <i>Consider 3 meals per day or 21 meals per 7 days</i>			
Eat at least one meal a day together with your family or a friend <i>Total possible 7 days</i>			

26. 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

27. 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

MALE RESPONDENTS

Please answer according to your sex at birth

28. 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

<p>FEMALE RESPONDENTS</p> <p>Please answer according to your sex at birth</p>	<p>29. 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.</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than once a month</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> 2 to 3 times a month</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> More than once a week</p> <p><input type="checkbox"/> I don't know</p> <p><input type="checkbox"/> Prefer not to answer</p>
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30. Compared to before the COVID-19 pandemic, have some of your behaviours changed?

Behavior	Direction
Walking, running, or cycling for recreation	Significantly more, Somewhat more, Same, Somewhat less, Significantly less, Never, Prefer not to answer
Walking, running or cycling for commute	
Other exercise or physical activity (e.g. not walking, running or cycling)	
Fruit and vegetable consumption	
Sugary beverage consumption (pop/soda, energy, or sports drinks)	
Sleep	
Drink alcohol	
Use cannabis (e.g. marijuana)	
Connecting with friends	
Connecting with family	
Use public transit (e.g. bus, sky train, sea bus)	

**Section 4: 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 before the COVID-19 pandemic, 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 since the COVID-19 pandemic are:

- Not very stressful
- A bit stressful
- Somewhat stressful
- Quite stressful
- Extremely stressful
- Prefer not to answer

34. Over the last 2 weeks, how often have you been bothered by the following?

Feeling nervous, anxious or on edge	Not at all, Several days, More than half the days, Nearly every day, Every day Prefer not to answer
Not being able to stop or control worrying	
Worrying too much about different things	
Feeling afraid as if something awful might happen	

35. How concerned are you about each of the following impacts of COVID- 19?

My own health	Not at all concerned, Somewhat concerned, Very concerned, Extremely concerned, Prefer not to answer
Family members' health (e.g. elderly family members, those with chronic conditions) at increased risk	
Overloading the health system	
Impacts on local businesses/economy	
Loss of routine, disruption of day to day life	
Uncertainty about the future	
Accessing essential goods (e.g. supply shortages, store closures, delayed shipping, long lines)	

36. 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

37. Since the COVID-19 pandemic, have you used any of the following techniques more frequently to connect with family, friends, or other social groups outside of your household? Check all that apply.

- Phone/text
- Email
- Video chatting or conference (such as FaceTime, Zoom, Microsoft Teams, Skype, etc.)
- Social media
- Conversation in person 2 or more metres apart
- Other; please specify: \_\_\_\_\_
- Prefer not to answer

38. 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

39. Since the COVID-19 pandemic, have you experienced any increased conflict or disruption in your household?

- 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
- 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



40. Since the COVID-19 pandemic, have you experienced a change in any of the following?

	No change	Change for the better	Change for the worse	Prefer not to answer	Not Applicable
Employment (e.g. lost job, had to change jobs, got a new job, retired)					
Romantic relationships (e.g. divorced/separated, found a new partner, got married, not able to date, ended relationship)					
Education (e.g. postponed schooling, dropped out of school, started higher education, not able to complete education or graduate as planned)					
Hobbies (e.g. stopped hobbies, found new hobbies)					
Housing (e.g. bought a new home, sold my home)					
Log					
Family (e.g. got pregnant/ expanded your family)					
Culture (e.g. traditional ceremonies important to your culture, celebrations)					
Life events (e.g. funerals, weddings, graduation ceremonies)					

41. Have you experienced any discrimination, been treated unfairly or with less respect because of any of the following?

	No	Same as before the pandemic	Increased since the pandemic	Decreased since the pandemic	Prefer not to answer	Not Applicable
Age						
Sex or gender						
Sexual orientation						
Ethnicity, nationality, race or skin colour						
Culture						
Language or accent						
Religion						
Family or marital status (e.g. single parent, divorced)						
Disability or health status						
Testing positive to COVID-19						
Living in an area that has a high number of COVID-19 cases						

