



**clsa élcV**

Canadian Longitudinal Study on Aging  
Étude longitudinale canadienne sur le vieillissement

# **COVID-19 Questionnaire (Exit)**

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## Section A: Questions about you and your health

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1. **LBF\_WRK\_COVX** Prior to March 1<sup>st</sup>, 2020, did you usually work at a job or business outside of your residence?
  - No **NO** ..... 2
  - Yes\* **YES** ..... 1
  - Don't know / No answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9
  
2. **LBF\_CURR\_COVX** If **Yes\***: What is your current working status?
  - Full-time\* **FULL** ..... 1
  - Part-time or casual\* **PART** ..... 2
  - Retired **RETIRED** ..... 3
  - Currently unemployed **UNEMPLOYED** ..... 4
  - Other **OTHER** ..... 5
  - Don't know / No answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9

➔ **LBF\_CURRSTN\_COVX** If **'full-time/part-time/casual'**\*: Which best describes your work situation?

  - Working primarily from home **HOME** ..... 1
  - Working primarily in my usual workplace **WORKPLACE** ..... 2
  - Other **OTHER** ..... 3
  - Don't know / No answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9
  
3. **GEN\_HLTH\_COVX** In general, would you say your health is excellent, very good, good, fair, or poor?
  - Excellent **EXCELLENT** ..... 1
  - Very good **VERY\_GOOD** ..... 2
  - Good **GOOD** ..... 3
  - Fair **FAIR** ..... 4
  - Poor **POOR** ..... 5
  - Don't know / No answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9
  
4. **GEN\_MNTL\_COVX** In general, would you say your mental health is excellent, very good, good, fair, or poor?
  - Excellent **EXCELLENT** ..... 1
  - Very good **VERY\_GOOD** ..... 2
  - Good **GOOD** ..... 3
  - Fair **FAIR** ..... 4
  - Poor **POOR** ..... 5
  - Don't know / No answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9

5. [GEN\\_INFECT\\_COVX](#) How likely do you think it is that you have ever been infected with the virus that causes COVID-19?
- Very likely [VERY\\_LIKELY](#) ..... 1
  - Somewhat likely [SOMEWHAT\\_LIKELY](#) ..... 2
  - Uncertain [UNCERTAIN](#) ..... 3
  - Somewhat unlikely [SOMEWHAT\\_UNLIKELY](#) ..... 4
  - Very unlikely [VERY\\_UNLIKELY](#) ..... 5
  - Don't know / No answer [DK\\_NA](#) ..... 8
  - Prefer not to answer [REFUSED](#) ..... 9
6. [SYM\\_TEST\\_COVX](#) Have you ever had testing to determine if you have COVID-19?
- No [NO](#) ..... 2
  - Yes\* [YES](#) ..... 1
  - Don't know / No answer [DK\\_NA](#) ..... 8
  - Prefer not to answer [REFUSED](#) ..... 9
- ➔ **If Yes\*:** [SYM\\_TESTPOS\\_COVX](#) Have you ever had a positive test result?
- No [NO](#) ..... 2
  - Yes [YES](#) ..... 1
  - Results not yet available [RSLT\\_NOT\\_AVAIL](#) ..... 3
  - Don't know / No answer [DK\\_NA](#) ..... 8
  - Prefer not to answer [REFUSED](#) ..... 9
- ➔ **If Yes\*:** [SYM\\_WHYT\\_COVX](#) Why did you have a COVID-19 test? Select all that apply. **[Accept multiple responses, except if NONE, DK\_NA, or REFUSED are selected]**
- Had symptoms [SYM\\_WHYT\\_SYMPTOMS\\_COVX](#)
  - Recommended by health care provider/public health [SYM\\_WHYT\\_PUBLIC\\_HEALTH\\_COVX](#)
  - Recommended by employer [SYM\\_WHYT\\_EMPLOYER\\_COVX](#)
  - Requirement for travel [SYM\\_WHYT\\_TRAVEL\\_COVX](#)
  - Requirement for visiting healthcare facility [VISITING\\_CARE\\_COVX](#)
  - None of the above [SYM\\_WHYT\\_NONE\\_COVX](#)
  - Don't know / No answer [SYM\\_WHYT\\_DK\\_NA\\_COVX](#)
  - Prefer not to answer [SYM\\_WHYT\\_REFUSED\\_COVX](#)
7. [SYM\\_NTCONF\\_COVX](#) Have you ever been told by a health care provider that you have COVID-19, but you did NOT have a test to confirm this?
- No [NO](#) ..... 2
  - Yes [YES](#) ..... 1
  - Don't know / No answer [DK\\_NA](#) ..... 8
  - Prefer not to answer [REFUSED](#) ..... 9

[Ask Q8 if YES to positive testing result or told by a healthcare provider. i.e., do not ask if answer is DK\_NA, REFUSED, OR RSLT\_NOT\_AVAIL to positive testing result or told by a healthcare provider]

8. **SYM\_CARE\_COVX** What type of care, treatment, or follow-up for COVID-19 did you receive after your diagnosis? Select all that apply. [Accept multiple responses, except if NONE, DK\_NA, or REFUSED are selected]

- **SYM\_CARE\_PC\_COVX** Primary care provider visit (family physician, nurse practitioner, or related clinic)
- **SYM\_CARE\_ED\_COVX** Emergency department visit
- **SYM\_CARE\_IP\_COVX** Inpatient hospital stay
- **SYM\_CARE\_MG\_COVX** Managed symptoms at home without seeking care or treatment
- **SYM\_CARE\_NS\_COVX** No care, treatment or follow-up because never experienced symptoms
- **SYM\_CARE\_NONE\_COVX** None of the above
- **SYM\_CARE\_DK\_NA\_COVX** Don't know / No answer
- **SYM\_CARE\_REFUSED\_COVX** Prefer not to answer

→ **SYM\_PC\_DATE\_COVX**

If [SYM\_CARE\_COVX = SYM\_CARE\_PC\_COVX]

**Primary care provider visit:** Please provide the date (of first visit if there was more than one).

VISIT DATE \_\_ / \_\_ / \_\_ (MIN = March 1, 2020; MAX = current date)

- Don't know/No Answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

→ **SYM\_ED\_DATE\_COVX**

If [SYM\_CARE\_COVX = SYM\_CARE\_ED\_COVX]

