

Canadian Social Connections Survey

Survey Flow

Block: Informed Consent (2 Questions)

Branch: New Branch

If Do you acknowledge and agree to the conditions outlined above? No Is Selected

EndSurvey: Advanced

Standard: Eligibility (7 Questions)

Branch: New Branch

**If Do you live in Canada? No Is Selected
Or How old are you (in years)? Text Response Is Less Than 13**

EndSurvey: Advanced

**Standard: Social Connections (46 Questions)
Standard: Health and wellbeing (10 Questions)
Standard: Participant Characteristics (14 Questions)**

BlockRandomizer: 1 - Evenly Present Elements

BlockRandomizer: 1 - Evenly Present Elements

**Standard: Module 1 (5 Questions)
Standard: Module 2 (11 Questions)
Standard: Module 3 (11 Questions)**

BlockRandomizer: 1 - Evenly Present Elements

**Block: Module 1 (5 Questions)
Block: Module 2 (11 Questions)
Block: Module 3 (11 Questions)**

BlockRandomizer: 1 - Evenly Present Elements

**Block: Module 1 (5 Questions)
Block: Module 2 (11 Questions)
Block: Module 3 (11 Questions)**

BlockRandomizer: 3 -

**Block: Module 1 (5 Questions)
Block: Module 2 (11 Questions)
Block: Module 3 (11 Questions)**

Standard: Final Block (2 Questions)

EndSurvey:

Start of Block: Eligibility

Q3 Thanks for your interest in participating in this survey! The questions below will help us determine your eligibility to participate and help us ensure that we are reaching a diverse sample of Canadians.

Q2 Do you live in Canada?

Yes (1)

No (2)

Q10 Where do you live? *Note: If the place you live is not listed, select the city that is nearest to where you live.*

Province or Territory (1)

City (2)

▼ Alberta / l'Alberta (1) ... Yukon / le Yukon ~ Whitehorse (3105)



Q4 How old are you (in years)?

Q5 How do you identify, in terms of gender?

- Woman (1)
 - Man (2)
 - Non-binary (e.g., agender, genderqueer, genderfluid) (3)
 - None of the above, I identify as (5)
-

Q6 Do you belong to any of the following groups? (Check all that apply)

- Veterans (1)
 - Indigenous peoples (e.g., First Nations, Métis, Inuit) (2)
 - Sexual or gender minorities (e.g., LGBTQ2+) (3)
 - People with chronic health problems or disabilities (e.g., Living with any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairments—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.) (4)
 - People of colour (e.g., Black, Indigenous, Asian or other racialized minority) (5)
 - People who have substance abuse problems (6)
 - Newcomers (e.g., Recent immigrants and refugees, i.e. being in Canada for less than 10 years) (7)
 - People who are experiencing homelessness or have in the past (8)
 - People with mental health challenges (9)
 - None of the above (10)
-

Q7 What is your current relationship status?

- Single and not dating (1)
- Single and dating (2)
- In a relationship (3)

End of Block: Eligibility

Start of Block: Social Connections

Q11 The questions in this section are about your experiences with COVID-19 prevention. These questions will help us understand how COVID-19 prevention practices relate to your social health and wellbeing.

Q12 To what extent are you currently following the COVID-19 prevention practices listed below?

	Very Closely (1)	Somewhat (2)	Not at all (3)
Physically distance yourself by 2 metres from others (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a mask in public (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash your hands often (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the number of people you interact with (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid non-essential trips in the community (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socialize indoors only with people in your immediate household (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 Have you received a COVID-19 Vaccine?

- Yes, one dose (1)
 - Yes, two doses (2)
 - No (3)
-

Display This Question:

If Have you received a COVID-19 Vaccine? = Yes, one dose

Or Have you received a COVID-19 Vaccine? = Yes, two doses

Q14 Did you receive your last COVID-19 vaccine dose more than 2 weeks ago?

- Yes, it was more than two weeks ago. (1)
 - No, it was in the last two weeks (2)
-

Page Break

Q100 The questions in this section are about your social interactions and wellbeing.

Q16 On a scale of 1 to 10, How do you feel about your life as a whole right now?

- 1 - Very Dissatisfied (1)
 - 2 (12)
 - 3 (13)
 - 4 (14)
 - 5 (15)
 - 6 (16)
 - 7 (17)
 - 8 (18)
 - 9 (19)
 - 10 - Very Satisfied (20)
-

Q23 When you think about your life overall, how often do you feel the following?

