

**Assessing the mental health impacts of COVID-19: A national survey study
Introduction and Privacy Information Page**

[Final Questionnaire](#): May 19, 2020

[Q_INSTRUCTION] [REQUIRED]

Base: Total

The 2019 novel coronavirus (2019-nCoV), otherwise known as COVID-19, is an infectious disease that has resulted in a global pandemic. Throughout this questionnaire, we will refer to the disease as COVID-19.

For the following questions, please think about yourself, members of your household, or other family members who have been affected by the COVID-19 virus.

A "Prefer not to answer" option has been provided if you do not wish to share your experiences on a particular question.

[QS1] [REQUIRED]

Base: Client Sample Only

What is your gender?

[ANSWERS] [ANCHOR]

Male

Female

[QS2] [REQUIRED]

Base: Total

What's your age.

[QS3] [REQUIRED]

Base: Total

In which province or territory do you currently live?

[ANSWERS] [ANCHOR]

Alberta

British Columbia

Manitoba

New Brunswick

Newfoundland and Labrador

Northwest Territories

Nova Scotia

Nunavut

Ontario

Prince Edward Island

Quebec

Saskatchewan

Yukon

[QS4] [REQUIRED]

Base: Total

Do you live in an urban, or rural environment?

[ANSWERS] [ANCHOR]

Urban

Rural

[QS5] [REQUIRED]

Base: Total

Please select the highest level of education you have completed.

[ANSWERS] [ANCHOR]

Elementary/grade school

Some high school

High school graduate

Some college / technical school

Completed college / technical school

Some university

University undergraduate degree

Some post-graduate school

Post-graduate degree

[QS6] [REQUIRED]

Base: Total

What is your marital status?

[ANSWERS] [ANCHOR]

Single, never married

Common law

Civil partnership

Married

Separated

Divorced

Widowed

Engaged

[QS6] [REQUIRED]

Base: Total

Please indicate the category which best describes your total household annual income before taxes.

[ANSWERS] [ANCHOR]

Less than \$25,000

\$25,000 to less than \$35,000

- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 to less than \$100,000
- \$100,000 to less than \$125,000
- \$125,000 to less than \$150,000
- \$150,000 to less than \$250,000
- \$250,000 to less than \$500,000
- \$500,000 or more
- Don't know/prefer not to say

SECTION 2: COVID QUESTIONS

[Q_EMPLOYMENTSTATUS] [REQUIRED]

Base: Total

Which of the following describes your current employment status since the outbreak of COVID-19? (Please select all that apply)

[ANSWERS] [ANCHOR]

- Working full time (30 or more hours per week)
- Working part time (fewer than 30 hours per week)
- Full time student (e.g. school, college, university, job training)
- Part time student (e.g. school, college, university, job training)
- Not working (e.g. parental leave, disability, medical leave, etc.)
- Volunteer (unpaid)
- Retired
- Unemployed (due to COVID-19)
- Unemployed (prior to COVID-19)
- Other
- Prefer not to answer [EXCLUSIVE]

[Q_ESSENTIALSERVICE] [REQUIRED]

Base: If Currently Employed

The job that I am currently working in has been deemed as an essential service during the COVID-19 pandemic

[ANSWERS] [ANCHOR]

- Yes
- No
- Prefer not to answer

[Q_ESSENTIALSERVICEWORKER] [REQUIRED]

Base: IF YES @ Q_ESSENTIALSERVICE

Please select the category that **BEST** describes your essential service role:

[ANSWERS] [RANDOMIZE]

Health and health services

Law enforcement, public safety, first responder

Vulnerable population service provider (e.g., community outreach, childcare for essential service workers, substance use and addiction services)

Food and agriculture service provider (farming, food processing, grocery, hardware)

Transportation

Industry and manufacturing

Communications and information technology

Financial institutions

Other [ANCHOR]

Prefer not to answer [ANCHOR]

[Q_Mentalhealth] [REQUIRED]

Base: Total

Compared to before the COVID-19 pandemic and related restrictions in Canada, how would you say your mental health is **now**?