**Emergency department visit:** Please provide the date (of first visit if there was more than one).

VISIT DATE \_\_ / \_\_ / \_\_ (MIN = March 1, 2020; MAX = current date)

- Don't know/No Answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

→ **SYM\_IPA\_DATE\_COVX**

If [SYM\_CARE\_COVX = SYM\_CARE\_IP\_COVX]

**Inpatient hospital stay:** Please provide the admission date (of first visit if there was more than one).

ADMISSION DATE \_\_ / \_\_ / \_\_ (MIN = March 1, 2020; MAX = current date)

- Don't know/No Answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

→ **SYM\_IPD\_DATE\_COVX**

If [SYM\_CARE\_COVX = SYM\_CARE\_IP\_COVX]

**Inpatient hospital stay:** Please provide the discharge date (of first visit if there was more than one).

DISCHARGE DATE \_\_ / \_\_ / \_\_ (MIN = SYM\_IPA\_DATE\_COVX; MAX = current date)

- Don't know/No Answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

→ **SYM\_ICU\_COVX** If selected: Did you spend any time in the Intensive Care Unit (ICU) during this inpatient hospital stay?

- Yes\* **YES** ..... 1
- No **NO** ..... 2

→ If Yes\*: What were the dates of admission to the ICU?

ADMISSION DATE \_\_/\_\_/\_\_ **SYM\_ICUA\_DATE\_COVX** (MIN = March 1, 2020; MAX = current date)

- Don't know/No Answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

What was the date of discharge from the ICU?

DISCHARGE DATE \_\_/\_\_/\_\_ **SYM\_ICUD\_DATE\_COVX** (MIN = **SYM\_ICUA\_DATE\_COVX**; MAX = current date)

- Don't know/No Answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

9. Have you experienced any of the following symptoms since March 1, 2020 and, if yes, how would you rate these symptoms?

	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
	<b>NO</b>	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>	<b>DK_NA</b>	<b>REFUSED</b>
	1	2	3	4	8	9
Runny or stuffy nose <b>SYM_RSNOSE_COVX</b>	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Sinus pain <b>SYM_SINUS_COVX</b>	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Ear pain <b>SYM_EARP_COVX</b>	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Sore/scratchy throat <b>SYM_THROAT_COVX</b>	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Hoarseness <b>SYM_HOARSE_COVX</b>	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer

	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
	NO	MILD	MODERATE	SEVERE	DK_NA	REFUSED
	1	2	3	4	8	9
Dry cough (no phlegm or mucus) SYM_DRYCO_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Wet cough (with phlegm or mucus) SYM_WETCO_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Shortness of breath or difficulty breathing SYM_BREATH_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Headache SYM_HEAD_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Chills or shivering SYM_CHILL_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Muscle and/or joint aches/pains SYM_PAIN_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Fatigue SYM_FATIG_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Decrease in appetite SYM_APPETIT_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Diarrhea SYM_DIARR_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Nausea/Vomiting SYM_NAUS_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Decreased sense of smell SYM_SMELL_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer

	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
	NO	MILD	MODERATE	SEVERE	DK_NA	REFUSED
	1	2	3	4	8	9
Confusion SYM_CONFU_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Muscle weakness SYM_WEAK_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Trouble with balance SYM_BAL_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Tremor SYM_TREM_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Discoloration of fingers or toes SYM_DISCOL_COVX	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
	NO	YES			DK_NA	REFUSED
Feeling generally unwell SYM_UNWELL_COVX	No	Yes			Don't know/ no answer	Prefer not to answer

[Ask if participants says YES to testing positive OR were told they were positive by a HC professional OR responded 'Very likely' to the question "How likely is it that you have been infected with the virus that causes COVID-19?" AND answered 'mild' OR 'moderate' OR 'severe' to any symptoms in the list]

- **\*\*See table below for variable names For each symptom selected ask:** Did you experience [symptom] before you became ill (with COVID-19)?
- No NO..... 2
  - Yes YES ..... 1
  - Don't know / No answer DK\_NA ..... 8
  - Prefer not to answer REFUSED ..... 9

- **\*\*\*See table below for variable names For each symptom selected ask:** How long did [symptom] persist?
- 2 weeks or less LESS\_2WEEK ..... 1
  - More than two weeks MORE\_2WEEK ..... 2



- More than one month **MORE\_1MONTH** ..... 3
- More than two months **MORE\_2MONTH** ..... 4
- More than 3 months **MORE\_3MONTH** ..... 5
- On-going **ONGOING** ..... 6
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

<b>SYMPTOMS</b>	<b>**Did you experience [this symptom] before you became ill?</b>	<b>***How long did [the symptom] persist?</b>
Runny or stuffy nose <b>SYM_RSNOSE_COVX</b>	[ASK IF SYM_RNOSE_COVX = MILD, MODERATE OR SEVERE] <b>SYM_RNOSEBF_COVX</b> Did you experience a runny or stuffy nose before you became ill (with COVID-19)?	[ASK IF SYM_RNOSE_COVX = MILD, MODERATE OR SEVERE] <b>SYM_RNOSEDR_COVX</b> How long did the runny or stuffy nose persist?
Sinus pain <b>SYM_SINUS_COVX</b>	[ASK IF SYM_SINUS_COVX = MILD, MODERATE OR SEVERE] <b>SYM_SINUSBF_COVX</b> Did you experience sinus pain before you became ill (with COVID-19)?	[ASK IF SYM_SINUS_COVX = MILD, MODERATE OR SEVERE] <b>SYM_SINUSDR_COVX</b> How long did the sinus pain persist?
Ear pain <b>SYM_EARP_COVX</b>	[ASK IF SYM_EARP_COVX = MILD, MODERATE OR SEVERE] <b>SYM_EARPBF_COVX</b> Did you experience ear pain before you became ill (with COVID-19)?	[ASK IF SYM_EARP_COVX = MILD, MODERATE OR SEVERE] <b>SYM_EARPDR_COVX</b> How long did the ear pain persist?
Sore/scratchy throat <b>SYM_THROAT_COVX</b>	[ASK IF SYM_THROAT_COVX = MILD, MODERATE OR SEVERE] <b>SYM_THROATBF_COVX</b> Did you experience a sore/scratchy throat before you became ill (with COVID-19)?	[ASK IF SYM_THROAT_COVX = MILD, MODERATE OR SEVERE] <b>SYM_THROATDR_COVX</b> How long did the sore/scratchy throat persist?
Hoarseness <b>SYM_HOARSE_COVX</b>	[ASK IF SYM_HOARSE_COVX = MILD, MODERATE OR SEVERE] <b>SYM_HOARSEBF_COVX</b> Did you experience hoarseness before you became ill (with COVID-19)?	[ASK IF SYM_HOARSE_COVX = MILD, MODERATE OR SEVERE] <b>SYM_HOARSEDR_COVX</b> How long did the hoarseness persist?
Dry cough (no phlegm or mucus) <b>SYM_DRYCO_COVX</b>	[ASK IF SYM_DRYCO_COVX = MILD, MODERATE OR SEVERE] <b>SYM_DRYCOBF_COVX</b> Did you experience a dry cough (no phlegm or mucus) before you became ill (with COVID-19)?	[ASK IF SYM_DRYCO_COVX = MILD, MODERATE OR SEVERE] <b>SYM_DRYCODR_COVX</b> How long did the dry cough (no phlegm or mucus) persist?
Wet cough (with phlegm or mucus) <b>SYM_WETCO_COVX</b>	[ASK IF SYM_WETCO_COVX = MILD, MODERATE OR SEVERE] <b>SYM_WETCOBF_COVX</b> Did you experience a wet cough (with phlegm or mucus) before you became ill (with COVID-19)?	[ASK IF SYM_WETCO_COVX = MILD, MODERATE OR SEVERE] <b>SYM_WETCODR_COVX</b> How long did the wet cough (with phlegm or mucus) persist?