	Never (1)	Almost never (2)	Rarely (3)	Sometimes (4)	Often (5)	Very Often (6)	Always (7)
Tired (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disappointed with people (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeless (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trapped (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpless (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically weak or sickly (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthless or like a failure (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties sleeping (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"I've had it" (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q32 How often do you have meaningful social interactions?

- Many times a day (1)
 - Every day (2)
 - Many times a week (3)
 - Once or twice a week (4)
 - Once or twice a month (5)
 - Once or twice a year (6)
 - Never (7)
-

Q117 In the PAST THREE MONTH, how often have you...

	Not in the past three months (1)	Less than monthly (3)	Monthly (6)	A few times a month (11)	Weekly (7)	A few times a week (13)	Daily or almost daily (8)
... greeted a stranger (e.g., by saying hello or good morning)? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... greeted a neighbour or acquaintance (e.g., by saying hello or good morning)? (64)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... talked to someone about how your / their day was going? (65)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... talked to someone about how your / their family was? (66)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... talked to someone about your / their job? (67)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... talked to someone about your / their hobbies or interests? (68)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... had a phone conversation with a friend or family member? (69)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... wrote a letter or personal email to a friend or family member? (70)

... sent a text/private message to someone just to check in? (71)

... received a text/private message from someone who was checking in with you? (72)

... had an extended conversation via text or a messaging app? (73)

... had a video chat with a friend or family member? (74)

... had a video chat with a GROUP of friends or family? (75)

... went for a walk with someone? (76)

... met someone for a meal, drink, dessert, or cup of coffee? (77)

... played a board game

with others?
(78)

... played a
computer or
console (e.g.,
Wii, Xbox,
PlayStation)
game with
others? (79)

... played an
online game
with others?
(80)

... visited with
FRIENDS at
your / their
home? (81)

... visited with
FAMILY at
your / their
home? (82)

...volunteered
in the
community?
(83)

...helped a
neighbor or
friend with a
task or chore
(e.g., yard
work,
moving)? (84)

...attended a
meeting at
work? (85)

...attended a
meeting of
other
organization(s)
(i.e. outside of
work)? (86)

...participated
in an online
discussion

group? (88)

...participated
in group
exercise (e.g.,
yoga classes,
cycling)? (89)

...attended
church,
synagogue,
temple, etc.?
(90)

...made a new
friend? (91)

...hugged
someone?
(92)

...kissed
someone?
(93)

...had sex with
someone?
(94)

Page Break

Q106 The questions in this section are about the time you spend with family members, friends, co-workers or classmates, and neighbours.

Q17 Indicate how often each of the statements below is descriptive of you.

	Hardly Ever (1)	Some of the time (2)	Often (3)
How often do you feel that you lack companionship? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 How many close friends do you have?

- None (1)
 - 1–2 (2)
 - 3–4 (3)
 - 5 or more (4)
-

Q20 Are you satisfied with the number of friends you have now?

- Yes (1)
 - No, I want to have MORE friends. (2)
 - No, I want to have FEWER friends. (3)
-

Q24 How many of your neighbours do you know by name? *Note: By neighbors we mean people who live next door, in your building, and/or on your street.*

- None (1)
- 1–2 (2)
- 3–4 (3)
- 5 or more (4)

Q27 In the PAST WEEK, how many days did you spend at least 5 minutes socializing with people from the following groups?

	None (0 Days) (1)	Some days (1 - 3 days) (2)	Most days (4 - 6 days) (3)	Every day (7 days) (4)
Family Members (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers or Classmates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbours (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q105 In the PAST WEEK, how many hours in total did you spend socializing with others from the following groups?

	No time (2)	Less than 1 hour (3)	1 to 4 hours (4)	5 or more hours (5)
Family Members (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers or Classmates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbours (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q25 In the PAST WEEK, how many people from each of the following groups did you spend at least 5 minutes socializing with?

	None (0 People) (1)	1 - 2 People (2)	3 - 4 People (3)	5 or more People (4)
Family Members (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers or Classmates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbours (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29 How much time per week would you like to spend socializing with others from the following groups?

	No time (1)	Less than 1 hour (2)	1 to 4 hours (3)	5 or more hours (4)
Family Members (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers or Classmates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbours (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31 Generally speaking, how much of your time spent with each of the following groups is meaningful and fulfilling?

	None of the time (1)	Some of the time (2)	Most of the time (3)	All of the time (4)
Family Members (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers or Classmates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbours (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Are you satisfied with the amount of time you spend with others?

- Yes (1)
 - No, I want to spend MORE time with others. (2)
 - No, I want to spend LESS time with others. (3)
-

Q38 How much effort do you put into intentionally connecting with others?