42. 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

43. Has a doctor diagnosed or treated you for a mental health condition in the past 10 years?

- Yes, before the COVID-19 pandemic
- Yes, during the COVID-19 pandemic
- No
- Prefer not to answer

44. Since the COVID-19 pandemic, has your mental health care changed?

- I have not tried to access mental health care, or I have not needed mental health care
- There have been not changes to my mental health care
- I have had mild changes such as appointments moved to telehealth instead of in person visits
- I have had moderate changes such as delay in my appointments or getting prescriptions with some impact on my health
- I have had significant changes, I have been unable to access care with an impact on my mental health
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

45. Think of the last time you needed support for an emotional or mental health issue, where did you get the support you needed?

- 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
- Other, please specify: \_\_\_\_\_
- I don't know
- Prefer not to answer

46. 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
- Unsure
- Prefer not to answer

#### Section 5: Your Care

47. Since the COVID-19 pandemic, 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

48. 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)
- Dental care
- Counselling
- Mental health care
- Traditional wellness/healing
- Other, please specify: \_\_\_\_\_
- I don't know
- Prefer not to answer

49. Since the COVID-19 pandemic, have you avoided health care you otherwise would have had 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

50. What kind of care have you avoided? 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)
- Dental care
- Counselling
- Mental health care
- Traditional wellness/healing
- Other, please specify: \_\_\_\_\_
- I don't know
- Prefer not to answer

51. How do you think this difficulty accessing or avoiding 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 6: Your Perception

**In response to the COVID-19 pandemic, the recommendations by the British Columbia (BC) Provincial Health Officer include measures such as physical distancing, mandatory masks indoors, quarantining of returning travelers, local travel restrictions, restrictions on the number of people allowed in restaurants and bars, banning of gatherings, and keeping within your family or support bubble.**

52. How well do you think **you are doing** at following the current recommendations by the BC Provincial Health Officer?

- Very well
- Somewhat well
- Neutral
- Somewhat poorly
- Very poorly
- I don't know
- Prefer not to answer

53. How well do you think the **public is doing** at following the current recommendations by the BC Provincial Health Officer?

- Very well
- Somewhat well
- Neutral
- Somewhat poorly
- Very poorly
- I don't know
- Prefer not to answer

54. Since the COVID-19 pandemic, have you visited non-essential businesses such as restaurants or shopping complexes?

- Yes, frequently
- Yes, sometimes
- Yes, rarely
- No, I do not feel comfortable
- Prefer not to answer

55. Before the beginning of the COVID-19 pandemic, how important were the following activities to maintaining you and your family member's overall wellbeing?

	Very important, Somewhat important, Neutral, Not important, Not applicable, Prefer not to answer
Children and youth group sports	
Adult group sports	
Participating in individual physical activity in a gym or indoor setting	
Travelling outside of your town or city	
Visiting family or friends at people's homes	
Attending school in person	
Attending work in person	
Attending large gatherings greater than 50 people (concerts, sporting events etc.)	
Attending restaurants and bars with friends and family	
Attending a place of worship	
Participating in overnight children's camps	
Other please specify: _____	

#### Section 7: Your Household

56. 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
- I have no permanent home
- Other
- Prefer not to answer

57. Do you live by yourself?

- Yes
- No
- Prefer not to answer

58. How many other people live in your household, not including yourself?  
[Number]

59. Please indicate the number of people in each age range who live in your household and their relationship to you.

Number of people	Age category 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	Relationship to you 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
Person 1		
Person 2		

60. Do you have anyone in your household attending an educational institution (e.g. elementary, high school, university, college, institutes)?

- Yes  
 No  
 Prefer not to answer

61. How many people in your household attend an educational institution, not including yourself (e.g., daycare, pre-school, elementary, high school, university, college, institutes)?