<b>SYMPTOMS</b>	<b>**Did you experience [this symptom] before you became ill?</b>	<b>***How long did [the symptom] persist?</b>
Shortness of breath or difficulty breathing <a href="#">SYM_BREATH_COVX</a>	[ASK IF SYM_BREATH_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_BREATHBF_COVX</a> Did you experience shortness of breath or difficulty breathing before you became ill (with COVID-19)?	[ASK IF SYM_BREATH_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_BREATHDR_COVX</a> How long did the shortness of breath or difficulty breathing persist?
Headache <a href="#">SYM_HEAD_COVX</a>	[ASK IF SYM_HEAD_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_HEADBF_COVX</a> Did you experience a headache before you became ill (with COVID-19)?	[ASK IF SYM_HEAD_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_HEADDR_COVX</a> How long did the headache persist?
Chills or shivering <a href="#">SYM_CHILL_COVX</a>	[ASK IF SYM_CHILL_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_CHILLBF_COVX</a> Did you experience chills or shivering before you became ill (with COVID-19)?	[ASK IF SYM_CHILL_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_CHILLDR_COVX</a> How long did the chills or shivering persist?
Muscle and/or joint aches/pains <a href="#">SYM_PAIN_COVX</a>	[ASK IF SYM_PAIN_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_PAINBF_COVX</a> Did you experience muscle and/or joint aches/pains before you became ill (with COVID-19)?	[ASK IF SYM_PAIN_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_PAINDR_COVX</a> How long did the muscle and/or joint aches/pains persist?
Fatigue <a href="#">SYM_FATIG_COVX</a>	[ASK IF SYM_FATIG_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_FATIGBF_COVX</a> Did you experience fatigue before you became ill (with COVID-19)?	[ASK IF SYM_FATIG_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_FATIGDR_COVX</a> How long did the fatigue persist?
Decrease in appetite <a href="#">SYM_APPETIT_COVX</a>	[ASK IF SYM_APPETIT_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_APPETITBF_COVX</a> Did you experience a decrease in appetite before you became ill (with COVID-19)?	[ASK IF SYM_APPETIT_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_APPETITDR_COVX</a> How long did the decrease in appetite persist?
Diarrhea <a href="#">SYM_DIARR_COVX</a>	[ASK IF SYM_DIARR_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_DIARRBF_COVX</a> Did you experience diarrhea before you became ill (with COVID-19)?	[ASK IF SYM_DIARR_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_DIARRDR_COVX</a> How long did the diarrhea persist?
Nausea/Vomiting <a href="#">SYM_NAUS_COVX</a>	[ASK IF SYM_NAUS_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_NAUSBF_COVX</a> Did you experience nausea/vomiting before you became ill (with COVID-19)?	[ASK IF SYM_NAUS_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_NAUSDR_COVX</a> How long did the nausea/vomiting persist?
Decreased sense of smell <a href="#">SYM_SMELL_COVX</a>	[ASK IF SYM_SMELL_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_SMELLBF_COVX</a> Did you experience a decreased sense of smell before you became ill (with COVID-19)?	[ASK IF SYM_SMELL_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_SMELLDR_COVX</a> How long did the decreased sense of smell persist?

SYMPTOMS	**Did you experience [this symptom] before you became ill?	***How long did [the symptom] persist?
Confusion <a href="#">SYM_CONFU_COVX</a>	[ASK IF SYM_CONFU_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_CONFUBF_COVX</a> Did you experience confusion before you became ill (with COVID-19)?	[ASK IF SYM_CONFU_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_CONFUDR_COVX</a> How long did the confusion persist?
Muscle weakness <a href="#">SYM_WEAK_COVX</a>	[ASK IF SYM_WEAK_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_WEAKBF_COVX</a> Did you experience muscle weakness before you became ill (with COVID-19)?	[ASK IF SYM_WEAK_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_WEAKDR_COVX</a> How long did the muscle weakness persist?
Trouble with balance <a href="#">SYM_BAL_COVX</a>	[ASK IF SYM_BAL_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_BALBF_COVX</a> Did you experience trouble with balance before you became ill (with COVID-19)?	[ASK IF SYM_BAL_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_BALDR_COVX</a> How long did the trouble with balance persist?
Tremor <a href="#">SYM_TREM_COVX</a>	[ASK IF SYM_TREM_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_TREMBF_COVX</a> Did you experience a tremor before you became ill (with COVID-19)?	[ASK IF SYM_TREM_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_TREMDR_COVX</a> How long did the tremor persist?
Discoloration of fingers or toes <a href="#">SYM_DISCOL_COVX</a>	[ASK IF SYM_DISCOL_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_DISCOLBF_COVX</a> Did you experience discoloration of fingers or toes before you became ill (with COVID-19)?	[ASK IF SYM_DISCOL_COVX = MILD, MODERATE OR SEVERE] <a href="#">SYM_DISCOLDR_COVX</a> How long did the discoloration of fingers or toes persist?
Feeling generally unwell <a href="#">SYM_UNWELL_COVX</a>	[ASK IF SYM_UNWELL_COVX = YES] <a href="#">SYM_UNWELLBF_COVX</a> Did you experience feeling generally unwell before you became ill (with COVID-19)?	[ASK IF SYM_UNWELL_COVX = YES] <a href="#">SYM_UNWELLDR_COVX</a> How long did the general unwell feeling persist?