- A great deal of effort (1)
 - Much effort (2)
 - Some effort (3)
 - A little Effort (4)
 - No effort at all (5)
-

Q39 How much effort do you feel others put into intentionally connecting with you?

- A great deal of effort (1)
 - Much effort (2)
 - Some effort (3)
 - A little Effort (4)
 - No effort at all (5)
-

Page Break

Q108 The questions in this section are about your romantic relationships and experiences.

Display This Question:

If What is your current relationship status? = Single and not dating

Or What is your current relationship status? = Single and dating

Q34 In general, how satisfied are you with being single?

- Very satisfied (1)
 - Satisfied (6)
 - Somewhat satisfied (2)
 - Neither satisfied nor dissatisfied (3)
 - Somewhat dissatisfied (4)
 - Dissatisfied (7)
 - Very dissatisfied (5)
-

Display This Question:

If What is your current relationship status? = In a relationship

Q35 How long have you been in a relationship? If you have multiple partners, indicate how long have you been in a relationship with your longest-term partner.

- Less than 3 months (1)
- 3 to 6 months (2)
- 6 to 12 months (3)
- 1 to 3 years (4)
- 3 to 5 years (5)
- 5 to 7 years (6)
- 7 to 10 years (7)
- More than 10 years (8)

Display This Question:

If What is your current relationship status? = In a relationship

Q36 In general, how satisfied are you with your romantic relationships? Note if you have multiple relationships, choose the option that reflects your overall satisfaction with them.

- Extremely satisfied (1)
- Satisfied (6)
- Somewhat satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Somewhat dissatisfied (4)
- Dissatisfied (7)
- Extremely dissatisfied (5)

Q37 What best describes your sexual relationship status?

- Not having sex with anyone (1)
- Having sex, but I do not have an exclusive sex partner (2)
- In an exclusive sexual relationship with one person, with no outside sex partners (3)
- In an emotionally exclusive relationship with one person, with outside sex partners (4)
- In a consensual polyamorous sexual relationship with more than one regular partner (5)

Page Break

Q110 The questions in this section are about your current living arrangements.

Q41 How many people from each of the groups below do you live with at least 50% of the time? *Note: If you do not live with anyone in a given category, enter 0. Please only enter numeric characters (0,1,2,3,4,5,6,7,8,9)*

Husband, wife, or common-law partner (1)

Son or daughter (including step children, foster children, and children-in-laws) (2)

Grandchildren (3) _____

Father or mother (4) _____

Father-in-law or mother-in-law (5)

Siblings (e.g., Brother or Sister) (6)

Room-mate, lodger or boarder (7)

Other (8) _____

Q42 How many of the following companion animals (or pets) do you live with? *Note: Please only enter numeric characters (0,1,2,3,4,5,6,7,8,9)*

Dogs (1) _____

Cats (2) _____

Ferrets (3) _____

Birds (4) _____

Fish (5) _____

Other (6) _____

Page Break

Q109 The questions in this section are about your experiences with loneliness.

Q57 Please indicate for each of the statements, the extent to which they apply to your situation, the way you feel now.

	Yes (1)	More or Less (2)	No (3)
I experience a general sense of emptiness (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of people I can rely on when I have problems (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are many people I can trust completely (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are enough people I feel close to (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I miss having people around (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel rejected (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q45 During the PAST WEEK, have you felt lonely ...

- None of the time (e.g., 0 days) (1)
- Rarely (e.g. less than 1 day) (2)
- Some or a little of the time (e.g. 1-2 days) (3)
- Occasionally or a moderate amount of time (e.g. 3-4 days) (4)
- All of the time (e.g. 5-7 days)] (5)

Page Break

Q46 For about how long have you consistently felt that you were lonely \${Q45/ChoiceGroup/SelectedChoices}?

- The past 6 months (1)
 - 6 months to a year (2)
 - 1 to 2 years (3)
 - 3 to 5 years (4)
 - 6 to 10 years (5)
 - More than 10 years (6)
-

Q49 Comparing how you feel now to how you felt before the COVID-19 Pandemic, how would you describe the intensity of your loneliness?

- Much more lonely (1)
 - Somewhat more lonely (2)
 - About the same (3)
 - Somewhat less lonely (4)
 - Much less lonely (5)
-

Display This Question:

If During the PAST WEEK, have you felt lonely ... != None of the time (e.g., 0 days)

Q47 When you have felt lonely, what did you miss most? (Check all that apply)

- Fun and laughter / Leisure (1)
 - Meaningful conversation (2)
 - Physical touch/hug, affection (3)
 - Being with other people/ hanging out (4)
 - Someone to understand me (5)
 - Doing something with other people (6)
 - Mattering to someone/being able to help someone (7)
 - Something else (8) _____
-

Q50 Generally speaking, do you think others are aware of the extent to which you feel lonely or connected?