[Number]

62. Since the COVID-19 pandemic, have you experienced any changes to your living arrangements? Check all that apply.

- My university/college residences closed  
 I could no longer afford my accommodation so had to move  
 I moved in with family  
 I moved in with friends  
 I had to return to BC from another province or overseas  
 I was evicted from my home  
 I no longer have accommodation  
 It was unsafe where I was living  
 I have relocated to another community for lifestyle reasons  
 I have relocated to another community for economic reasons  
 No  
 Other, please specify: \_\_\_\_\_  
 Prefer not to answer

### Section 8: Your Children

63. Since the COVID-19 pandemic, at any time have you lost childcare for your children aged 1-4 years?

- 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

64. Since September 2020, please indicate the level of schooling and how their education was delivered for each student in your household.

Number of students	Level of schooling Daycare Pre-school Elementary (K - 5) Middle (6 - 8) High school (9 - 12) Post-secondary education such as university/college/institute	Delivery of education: Home schooled, Online, In person, Both online/in person
Student 1		
Student 2		

65. Since the COVID-19 pandemic, overall, how has your child's or your children's wellbeing (physical, learning and behaviour) changed?

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

66. Please indicate how your child's or children's wellbeing has changed?

	Significantly more, Somewhat more, Same, Somewhat less, Significantly less, Not applicable
Physical activity	
Stress	
Screen time	
Fruit and vegetable consumption	
Sugary beverage consumption	
Connecting with friends	
Connecting with family	
Learning	
Sleep	
Culture events (e.g. traditional ceremonies important to your culture, celebrations)	
Extracurricular activities (e.g. music or art, dance, sports lessons, group organizations, camps)	

67. How important was schools being open to your child's or children's well-being?

- Very important
- Somewhat important
- Neutral
- Not important
- Not applicable
- Prefer not to answer

68. Did you ever receive a school exposure notification for your child's or children's school?

- Yes
- No
- Not sure
- Not applicable
- Prefer not to answer

69. Did the notification provide confidence in the safety of your child(ren) at school from COVID-19? Check all that apply?

- Yes, provided confidence through being aware that exposures are being identified and monitored
- Yes, provided confidence and ability to reinforce risk reducing behaviours for our child(ren)
- No, caused significant concern but we let our child continue to attend class in-person due to lack of alternatives
- No, caused significant concern and we kept our child at home for few days
- My child was identified as a close contact and was kept at home
- Prefer not to answer

Section 9: Your Circumstances

70. Are you currently working or studying? Check all that apply.

- Yes, going into the office/workplace
- Yes, working remotely
- Yes, both working remotely and going into the workplace
- Yes, with reduced hours due to COVID-19
- Yes, with increased hours due to COVID-19
- Yes, working doing unpaid or voluntary work outside the home
- No, not working due to COVID-19 (laid off, business closed, company policy, etc.)
- No, not working - unable to work due to caring for a child or family member
- No, not working prior to COVID-19
- Retired
- Full-time student
- Part-time student
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

71. Since the COVID-19 pandemic have you experienced any unplanned interruptions to your employment (e.g. lost job, furlough, seasonal employment stopped)?

- Yes
- No
- Not Applicable
- Prefer not to answer

72. How many weeks in total since the beginning of the COVID-19 pandemic did you experience an unplanned interruption to your employment?

- Less than 1 week
- 1-4 weeks
- 5-12 weeks
- 13-24 weeks
- 25-52 weeks
- More than 52 weeks
- Prefer not to answer

73. How has the COVID-19 pandemic affected your work (e.g. productivity, stress, financially, children at home etc.)?

- Significantly impaired my work
- Somewhat impaired my work
- No change in my work
- Somewhat improved my work
- Significantly improved my work
- Prefer not to answer
- Not Applicable

74. Compared to before the COVID-19 pandemic, 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

75. If the current public health measures in response to the COVID-19 pandemic do not change for the next few months, what will happen to your financial situation?