10. **SYM\_FEVR\_COVX** Did you have a fever since March 1<sup>st</sup>, 2020?

- No **NO** ..... 2
- Yes\* **YES** ..... 1
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

➔ **If Yes\*:**

**SYM\_FEVDUR\_COVX** How long did it last (if you had more than one fever answer this question for the longest)?

- **SYM\_FEVDUR\_HR\_COVX** \_\_\_ Hours [min=1, max=96] or  
**SYM\_FEVDUR\_DAY\_COVX** \_\_\_ Days [min=1, max=31]
- **SYM\_FEVDUR\_DK\_NA\_COVX** Don't know / No answer ..... 99998
- **SYM\_FEVDUR\_REFUSED\_COVX** Prefer not to answer ..... 99999

**SYM\_FEVTMP\_COVX** What was the highest temperature recorded?

- **SYM\_FEVTMP\_C\_COVX** \_\_. \_\_ °C [min=30, max =47] or  
**SYM\_FEVTMP\_F\_COVX** \_\_. \_\_ °F [min=86, max =116]
- **SYM\_FEVTMP\_DNT\_COVX** I did not take my temperature ..... 99996
- **SYM\_FEVTMP\_DK\_NA\_COVX** Don't know / No answer ..... 99998
- **SYM\_FEVTMP\_REFUSED\_COVX** Prefer not to answer ..... 99999

**[If a participant says YES to testing positive OR were told they were positive by a HC professional OR responded 'Very likely' to the question "How likely is it that you have been infected with the virus that causes COVID-19?"]**

➔ **SYM\_RELAT\_COVX** Did you experience any other symptoms or illnesses that you feel was related to COVID-19?

- No **NO** ..... 2
- Yes\* **YES** ..... 1
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

➔ If **SYM\_RELAX\_COVX** is YES:

**SYM\_RELAT\_COVX** How many symptoms or illnesses did you experience?

\_\_\_\_\_ (number of illnesses)

➔ **\*If SYM\_RELAT\_COVX is YES:**

**[Programming note: This question needs to be programmed so that participants can add up to 10 symptoms or illnesses and be asked about the persistence for each.]**

Please specify the other symptom or illness.	How long did [the symptom or illness specified] persist?
1. <b>SYM_RELAT_SP01_COVX</b>	<b>SYM_RELATDR_SP01_COVX</b> 2 weeks or less <b>LESS_2WEEK</b> ..... 1 More than two weeks <b>MORE_2WEEK</b> ..... 2 More than one month <b>MORE_1MONTH</b> ..... 3 More than two months <b>MORE_2MONTH</b> ..... 4 More than 3 months <b>MORE_3MONTH</b> ..... 5 On-going <b>ONGOING</b> ..... 6 Don't know / No answer <b>DK_NA</b> ..... 8 Prefer not to answer <b>REFUSED</b> ..... 9

Please specify the other symptom or illness.	How long did [the symptom or illness specified] persist?
2. <a href="#">SYM_RELAT_SP02_COVX</a>	<a href="#">SYM_RELATDR_SP02_COVX</a>
3. <a href="#">SYM_RELAT_SP03_COVX</a>	<a href="#">SYM_RELATDR_SP03_COVX</a>
4. <a href="#">SYM_RELAT_SP04_COVX</a>	<a href="#">SYM_RELATDR_SP04_COVX</a>
5. <a href="#">SYM_RELAT_SP05_COVX</a>	<a href="#">SYM_RELATDR_SP05_COVX</a>
6. <a href="#">SYM_RELAT_SP06_COVX</a>	<a href="#">SYM_RELATDR_SP06_COVX</a>
7. <a href="#">SYM_RELAT_SP07_COVX</a>	<a href="#">SYM_RELATDR_SP07_COVX</a>
8. <a href="#">SYM_RELAT_SP08_COVX</a>	<a href="#">SYM_RELATDR_SP08_COVX</a>
9. <a href="#">SYM_RELAT_SP09_COVX</a>	<a href="#">SYM_RELATDR_SP09_COVX</a>
10. <a href="#">SYM_RELAT_SP10_COVX</a>	<a href="#">SYM_RELATDR_SP10_COVX</a>

The next few questions relate to your experiences with and opinions of vaccinations.

11. [HLT\\_FLUVAC\\_COVX](#) Have you received a seasonal flu vaccination since September 1<sup>st</sup> 2020?

- No, but I plan to receive the flu vaccine [PLAN](#) ..... 3
- No, and I do not plan to receive the flu vaccine [NO](#) ..... 2
- Yes [YES](#) ..... 1
- Don't know / No answer [DK\\_NA](#) ..... 8
- Prefer not to answer [REFUSED](#) ..... 9

12. [HLT\\_SAFEVAC\\_COVX](#) If a safe and effective COVID-19 vaccine were available to you, how likely would you be to choose to get the vaccine?

- Very likely [VERY\\_LIKELY](#) ..... 1
- Somewhat likely [SOMEWHAT\\_LIKELY](#) ..... 2
- Uncertain [UNCERTAIN](#) ..... 3
- Somewhat unlikely [SOMEWHAT\\_UNLIKELY](#) ..... 4
- Very unlikely [VERY\\_UNLIKELY](#) ..... 5
- Don't know / No answer [DK\\_NA](#) ..... 8
- Prefer not to answer [REFUSED](#) ..... 9

➔ If 'very likely' or 'somewhat likely': [HLT\\_GETVAC\\_COVX](#) What is the primary reason that you would choose to get a COVID-19 vaccine? Select your primary reason.

- I want to protect myself [MYSELF](#) ..... 1
- I want to protect my family and loved ones [FAMILY](#) ..... 2
- I am concerned about COVID-19 in general [GENERAL](#) ..... 3
- I want to contribute to ending COVID-19 outbreaks [CONTRIBUTE](#) ..... 4
- My doctor or other health care professional recommends vaccines [RECOMMENDED](#) ..... 5
- Other [OTHER](#) ..... 6
- Don't know / No answer [DK\\_NA](#) ..... 98
- Prefer not to answer [REFUSED](#) ..... 99

➔ If uncertain/somewhat unlikely/very unlikely: [HLT\\_NOVAC\\_COVX](#) What is the primary reason that you would choose NOT to get a COVID-19 vaccine? Select your primary reason.