- Definitely No (6)
 - Probably No (9)
 - Probably Yes (11)
 - Definitely Yes (12)
-

Page Break _____

Q111 The questions in this section are to assess the extent of your social connectedness or isolation from others.

Q51 Do you have KIDS with whom you see, talk to, text, email, or write to at least once a month?

Yes (1)

No (2)

Q52 Do you have OTHER FAMILY MEMBERS with whom you see, talk to, text, email, or write to at least once a month?

Yes (1)

No (2)

Q53 Do you have OTHER FRIENDS with whom you see, talk to, text, email, or write to at least once a month?

Yes (1)

No (2)

Q122 Please rate whether you spend too much time, too little time, or just the right amount of time doing each of the following activities:

	Too much (1)	Just the right amount (2)	Too little (3)
sleeping (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
working (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hanging out with friends (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
spending time with family (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"me" time (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
winding down (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
exercising (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reading news or social media (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sitting and thinking about things important to me (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
talking about important things with others (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
talking with someone who really understands me (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
practicing hobbies and skills (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helping others and volunteering (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q54 How many times per day do you visit social networking websites (e.g., Instagram, Facebook, Twitter), on Average?

- Less than once per day (1)
 - 1-3 times per day (2)
 - 4-8 times per day (3)
 - 9-15 times per day (4)
 - More than 15 times per day (5)
-

Q55 In the past week, on average, approximately how much time PER DAY have you spent actively using social networking websites?

- Less than 10 minutes per day (1)
 - 10-30 minutes per day (2)
 - 31-60 minutes per day (3)
 - 1-2 hours per day (4)
 - 2-3 hours per day (5)
 - More than 3 hours per day (6)
-

Page Break

Q112 The questions in this section are about social support that you may or may not receive from others.

Q56 Please respond to the following items using the scale provided

	Very Strongly Agree (1)	Strongly Agree (2)	Agree (3)	Neither Agree Nor Disagree (4)	Disagree (5)	Strongly Disagree (6)	Very Strongly Disagree (7)
There is a special person who is around when I am in need. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share my joys and sorrows (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a person who regularly makes me laugh, feel positive about myself (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a person who really understands me on a deep level / gets me (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have a special person who is a real source of comfort to me (7)

My friends really try to help me. (8)

I can count on my friends when things go wrong (9)

I can talk about my problems with my family (10)

I can talk about my problems with my friends (11)

I have friends or family members with whom I can share my joys and sorrows (12)

There is a special person in my life who cares about my feelings (13)

My friends and family are willing to help me

make
decisions
(14)

End of Block: Social Connections

Start of Block: Health and wellbeing

Q59 The questions in this section are about your health and wellbeing.

Q60 At the present time, would you say your PHYSICAL HEALTH is:

- Excellent (1)
 - Very good (2)
 - Good (3)
 - Fair (4)
 - Poor (5)
-

Q61 At the present time, would you say your MENTAL HEALTH is:

- Excellent (1)
 - Very good (2)
 - Good (3)
 - Fair (4)
 - Poor (5)
-

Q62 In general, I consider myself:

- 1 - Not a happy person (1)
 - 2 (9)
 - 3 (10)
 - 4 (11)
 - 5 (12)
 - 6 (13)
 - 7 - A very happy person (8)
-

Q124 Compared with most of my peers, I consider myself:

- 1 - Less happy (1)
 - 2 (8)
 - 3 (9)
 - 4 (10)
 - 5 (11)
 - 6 (12)
 - 7 - More happy (13)
-

Q125 Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

- 1 - Not at all (1)
 - 2 (8)
 - 3 (9)
 - 4 (10)
 - 5 (11)
 - 6 (12)
 - 7 - A great deal (13)
-

Q126 Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?

- 1 - Not at all (1)
 - 2 (8)
 - 3 (9)
 - 4 (10)
 - 5 (11)
 - 6 (12)
 - 7 - A great deal (13)
-

Q66 Over the PAST TWO WEEKS, how often

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
have you felt nervous, anxious or on edge? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
were you not able to stop worrying or control your worries? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you had little interest or pleasure in doing things? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
were you feeling down, depressed or hopeless? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 For each question, please indicate the degree to which you feel the statement is characteristic or true of you.