- Significantly worse
- Somewhat worse
- No change
- Somewhat better
- Significantly better
- I don't know
- Prefer not to answer

Please indicate whether the following statement is often true, sometimes true, or never true since the COVID-19 pandemic.

76. 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

77. 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

78. Since the COVID-19 pandemic, have you used any of the following services or supports? Check all that apply.

- I have not needed financial relief services
- Mortgage deferral
- Employment insurance
- Credit card payment deferral or interest reduction
- Canada emergency wage subsidy for business owners
- Canada emergency response benefits (e.g. CRB, CRCB, CESB, CRSB)
- ICBC rebates or payment deferral
- Rental relief
- Seniors' relief
- BC Recovery Benefit
- Food bank
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

#### Section 10: Your Occupation

79. Since the COVID-19 pandemic, what occupation or industry did you most recently work in? Check all that apply.

- I do not work or go to school (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



80. Are you a health care worker (e.g. doctor, nurse, paramedic, pharmacist, dentist, etc.) or other essential worker (e.g. grocery store worker, transit driver, law enforcement, first responders, social worker, etc.) that **serves the public or patients directly**?

- Yes, health care worker
- Yes, grocery store worker
- Yes, transit driver
- Yes, law enforcement/first responder
- Yes, education worker
- Yes, food processing worker
- Yes, other please specify: \_\_\_\_\_
- No
- I don't know
- Prefer not to answer

81. Are you able to stay home from work when you are sick or self-isolating?

- Yes, I have paid sick leave
- Yes, I can take unpaid leave
- Yes, I can work remotely
- No, I don't have sick leave benefits
- No, I can't take unpaid leave
- No - work culture prevents me from staying home while sick
- No - I feel too guilty
- No - I do not feel that I have job security
- No - No one else can do my job
- No, other please specify: \_\_\_\_\_
- Prefer not to answer

82. Since September 2020, 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

83. Since the COVID-19 pandemic, has your education been affected? Check all that apply.

- Some of my courses were postponed or cancelled
- I was not able to complete some or all of my courses
- Planned work placement was delayed or cancelled
- I was not able to complete my degree, diploma or certificate as planned
- All my classes were moved online
- Some of my classes were moved online
- I don't have adequate internet connection to complete classes remotely
- I don't have adequate space to complete classes remotely
- I have dropped out of my course
- I have postponed my course
- Other, please specify: \_\_\_\_\_
- No
- Prefer not to answer

84. Due to the COVID-19 pandemic, how concerned are you about each of the following?

	Not at all concerned, Somewhat concerned, Very concerned, Extremely concerned, Not applicable, Prefer not to answer
I will not be able to return to school next term	
School will be online again in September	
School will be in person on campus	
I will have difficulty paying for tuition next term	
I will not be able to pay for living accommodations next term	
I will not be able to keep up with other bills and payments	
I will have to take on more student debt	
I will not have access to funding opportunities for research	
My degree, diploma or certificate will not be considered equivalent to those whose studies were not affected by COVID-19	
My grades will be affected	
I will not have prospects for a job in the near future	
I will lose my job or jobs	
Other, please specify: _____	

#### Section 11: Vaccination

85. Are you eligible to receive a COVID-19 vaccine **right now** in BC?

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

86. Have you already received at least one dose of COVID-19 vaccine?

- Yes
- No, but I intend to
- No and I don't intend to
- Prefer not to answer

87. When it is your time to receive the COVID-19 vaccine, will you get it?

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

88. How likely are you once vaccinated to continue taking actions to reduce risks of COVID-19 exposure (e.g. wearing a mask in public places, being aware of physical distancing, limiting gatherings etc.)?