- I am not concerned about getting COVID-19 myself [MYSELF](#) ..... 1
- I am not concerned that my family or loved ones are at risk for getting COVID-19 [PROTECTION](#) ... 2
- I am not concerned about COVID-19 in general [GENERAL](#) ..... 3
- I am concerned about the safety of the vaccine [SAFETY](#) ..... 4

- I am concerned about how well the vaccine will protect **WORK\_WELL** ..... 5
- I am concerned about the cost of the vaccine **COST** ..... 6
- I don't like needles **NEEDLE** ..... 7
- Other **OTHER** ..... 8
- Don't know / No answer **DK\_NA** ..... 98
- Prefer not to answer **REFUSED** ..... 99

**In the next few questions, we are interested in learning about your alcohol consumption.**

13. **ALC\_EVER\_COVX** Have you ever drank alcohol?

- No ..... 2
- Yes\* ..... 1
- Don't know/No answer ..... 8
- Prefer not to answer ..... 9

➔ **If Yes\*:** **ALC\_FREQ\_COVX** About how often since March 1<sup>st</sup>, 2020 did you drink alcohol?

- Almost every day (incl. 6 times a week) **EVERYDAY** ..... 1
- 4-5 times a week **4\_5\_WEEK** ..... 2
- 2-3 times a week **2\_3\_WEEK** ..... 3
- Once a week **ONCE\_WEEK** ..... 4
- 2-3 times a month **2\_3\_MONTH** ..... 5
- About once a month **ONCE\_MONTH** ..... 6
- Less than once a month **LESS\_MONTH** ..... 7
- Never **NEVER** ..... 96
- Don't know / No answer **DK\_NA** ..... 98
- Prefer not to answer **REFUSED** ..... 99

➔ **If ALC\_EVER\_COVX=Yes\* AND ALC\_FREQ\_COVX≠NEVER, DK\_NA, or REFUSED (MALE):**

**ALC\_MLFQ\_COVX** About how often since March 1<sup>st</sup>, 2020 would you say you had five or more drinks at the same sitting or occasion?

- Almost every day (incl. 6 times a week) **EVERYDAY** [ASK IF ALC\_FREQ\_COVX = EVERYDAY] ..... 1
- 4-5 times a week **4\_5\_WEEK** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK] ..... 2
- 2-3 times a week **2\_3\_WEEK** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK] ..... 3
- Once a week **ONCE\_WEEK** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK or ONCE\_WEEK] ..... 4
- 2-3 times a month **2\_3\_MONTH** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK or ONCE\_WEEK or 2\_3\_MONTH] ..... 5
- About once a month **ONCE\_MONTH** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK or ONCE\_WEEK or 2\_3\_MONTH or ONCE\_MONTH] ..... 6
- Less than once a month **LESS\_MONTH** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK or ONCE\_WEEK or 2\_3\_MONTH or LESS\_MONTH] ..... 7
- Never **NEVER** ..... 96
- Don't know / No answer **DK\_NA** ..... 98
- Prefer not to answer **REFUSED** ..... 99

➔ **If ALC\_EVER\_COVX=Yes\* AND ALC\_FREQ\_COVX≠NEVER, DK\_NA, REFUSED (FEMALE):**

**ALC\_FMFQ\_COVX** About how often since March 1<sup>st</sup>, 2020 would you say you had four or more drinks at the same sitting or occasion?

- Almost every day (incl. 6 times a week) **EVERYDAY** [ASK IF ALC\_FREQ\_COVX = EVERYDAY] ..... 1
- 4-5 times a week **4\_5\_WEEK** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK] ..... 2
- 2-3 times a week **2\_3\_WEEK** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK] ..... 3
- Once a week **ONCE\_WEEK** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK or ONCE\_WEEK] ..... 4
- 2-3 times a month **2\_3\_MONTH** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK or ONCE\_WEEK or 2\_3\_MONTH] ..... 5
- About once a month **ONCE\_MONTH** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK or ONCE\_WEEK or 2\_3\_MONTH or ONCE\_MONTH] ..... 6
- Less than once a month **LESS\_MONTH** [ASK IF ALC\_FREQ\_COVX = EVERYDAY or 4\_5\_WEEK or 2\_3\_WEEK or ONCE\_WEEK or 2\_3\_MONTH or LESS\_MONTH] ..... 7
- Never **NEVER** ..... 96
- Don't know / No answer **DK\_NA** ..... 98
- Prefer not to answer **REFUSED** ..... 99

14. ASK IF ALC\_EVER\_COVX = YES

**ALC\_CHANGE\_COVX** Since March 1<sup>st</sup>, 2020, has your alcohol consumption increased, decreased, or stayed the same?

- Increased **INCREASED** ..... 1
- Decreased **DECREASED** ..... 2
- Stayed the same **SAME** ..... 3
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

## Section B: Questions about your mental health

### [COVID Risk Perception items]

	1 = Not at all worried, 7 = Very worried							DK_NA	REFUSED
	1	2	3	4	5	6	7	DK / NA 98	Prefer not to answer 99
15. <a href="#">CRP_WORRY_COVX</a> How worried are you personally about COVID-19 at present?									

	1 = Not at all likely, 7 = Very likely							DK_NA	REFUSED
	1	2	3	4	5	6	7	DK / NA 98	Prefer not to answer 99
16. <a href="#">CRP_SELF_COVX</a> How likely do you think it is that you will be directly and personally affected by catching COVID-19 in the next 6 months?									
17. <a href="#">CRP_FAMFR_COVX</a> How likely do you think it is that your friends and family will be directly affected by catching COVID-19 in the next 6 months?									

How much do you agree or disagree with the following statements?

	1 = Strongly disagree, 5 = Strongly agree					DK_NA	REFUSED
	1	2	3	4	5	DK / NA 98	Prefer not to answer 99
18. <a href="#">CRP_NTAAFFCT_COVX</a> COVID-19 will NOT affect very many people in Canada.							
19. <a href="#">CRP_SICK_COVX</a> I will probably get sick with COVID-19.							
20. <a href="#">CRP_SERIOUS_COVX</a> Getting sick with COVID-19 can be serious.							