	Not at all characteristic or true of me (1)	Slightly (2)	Moderately (3)	Very (4)	Extremely characteristic or true of me (5)
I have difficulty making eye contact with others. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult mixing comfortably with the people I work with. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tense up if I meet an acquaintance on the street. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tense if I am alone with just one person. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty talking with other people. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to disagree with another's point of view. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get nervous that people are staring at me as I walk down the street. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I worry about shaking or trembling when I'm watched by other people. (8)

I would get tense if I had to sit facing other people on bus or train. (9)

I worry I might do something to attract the attention of other people. (10)

When in an elevator, I am tense if people look at me. (11)

I can feel conspicuous standing in line. (12)

My privacy is important to me. (13)

Q137 In your day-to-day life, how often do any of the following things happen to you?

	Almost everyday (1)	At least once a week (2)	A few times a month (3)	A few times a year (4)	Less than once a year (5)	Never (6)
You are treated with less courtesy than other people are. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are treated with less respect than other people are. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You receive poorer service than other people at restaurants or stores. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they think you are not smart. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they are afraid of you. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they think you are dishonest. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People act as if they're better than you are. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You are called names or insulted.
(10)

You are threatened or harassed.
(11)

End of Block: Health and wellbeing

Start of Block: Participant Characteristics

Q71 The questions in this section are about you. They will help us understand how social connections differ for different individuals and communities.

Q72 Which of the following best describes your race or ethnicity?

- Indigenous (1)
 - African, Caribbean, or Black (2)
 - Arab (3)
 - Chinese (4)
 - Filipino (5)
 - Japanese (6)
 - Korean (7)
 - Latin American (8)
 - South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) (9)
 - Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.) (10)
 - West Asian (e.g., Iranian, Afghan, etc.) (11)
 - White (12)
 - None of the above, I identify as (13)
-

Q73 How do you identify, in terms of your sexual orientation?

- Gay (1)
 - Bisexual or Pansexual (2)
 - Straight (3)
 - Asexual (4)
 - None of the above, I identify as (5)
-

Q74 Have you received any of the following degrees or certifications? (Check all that apply)

- High school diploma or high school equivalency certificate (1)
 - Certificate of Apprenticeship, Certificate of Qualification (Journey person's designation) or other trade certificate or diploma (2)
 - College, CEGEP or other non-university certificate or diploma (3)
 - University certificate or diploma below bachelor level (4)
 - Bachelor's degree (e.g., B.A., B.A.(Hons.), B.Sc., B.Ed., LL.B.) (5)
 - University certificate or diploma above bachelor level (6)
 - Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.) (7)
 - Master's degree (e.g., M.A., M.Sc., M.Ed., M.B.A.) (8)
 - Doctorate (e.g., Ph.D.) (9)
-

Page Break

Q113 The questions in this section are about your work and financial wellbeing.

Q78 Are you currently a student?

Yes (1)

No (2)



Q75 During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-employment per week?

Q76 Did COVID-19 impact your employment in any of the following ways? (Check all that apply)

I was not employed or self-employed before the COVID-19 (1)

I was laid off temporarily or permanently (2)

I had my hours of work increased (3)

I had my hours of work reduced (4)

I got a new job (5)

I have had no change in my hours of work (6)

Q136 Please use the drop-down menu below to identify the best matching description of your occupation:

Note: If you are unemployed due to the pandemic, please indicate the job that you were doing before you became unemployed.

- Management occupations (1)
- Business, finance and administration occupations (3)
- Natural and applied sciences and related occupations (4)
- Health occupations (5)
- Occupations in education, law and social, community and government services (6)
- Occupations in art, culture, recreation and sport (7)
- Sales and service occupations (8)
- Trades, transport and equipment operators and related occupations (9)
- Natural resources, agriculture and related production occupations (10)
- Occupations in manufacturing and utilities (11)
- Not applicable, I do not have an occupation (12)

Display This Question:

If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-employment per week?<o:p></o:p> Text Response Is Greater Than 1

Q77 During the COVID-19 pandemic, how often have you worked from home?

- All of the time (1)
 - Most of the time (2)
 - Some of the time (3)
 - Very little of the time (4)
 - Not at all (5)
-

Display This Question:

If During the COVID-19 pandemic, how often have you worked from home? = Most of the time
Or During the COVID-19 pandemic, how often have you worked from home? = Some of the time
Or During the COVID-19 pandemic, how often have you worked from home? = Very little of the time
Or During the COVID-19 pandemic, how often have you worked from home? = Not at all
Or Are you currently a student? = Yes

Q43 How many minutes does it usually take you to get from home to work or school?