- Very likely
- Likely
- Not sure
- Unlikely
- Very unlikely
- Prefer not to answer

89. When thinking about the COVID-19 vaccine, please indicate if you disagree or agree with the following.

	Strongly disagree, Somewhat disagree, Neutral, Somewhat agree, Strongly agree, Prefer not to answer
COVID-19 is a serious illness	
COVID-19 vaccines are beneficial	
COVID-19 vaccines are beneficial for individuals 60-years and older	
COVID-19 vaccines are beneficial for the health of my community	
COVID-19 vaccines are safe	
COVID-19 vaccines are effective in preventing serious COVID-19 illness and death	
COVID-19 vaccines should be required for everyone	
COVID-19 vaccines should be required to attend school everyone	
COVID-19 vaccines should be required to board an airplane	
COVID-19 vaccines should be required to visit other countries	
COVID-19 vaccines should be required for health-care professionals to work	
COVID-19 vaccines reduce my risk at work	
COVID-19 vaccines will help me get back to normal life	
COVID-19 vaccines have been adequately tested	
There are other ways to prevent getting sick from COVID-19	
COVID-19 vaccines are riskier than getting COVID-19	
All COVID-19 vaccines are equally effective at preventing serious COVID-19 illness and death	

90. For what reasons would you choose not to receive the 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 going to wait until I can choose which vaccine I receive
- 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
- No concerns about receiving the vaccine
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

Section 12: Adaption to the New COVID-19 Normal

91. How concerned are you about the health risks of resuming the following activities as the COVID-19 safety measures are relaxed?

	Not at all concerned, Somewhat concerned, Very concerned, Not applicable, Prefer not to answer
Shopping in stores or at the mall	
Going to restaurants, bars	
Gathering in small groups, visiting between houses	
Gathering in larger groups	
Attending shows, festivals, movies, or sporting events	
Travelling by airplane	
Travelling outside the area you live	
Taking care of people not living with you	
Visiting a retirement home or long-term care facility for the elderly	
Going to the doctor or hospital	
Appointments for personal care services	
Participating in organized sports or going to the gym	
Returning in person to the workplace	
Returning in person to educational institutions	
Participating in important cultural ceremonies	
Other, please specify: _____	

The COVID-19 pandemic can be an opportunity for our society to make lasting changes.

92. What are the most important areas within our society you would like to see changed? Check all that apply.

- Reduce income inequality
- Improve access to health care (e.g. through expanded services and telehealth)
- Increase funding for science
- Flexibility in how we work
- Improve infrastructure (e.g. internet to rural and remote communities, public transit)
- Increase economic growth
- Expand our provincial and national climate change mitigation goals (e.g. through less commute driving, traveling, less waste)
- Expand urban outdoor spaces (e.g. more outdoor dining space, closed streets for neighbourhood gatherings)
- Create more parks/outdoor recreation facilities
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

93. What are some of the changes that have come from the COVID-19 pandemic that you would like to see continued. Check all that apply.

- More flexible working options such as working from home
- Attending health care appointments virtually
- Increased connection with family and friends online
- Increased access to online education resources and programs
- Increased access to online interactive extracurricular activities
- Increased ability to schedule online (e.g. community centre, pool, skiing, dining out)
- Trading parking for outdoor seating/space for patios
- Less traffic on roads
- Street space used for walking and cycling
- Less social pressure to be always doing something or going out
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

### Section 13: Socio- demographics

94. 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

95. Were you born in Canada?

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

96. 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

97. Which of the following best describes your current status?

- Canadian citizen
- Permanent resident (landed immigrant)
- Refugee
- Work or study permit
- No status
- I don't know
- Prefer not to answer

98. 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 Masters or Doctorate)
- Prefer not to answer

### Section 14: What has Changed

99. What are some of the positive things you have experienced since the COVID-19 pandemic? (list 1 or 2 things, if any)

100. What changes have you made to cope with the COVID-19 pandemic? (list 1 or 2 things, if any)

### Section 15: Your Help

**There are more ways you can help public health in BC respond to and recover from the wide impacts of the COVID-19 pandemic by participating in future population health research initiatives.**

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

- Yes
- No
- Prefer not to answer

Your willingness to actively support BC's response to COVID-19 is greatly appreciated.

102. 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: \_\_\_\_\_

Thank you for helping British Columbia combat COVID-19!