**[CES-D-10 ]**

*The Canadian Longitudinal Study on Aging received permission from Dr. Elena Andresen (instrument developer) for the use of the Center for Epidemiological Studies Short Depression Scale (CES-D-10).*

**For the next few questions, please think about how you have felt in the past week. Choose the answer that most applies to how you have felt over the past week.**

21. **DEP\_BOTR\_COVX** How often were you bothered by things that usually don't bother you?
- All of the time (5-7days) **ALL\_TIME** ..... 1
  - Occasionally (3-4 days) **OCCASIONALLY** ..... 2
  - Some of the time (1-2 days) **SOME\_TIME** ..... 3
  - Rarely or never (less than 1 day) **RARELY\_NEVER** ..... 4
  - Don't Know / No Answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9
22. **DEP\_MIND\_COVX** How often did you have trouble keeping your mind on what you were doing?
- All of the time (5-7days) **ALL\_TIME** ..... 1
  - Occasionally (3-4 days) **OCCASIONALLY** ..... 2
  - Some of the time (1-2 days) **SOME\_TIME** ..... 3
  - Rarely or never (less than 1 day) **RARELY\_NEVER** ..... 4
  - Don't Know / No Answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9
23. **DEP\_FLDP\_COVX** How often did you feel depressed?
- All of the time (5-7days) **ALL\_TIME** ..... 1
  - Occasionally (3-4 days) **OCCASIONALLY** ..... 2
  - Some of the time (1-2 days) **SOME\_TIME** ..... 3
  - Rarely or never (less than 1 day) **RARELY\_NEVER** ..... 4
  - Don't Know / No Answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9
24. **DEP\_FFRT\_COVX** How often did you feel that everything you did was an effort?
- All of the time (5-7days) **ALL\_TIME** ..... 1
  - Occasionally (3-4 days) **OCCASIONALLY** ..... 2
  - Some of the time (1-2 days) **SOME\_TIME** ..... 3
  - Rarely or never (less than 1 day) **RARELY\_NEVER** ..... 4
  - Don't Know / No Answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9

**Remember, we are asking about how you have felt in the past week.**

25. **DEP\_HPFL\_COVX** How often did you feel hopeful about the future?
- All of the time (5-7days) **ALL\_TIME** ..... 1
  - Occasionally (3-4 days) **OCCASIONALLY** ..... 2
  - Some of the time (1-2 days) **SOME\_TIME** ..... 3
  - Rarely or never (less than 1 day) **RARELY\_NEVER** ..... 4
  - Don't Know / No Answer **DK\_NA** ..... 8
  - Prefer not to answer **REFUSED** ..... 9

26. DEP\_FRFL\_COVX How often did you feel fearful or tearful?

- All of the time (5-7days) ALL\_TIME ..... 1
- Occasionally (3-4 days) OCCASIONALLY ..... 2
- Some of the time (1-2 days) SOME\_TIME ..... 3
- Rarely or never (less than 1 day) RARELY\_NEVER ..... 4
- Don't Know / No Answer DK\_NA ..... 8
- Prefer not to answer REFUSED ..... 9

27. DEP\_RSTLS\_COVX How often was your sleep restless?

- All of the time (5-7days) ALL\_TIME ..... 1
- Occasionally (3-4 days) OCCASIONALLY ..... 2
- Some of the time (1-2 days) SOME\_TIME ..... 3
- Rarely or never (less than 1 day) RARELY\_NEVER ..... 4
- Don't Know / No Answer DK\_NA ..... 8
- Prefer not to answer REFUSED ..... 9

**Remember, we are asking about how you have felt in the past week.**

28. DEP\_HAPP\_COVX How often were you happy?

- All of the time (5-7days) ALL\_TIME ..... 1
- Occasionally (3-4 days) OCCASIONALLY ..... 2
- Some of the time (1-2 days) SOME\_TIME ..... 3
- Rarely or never (less than 1 day) RARELY\_NEVER ..... 4
- Don't Know / No Answer DK\_NA ..... 8
- Prefer not to answer REFUSED ..... 9

29. DEP\_LONLY\_COVX How often did you feel lonely?

- All of the time (5-7days) ALL\_TIME ..... 1
- Occasionally (3-4 days) OCCASIONALLY ..... 2
- Some of the time (1-2 days) SOME\_TIME ..... 3
- Rarely or never (less than 1 day) RARELY\_NEVER ..... 4
- Don't Know / No Answer DK\_NA ..... 8
- Prefer not to answer REFUSED ..... 9

30. DEP\_GTGO\_COVX How often did you feel that you could not “get going”?

- All of the time (5-7days) ALL\_TIME ..... 1
- Occasionally (3-4 days) OCCASIONALLY ..... 2
- Some of the time (1-2 days) SOME\_TIME ..... 3
- Rarely or never (less than 1 day) RARELY\_NEVER ..... 4
- Don't Know / No Answer DK\_NA ..... 8
- Prefer not to answer REFUSED ..... 9

**[END OF CES-D]**

31. **LONE\_OFTN\_COVX** How often do you feel that you lack companionship?

- Hardly ever **HARDLY** ..... 1
- Some of the time **SOME** ..... 2
- Often **OFTEN** ..... 3
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

32. **LONE\_LEFT\_COVX** How often do you feel left out?

- Hardly ever **HARDLY** ..... 1
- Some of the time **SOME** ..... 2
- Often **OFTEN** ..... 3
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

33. **LONE\_ISOL\_COVX** How often do you feel isolated from others?