- 0 minutes, I work from home (1)
 - Less than 15 minutes (2)
 - 15 to 29 minutes (3)
 - 30 to 44 minutes (4)
 - 45 to 59 minutes (5)
 - 60 minutes and over (6)
-

Display This Question:

If How many minutes does it usually take you to get from home to work or school? = Less than 15 minutes

Or How many minutes does it usually take you to get from home to work or school? = 15 to 29 minutes

Or How many minutes does it usually take you to get from home to work or school? = 30 to 44 minutes

Or How many minutes does it usually take you to get from home to work or school? = 45 to 59 minutes

Or How many minutes does it usually take you to get from home to work or school? = 60 minutes and over

Q44 How do you usually get to school or work?

- Car, truck or van - as a driver (1)
- Car, truck or van - as a passenger (2)
- Bus (3)
- Subway or elevated rail (4)
- Light rail, streetcar or commuter train (5)
- Passenger ferry (6)
- Walked to work (7)
- Bicycle (8)
- Motorcycle, scooter or moped (9)
- Other method (10)

Display This Question:

If Are you currently a student? = Yes

Q79 During the COVID-19 pandemic, how much of your coursework and learning has occurred online?

- Most or all of it (1)
 - Some of it (2)
 - Very little of it (3)
 - None of it (4)
-

Q80 What is your best estimate of your total household income received by all household members, from all sources, before taxes and deductions, during the year ending December 31, 2020? *Note: Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, spousal support (alimony) and rental income.*

▼ Under \$5,000 (1) ... \$200,000 or more (26)

End of Block: Participant Characteristics

Start of Block: Module 1

Q114 The questions in this section are about your personality and personal needs. These questions are important to help us understand how to meet the needs of different people.

Q81 Please respond to the following items using the scale provided

	1 (Never or definitely no) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	8 (8)	(9) Always or definitely yes (9)
I'd rather depend on myself than others. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rely on myself most of the time; I rarely rely on others (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often do "my own thing." (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personal identity, independent of others, is very important to me. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important that I do my job better than others. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winning is everything. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competition is the law of nature. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When another person does better than I do, I get tense and aroused. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If a
coworker
gets a prize,
I would feel
proud. (9)

The well-
being of my
coworkers
is important
to me. (10)

To me,
pleasure is
spending
time with
others (11)

I feel good
when I
cooperate
with others.
(12)

Parents and
children
must stay
together as
much as
possible.
(13)

It is my duty
to take care
of my
family, even
when I have
to sacrifice
what I want.
(14)

Family
members
should stick
together, no
matter what
sacrifices
are
required.
(15)

It is important to me that I respect the decisions made by my groups. (16)



Q82 Here are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

I see myself as...

	Disagree strongly (1)	Disagree moderately (2)	Disagree a little (3)	Neither agree nor disagree (4)	Agree a little (5)	Agree moderately (6)	Agree strongly (7)
Extraverted, enthusiastic. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical, quarrelsome (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependable, self-disciplined (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious, easily upset. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open to new experiences, complex. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reserved, quiet (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sympathetic, warm. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disorganized, careless. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm, emotionally stable. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conventional, uncreative. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q58 Please use the following scale to rate the extent to which you agree or disagree with each of the following statements IN GENERAL.

	(1) Strongly Agree (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	8 (8)	(9) Strongly Disagree (9)
I usually feel like people share my outlook on life. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often have the same reactions to things that other people around me do. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People around me tend to react to things in our environment the same way I do. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People do not often share my perspective. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people usually do not understand my experiences. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People often have the same "take" or perspective on things that I do. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q70 Rate how true of you the following statements are:

	(1) Not very true of me (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	(7) Very true of me (7)
I have high self-esteem. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my body. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that others don't find me attractive (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe people generally like me. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry what other people think of me. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a friendly person. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a positive outlook on life. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an energetic personality. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud of my accomplishments. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Module 1

Start of Block: Module 2

Q115 The questions in this section include a few more questions about your connection with others.

Q83 Please respond to the following items using the scale provided

	Totally disagree (1)	Disagree (2)	Somewhat disagree (3)	Somewhat agree (4)	Agree (5)	Totally Agree (6)
I feel confident that other people will be there for me when I need them (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it relatively easy to get close to other people (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about relating to others (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that other people will like and respect me (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that others are reluctant to get as close as I would like (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that others won't care about me as much as I care about them (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry a lot about my relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(7)

I often feel
left out or
alone (8)

I prefer to
keep to
myself (9)

I find it hard
to trust other
people (10)

I have
mixed
feelings
about being
close to
others (11)

While I want
to get close
to others, I
feel uneasy
about it (12)

Q84 Growing up, how often did you have an adult who...