- Hardly ever **HARDLY** ..... 1
- Some of the time **SOME** ..... 2
- Often **OFTEN** ..... 3
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

**[CLSA Generalized Anxiety Disorder Module]**

*A Brief Measure for Assessing Generalized Anxiety Disorder The GAD-7.*

*Spitzer RL, Kroenke K, Williams JB, Löwe B. Arch Intern Med. 2006 May 22;166(10):1092-7*

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

	Not at all	Several days	More than Half the days	Nearly every day	Don't know / no answer	Prefer not to answer
	<b>NOT_ALL</b>	<b>SEVERAL_DAYS</b>	<b>MORE_HALF</b>	<b>NEARLY_EVERY</b>	<b>DK_NA</b>	<b>REFUSED</b>
	0	1	2	3	8	9
<b>GAD_NERV_COVX</b> Feeling nervous, anxious or on edge						
<b>GAD_STPWOR_COVX</b> Not being able to stop or control worrying						
<b>GAD_WORRTO_COVX</b> Worrying too much about different things						
<b>GAD_RELAX_COVX</b> Trouble relaxing						

	Not at all	Several days	More than Half the days	Nearly every day	Don't know / no answer	Prefer not to answer
	NOT_ALL	SEVERAL_DAYS	MORE_HALF	NEARLY_EVERY	DK_NA	REFUSED
	0	1	2	3	8	9
GAD_RESTLS_COVX Being so restless that it's hard to sit still						
GAD_ANNOY_COVX Becoming easily annoyed or irritable						
GAD_AFRAID_COVX Feeling afraid as if something awful might happen						

35. **GAD\_TOTAL2\_COVX** IF **GAD\_TOTAL\_COVX** ≥ 1: How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all **NOT\_DIFFICULT** ..... 1
- Somewhat difficult **SOMEWHAT** ..... 2
- Very difficult **VERY** ..... 3
- Extremely difficult **EXTREMELY** ..... 4
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

**[END GAD]**

36. **EXP\_PAND\_COVX** Which of the following have you experienced during the COVID-19 pandemic?  
Select all that apply. **[except when NON, DK\_NA, or REFUSED]**

- **EXP\_PAND\_YI\_COVX** You were ill
- **EXP\_PAND\_CL\_COVX** People close to you were ill
- **EXP\_PAND\_DP\_COVX** Death of a person close to you
- **EXP\_PAND\_LI\_COVX** Loss of income
- **EXP\_PAND\_SF\_COVX** Unable to access necessary supplies or food
- **EXP\_PAND\_HC\_COVX** Unable to access my usual healthcare
- **EXP\_PAND\_MD\_COVX** Unable to get my usual prescription medications and treatments
- **EXP\_PAND\_CO\_COVX** Increased verbal or physical conflict
- **EXP\_PAND\_SE\_COVX** Separation from family
- **EXP\_PAND\_CG\_COVX** Increased time caregiving
- **EXP\_PAND\_UN\_COVX** Unable to care for people who require assistance due to health condition or limitation
- **EXP\_PAND\_RL\_COVX** Breakdown in family/marital relationships
- **EXP\_PAND\_NONE\_COVX** None of the above
- **EXP\_PAND\_DK\_NA\_COVX** Don't Know / No Answer
- **EXP\_PAND\_REFUSED\_COVX** Prefer not to answer

## Section C: Impact of COVID-19 on you and your health

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37. [EXP\\_NOCARE\\_COVX](#) Since March 1<sup>st</sup>, 2020 were there times when you did not go to the hospital or to see a doctor even though you needed to?

- No [NO](#) ..... 2
  - Yes\* [YES](#) ..... 1
  - Don't know / No answer [DK\\_NA](#) ..... 8
  - Prefer not to answer [REFUSED](#) ..... 9
- ➔ **If Yes\*:** [EXP\\_RSN\\_COVX](#) What were the reasons? Select all that apply. **[except when NONE, DK\_NA, or REFUSED]**
- [EXP\\_RSN\\_CNT\\_COVX](#) Fear of coming into contact with people COVID-19
  - [EXP\\_RSN\\_DIS\\_COVX](#) Fear of physical or emotional discomfort
  - [EXP\\_RSN\\_PR\\_COVX](#) Services or providers had been redirected to priority groups (e.g., patients with underlying medical conditions)
  - [EXP\\_RSN\\_CC\\_COVX](#) Did not want to learn about chronic or serious illness
  - [EXP\\_RSN\\_TR\\_COVX](#) Difficulty finding transportation
  - [EXP\\_RSN\\_ACC\\_COVX](#) No one to accompany me
  - [EXP\\_RSN\\_NONE\\_COVX](#) None of the above
  - [EXP\\_RSN\\_DK\\_NA\\_COVX](#) Don't Know / No Answer
  - [EXP\\_RSN\\_REFUSED\\_COVX](#) Prefer not to answer

38. [EXP\\_BARRIER\\_COVX](#) Since the beginning of the COVID-19 pandemic have you experienced barriers to accessing testing for COVID-19?

- No [NO](#) ..... 2
  - Yes\* [YES](#) ..... 1
  - Don't know / No answer [DK\\_NA](#) ..... 8
  - Prefer not to answer [REFUSED](#) ..... 9
- ➔ **If Yes\*:** [EXP\\_BARR\\_COVX](#) What were the barriers? Select all that apply. **[except when NONE, DK\_NA, or REFUSED]**
- [EXP\\_BARR\\_NE\\_COVX](#) Not eligible for testing based on local guidelines at the time
  - [EXP\\_BARR\\_SY\\_COVX](#) Believed symptoms to be due to another cause (e.g., seasonal allergies)
  - [EXP\\_BARR\\_IM\\_COVX](#) Worried that a positive test would have implications (e.g., unable to work)
  - [EXP\\_BARR\\_SI\\_COVX](#) Worried about needing to self-isolate while waiting for results
  - [EXP\\_BARR\\_LL\\_COVX](#) Long line ups
  - [EXP\\_BARR\\_WH\\_COVX](#) Did not know where to get tested
  - [EXP\\_BARR\\_TR\\_COVX](#) Difficulty finding transportation
  - [EXP\\_BARR\\_ACC\\_COVX](#) No one to accompany me
  - [EXP\\_BARR\\_NONE\\_COVX](#) None of the above
  - [EXP\\_BARR\\_DK\\_NA\\_COVX](#) Don't Know / No Answer
  - [EXP\\_BARR\\_REFUSED\\_COVX](#) Prefer not to answer

39. [EXP\\_ACCESS\\_COVX](#) Since the beginning of the COVID-19 pandemic have you experienced any challenges in accessing healthcare?
- No [NO](#) ..... 2
  - Yes\* [YES](#) ..... 1
  - Don't know / No answer [DK\\_NA](#) ..... 8
  - Prefer not to answer [REFUSED](#) ..... 9
- ➔ **If Yes\*:** [EXP\\_CHLN\\_COVX](#) What types of challenges did you experience? Select all that apply. **[except when NONE, DK\_NA, or REFUSED]**
- [EXP\\_CHLN\\_PC\\_COVX](#) Access to primary care (family physician, nurse practitioner, other primary care team member)
  - [EXP\\_CHLN\\_SP\\_COVX](#) Access to specialist care
  - [EXP\\_CHLN\\_RX\\_COVX](#) Access to prescription medications
  - [EXP\\_CHLN\\_PH\\_COVX](#) Access to pharmacist
  - [EXP\\_CHLN\\_DT\\_COVX](#) Access to diagnostic testing (e.g. bloodwork, x-rays, CT scans)
  - [EXP\\_CHLN\\_ST\\_COVX](#) Access to screening tests (e.g. mammogram, colonoscopy), joint surgery, cancer surgery, etc.
  - [EXP\\_CHLN\\_SS\\_COVX](#) Delay of scheduled surgery (e.g. joint surgery, cancer surgery)
  - [EXP\\_CHLN\\_ZM\\_COVX](#) Unable to use Zoom or no access to computer
  - [EXP\\_CHLN\\_NONE\\_COVX](#) None of the above
  - [EXP\\_CHLN\\_DK\\_NA\\_COVX](#) Don't Know / No Answer
  - [EXP\\_CHLN\\_REFUSED\\_COVX](#) Prefer not to answer

**[Global rating of change in mobility questions – From COVID19 Aging and Mobility Survey]**

40. In this question, we will ask you about how your perceived functional ability and daily activities have changed since March 1<sup>st</sup>, 2020.

You can reply by the following 5-point scale: much worse, a little bit worse, stayed about the same, a little bit better, much better.

Activities	Much Worse	A little worse	About the same	A little better	Much better	Don't know / no answer	Prefer not to answer
	<a href="#">MUCH_WORSE</a>	<a href="#">LITTLE_WORSE</a>	<a href="#">SAME</a>	<a href="#">LITTLE_BETTER</a>	<a href="#">MUCH_BETTER</a>	<a href="#">DK_NA</a>	<a href="#">REFUSED</a>
	1	2	3	4	5	8	9
Your ability to move around in your home (such as walking, climbing stairs) has become ... <a href="#">MOB_HOME_COVX</a>							
Your ability to engage in housework activity (such as dusting, washing dishes, and vacuuming) has become ... <a href="#">MOB_HSWRK_COVX</a>							
Your ability to engage in physical activity (walking, exercise, working out) has become... <a href="#">MOB_PHACT_COVX</a>							

Activities	Much Worse	A little worse	About the same	A little better	Much better	Don't know / no answer	Prefer not to answer
	<a href="#">MUCH_WORSE</a>	<a href="#">LITTLE_WORSE</a>	<a href="#">SAME</a>	<a href="#">LITTLE_BETTER</a>	<a href="#">MUCH_BETTER</a>	<a href="#">DK_NA</a>	<a href="#">REFUSED</a>
	1	2	3	4	5	8	9
Your ability to keep in touch with others (through letters, cell phone/phone or email) has become ... <a href="#">MOB_TOUCH_COVX</a>							
Your ability to take care of your health (such as managing daily medications, following a diet, cooking your own meals, bathing, dressing and toileting) has become ... <a href="#">MOB_HLTH_COVX</a>							
Your ability to take care of your errands (such as buying groceries or taking care of finances) has become ... <a href="#">MOB_ERRAND_COVX</a>							
Your ability to participate in the community and maintain a social life (e.g., volunteer, connect with others) has become... <a href="#">MOB_SOCIAL_COVX</a>							

**In the next few questions, we are interested in your current ability to move throughout the day.**

41. [FUL\\_SIT1H\\_COVX](#)

Do you have any difficulty standing up after sitting in a chair? **[CODE ONLY ONE RESPONSE]**

- Yes [YES](#) ..... 1
- No [NO](#) ..... 2
- Unable to do [UNABLE](#) ..... 3
- Don't do on doctor's orders [DOCTOR\\_ORDERS](#) ..... 4
- Don't know / No answer [DK\\_NA](#) ..... 8
- Prefer not to answer [REFUSED](#) ..... 9

42. [FUL\\_SIT1HDG\\_COVX](#) ASK IF [FUL\\_SIT1H\\_COV](#)=YES:

Would you say that the degree of difficulty is... **[CODE ONLY ONE RESPONSE]**

- A little difficult [LITTLE](#) ..... 1
- Somewhat difficult [SOMEWHAT](#) ..... 2
- Very difficult [VERY](#) ..... 3
- Don't know / No answer [DK\\_NA](#) ..... 8
- Prefer not to answer [REFUSED](#) ..... 9

43. **FUL\_FSTR\_COVX**

Do you have any difficulty walking alone up and down a flight of stairs? [CODE ONLY ONE RESPONSE]

- Yes **YES** ..... 1
- No **NO** ..... 2
- Unable to do **UNABLE** ..... 3
- Don't do on doctor's orders **DOCTOR\_ORDERS** ..... 4
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

44. **FUL\_FSTRDG\_COVX** ASK IF **FUL\_FSTR\_COVX=YES**:

Would you say that the degree of difficulty is ... [CODE ONLY ONE RESPONSE]

- A little difficult **LITTLE** ..... 1
- Somewhat difficult **SOMEWHAT** ..... 2
- Very difficult **VERY** ..... 3
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

45. **FUL\_WK23B\_COVX**

Do you have any difficulty walking 2 to 3 neighbourhood blocks? [CODE ONLY ONE RESPONSE]

- Yes **YES** ..... 1
- No **NO** ..... 2
- Unable to do **UNABLE** ..... 3
- Don't do on doctor's orders **DOCTOR\_ORDERS** ..... 4
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

46. **FUL\_WK23BDG\_COVX** ASK IF **FUL\_WK23B\_COVX=YES**:

Would you say that the degree of difficulty is...[CODE ONLY ONE RESPONSE]

- A little difficult **LITTLE** ..... 1
- Somewhat difficult **SOMEWHAT** ..... 2
- Very difficult **VERY** ..... 3
- Don't know / No answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9

47. **EXP\_CONSEQ\_COVX** Taking everything about COVID-19 into account, how would you describe the consequences of COVID-19 on you and your household?

- Very negative **VERY\_NEG** ..... 1
- Negative **NEGATIVE** ..... 2
- No effect **NO\_EFFECT** ..... 3
- Positive **POSITIVE** ..... 4
- Very positive **VERY\_POS** ..... 5
- Don't Know / No Answer **DK\_NA** ..... 8
- Prefer not to answer **REFUSED** ..... 9



48. [CON\\_COMMENT\\_COVX](#) Do you have any final comments to share about this questionnaire or your experience during the COVID-19 pandemic? **[open text]**

**END**