	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
...showed they were proud of me. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...took an interest in my activities. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...listened to you when you spoke. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...was there when you needed someone. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...spoke with you about things that really mattered. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...you could share your thoughts and feelings with. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...you could go to for help with a problem, even if you knew they'd be disappointed. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q85 How many close friends did you have in...?

	None (0 friends) (1)	1 - 2 Friends (2)	3 - 4 friends (3)	5 or more friends (4)
...Elementary School (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Middle School or Junior High? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...High School (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q132 The questions in this section are about your interactions with your healthcare provider.

Q87 When was the last time you visited with a healthcare provider?

- Within the last 3 months (1)
 - 4-6 months (2)
 - 7-12 months ago (3)
 - More than 1 year ago (4)
-

Q134 Do you have a primary healthcare provider, such as a family doctor, nurse practitioner, or community health centre where you would normally go to for care?

- Yes (1)
 - No (2)
-

Q86 Last time you visited a healthcare provider, did they:

	Yes (1)	No (2)	Unsure (3)
Measure your weight (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measure your height (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measure your blood pressure (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listen to your heart (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you about using alcohol, tobacco, or other drugs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you about your diet (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you about physical activity (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you about your mental health (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask about social connection or your relationships (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask about your sexual history (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give you advice about your substance use (e.g., smoking, alcohol consumption) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give you advice about nutrition or diet (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give you advice about mental health (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give you advice about physical activity (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Give you advice
about social
connection or
relationships (15)



Give you advice
about safe sex or
reproductive health
(16)



Page Break

Q133 The questions in this section are about your use of alcohol, tobacco, and other drugs.

Q131 In the PAST SIX MONTHS, how often did you use the following substances?

	Not in the past six months (1)	Less than monthly (2)	Monthly (3)	A few times a month (7)	Weekly (4)	A few times a week (6)	Daily or almost daily (5)
Cigarettes or other tobacco products (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes, vape pens, or other nicotine products (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (e.g., beer, wine, liquor) (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (e.g., magic mushrooms, LSD) (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines or methamphetamines (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine or crack (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalents (e.g., nitrous oxide, glue) (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q130

In the PAST SIX MONTHS, how often have you used the following medications when (a) they were not prescribed for you; or (b) which you took more of than you were supposed to take?

	Not in the past six months (1)	Less than monthly (2)	Monthly (3)	A few times a month (7)	Weekly (4)	A few times a week (6)	Daily or almost daily (5)
Prescription pain relievers (e.g., morphine, Percocet, vicodin, oxycontin, dilaudid, methadone, buprenorphine, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription sedatives (e.g., Valium, Xanax, Klonopin, Ativan, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription stimulants (e.g., Adderall, Ritalin, etc.) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-the-counter medications (e.g., NyQuil, Benadryl, cough medicine, sleeping pills) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Module 2

Start of Block: Module 3

Q116 The questions in this situation are about your housing and neighbourhood.

Q89 How satisfied are you with the following aspects of your neighbourhood/complex?

	Very satisfied (1)	Satisfied (2)	Neither satisfied or dissatisfied (3)	Dissatisfied (4)	Very dissatisfied (5)
Access to public transit (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to community programs (e.g. fitness programs, recreation programs, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to private and semi-private outdoor spaces (e.g. yards, courtyards, patios, rooftops, etc.) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to public open space or low-cost recreation spaces (e.g. parks, playgrounds, and community gardens, etc.) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to shops, stores or markets to buy things your household needs (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Access to
medical or
health care
services (7)



Access to
child care
facilities or
schools (8)



Q90 The questions below are about the neighborhood you live in. Rate how strongly you agree or disagree with each of the following:

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
Overall, I am attracted to living in this neighbourhood (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I belong to this neighbourhood (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I visit my friends in their homes (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The friendships and associations I have with other people in my neighbourhood mean a lot to me (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given the opportunity, I would like to move out of this neighbourhood (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I need advice about something I could go to someone in my neighbourhood (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe my neighbours would help in an emergency (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I borrow things and exchange favours with my neighbours (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would be willing to work together with others on something to improve my neighbourhood (9)

I plan to remain a resident of this neighbourhood for a number of years (10)

I like to think of myself as similar to the people who live in this neighbourhood (11)

I rarely have a neighbour over to my house to visit (12)

I regularly stop and talk with people in my neighbourhood (13)

Living in this neighbourhood gives me a sense of community (14)

Overall I think this is a good place to bring up children (15)

The street I live on has too much traffic. (16)

The street I live on is too loud. (17)

If the people in my

neighbourhood
were planning
something, I'd
think of it as
something 'we'
were doing
rather than 'they'
were doing' (18)

I think I agree
with most people
in my
neighbourhood
about what is
important in life
(19)

I feel loyal to the
people in my
neighbourhood
(20)

Q91 What is the structural type of your dwelling?

- Single-detached house (1)
 - Semi-detached house – One of the two dwellings attached side by side or back to back to each other (2)
 - Row house – one of three or more dwelling joined side by side or side to back (e.g. town house or garden home) (4)
 - Apartment in a low-rise multi-unit building (6 stories or less) (6)
 - Apartment in a high-rise multi-unit building (more than 6 stories) (7)
 - Secondary suites (e.g. basement suites, garden suites, laneway houses, etc.) (8)
 - Mobile home or movable dwellings such as a tent, recreational vehicle, travel trailer houseboat or floating home (9)
 - Other (11)
-

Q92 Do you or your family own or rent this dwelling unit?

- Own it outright (including condos) (1)
 - Own it with mortgage or loan (including condos) (2)
 - Part own and part rent (shared ownership such as co-op) (3)
 - Rent it without subsidies, i.e. you pay a market rate (4)
 - Rent it with subsidies, i.e. you pay a below-market rate (including rent geared to income, social housing, government assisted housing, housing allowances, etc.) (5)
 - Rent at no costs, i.e. rent-free in relative's/friend's property\ (6)
 - Other (7)
-

Q93 Approximately how many years have you lived in your current dwelling?

▼ Less than 12 months (1) ... 10 or more years (11)

Q96 How satisfied or dissatisfied are you with your current living arrangements?

- Very Satisfied (1)
 - Satisfied (2)
 - Dissatisfied (3)
 - Very Dissatisfied (4)
-

Q94 What is your postal code? *Note: We use this data so we can understand the composition of your neighborhood better using data from the Canadian Census.*

Q95 How much do you pay for housing each month? *Note: Please Include rent or mortgage payments, strata fees, insurance payments, and, if applicable, property taxes.*

Q97 How well do each of the statements describe you?

Display This Choice:
 If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-employment per week?<o:p></o:p> Text Response Is Greater Than 0

Display This Choice:
 If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-employment per week?<o:p></o:p> Text Response Is Greater Than 0

Display This Choice:
 If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0

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 If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0

Display This Choice:
 If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0

	Completely (1)	Very Well (2)	Somewhat (3)	Very Little (4)	Not at all (5)
Because of my money situation, I feel like I will never have the things I want in life. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am just getting by financially. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned that the money I have or will save won't last. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice:</i> If If During the COVID-19 pandemic, how	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

many hours have you typically spent working for pay or in self-employment per week?

I feel that I am treated with dignity and respect in my workplace. (4)

Display This Choice:
If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-employment per week?

I have a lot of control over how I do my work. (5)

Display This Choice:
If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0

I am getting paid enough for the work I do. (6)

Display This Choice:
If If During the COVID-19

pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0

**I am appreciated for the work I do.
(7)**

*Display This Choice:
If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0*

I feel supported by my co-workers. (8)

*Display This Choice:
If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0*

**I feel my workplace is fair.
(9)**

*Display This Choice:
If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is*

Greater Than 0

I feel that my
work-load is
unsustainable.
(10)

Q98 How frequent are each of the statements below true for you?

Display This Choice:
 If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0

Display This Choice:
 If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0

	Always (1)	Often (2)	Sometimes (3)	Rarely (4)	Never (5)
I have money left over at the end of the month. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My finances control my life. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice:</i> If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about quitting my job. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice:</i> If If During the COVID-19 pandemic, how many hours have you typically spent working for pay or in self-... Text Response Is Greater Than 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel stress
about my job
even when I
am not at
work. (4)

End of Block: Module 3

Start of Block: Final Block

The questions in thi You made it! These are the last three questions. They will help us figure out our next steps

Q88 How likely or unlikely is it that you would...

	Very likely (1)	Somewhat likely (2)	Neither likely or unlikely (3)	Somewhat unlikely (4)	Very Unlikely (5)
... participate in a movement or campaign that was inspiring Canadians to take action to get connected at a particular time? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...support government funding for programs and promotions that educate Canadians on the importance of human connection to our health, happiness and longevity? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...make a purchase decision based on the efforts of a business to get Canadians more socially connected? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Final Block