[ANSWERS] [ANCHOR]

Significantly better now

Slightly better now

About the same

Slightly worse now

Significantly worse now

Prefer not to answer

[Q_COVID19disease] [REQUIRED]

Base: Total

Which of the following applies to how you have been affected by COVID-19 at any point during the pandemic ?
(Please select all that apply)

[ANSWERS] [RANDOMIZE]

I have been tested for COVID-19 and had a positive result

Someone in my household has tested positive for COVID-19

Someone in my household has tested negative for COVID-19

A family member/loved one living at a different address has tested positive for COVID-19

I have self-isolated with symptoms of COVID-19

My household has self-isolated because someone else had symptoms of COVID-19

My household has self-isolated due to contact with someone else who had symptoms of COVID-19

My household has self-isolated due to recent travel

A family member/loved one living at a different address has self-isolated with symptoms of COVID-19

As part of my work I have worked directly with individuals who have tested positive for COVID-19

I have been hospitalized due to COVID-19

Someone in my household has been hospitalized due to COVID-19

A family member/loved one living at a different address has been hospitalized due to COVID-19

A family member/loved one is living at a long-term care facility that had cases of COVID-19

Someone in my household has died due to COVID-19

A family member/loved one living at a different address has died due to COVID-19

None of these [ANCHOR] [EXCLUSIVE]

Don't know [ANCHOR] [EXCLUSIVE]

Prefer not to answer [ANCHOR] [EXCLUSIVE]

[Q_EMOTIONALRESPOSNE] [REQUIRED]

Base: Total

Which of the following emotions have you felt as a result of the COVID-19 pandemic in the **past 2 weeks?**

(Please select all that apply)

[ANSWERS] [RANDOMIZE]

Afraid

Panicked

Anxious or worried

Empathetic

Indifferent

Hopeful

Hopeless

Ashamed

Guilty

Lonely or isolated

Unprepared

Sad

Angry

Stressed

Bored

Inspired

Depressed

Calm

Comfortable

Content

Secure

None of these [ANCHOR] [EXCLUSIVE]

Don't know [ANCHOR] [EXCLUSIVE]

Prefer not to answer [ANCHOR] [EXCLUSIVE]

[Q_STRESSORS] [REQUIRED]

Base: Total

Have you been stressed or worried about any of the following as a result of the COVID-19 pandemic in **the past 2 weeks**? (Please select one option on each row)

[COLUMNS] [ANCHOR]

Yes

No

Don't know /Not applicable/ Prefer not to say

[ROWS] [RANDOMIZE]

Financial concerns (e.g. going into debt, ability to pay bills, long-term economic impacts, etc.)

Being unable to access benefit payments or not being eligible

Losing my job / loss of my job

Being able to cope with uncertainty (e.g. not knowing what will happen)

Becoming ill with the virus

Having no-one to care for me, as a result of becoming ill with the virus

Not being able to care for friends and family as a result of becoming ill

Not being able to care for friends and family due to physical distancing

Passing COVID-19 on to someone else if I became infected

Experiencing discrimination if I contract COVID-19

Being vulnerable because of an existing medical condition, age, etc.

Being separated from friends and family

Being able to cope with physical/social distancing (including concerns when needing to leave my residence for groceries, exercise, health care, etc.)

Having enough food to meet my household's basic needs

My education or career training has been or will be interrupted

Looking after my children while continuing to work

Making my existing mental health problems worse

Worrying about how the mental health of my child(ren) will be affected by the pandemic

Worrying about my children's education

Experiencing relationship challenges with my partner

Being safe from physical or emotional domestic violence

Fear of getting severely sick or dying

Fear of a family member/loved one getting severely sick or dying

[Q_FOODSECURITY] [REQUIRED]

Base: Total

Since the onset of the COVID-19 pandemic and related restrictions in Canada, have you or any members of your household accessed food-based community programs to get food? (please select all that apply)

[ANSWERS] [RANDOMIZE]

Food Bank

Soup Kitchens/Free Meal programs

- Meal or food programs from a school
- Community Kitchen program
- Community Garden
- Food voucher program (e.g., receiving gift cards for food from a charitable organization)
- Food delivered by a community program
- Other [ANCHOR]
- No – I haven't accessed any food programs [EXCLUSIVE] [ANCHOR]

[Q_OTHERSTATEMENTS] [REQUIRED]

Base: Total

Still thinking about COVID-19...

In the **past 2 weeks**, which, if any, of the following statements apply to you? (Please select all that apply)

[ANSWERS] [RANDOMIZE]

- I have volunteered in a way that does NOT increase my risk of catching COVID-19 (e.g. dropping food off to people's houses, etc.)
- I have volunteered to help tackle COVID-19 even though it increased my personal risk of catching it (e.g. caring for people who are sick, etc.)
- I am worried about someone I know who is living alone and needs help during the pandemic
- I have helped someone I know who is living alone during the pandemic
- I am worried about someone who is particularly vulnerable (e.g. elderly, someone with a pre-existing medical condition)
- I live alone and worry that I will not have support of family or friends if I became infected
- I think tackling COVID-19 is solely the job of government, public services and our health care system
- I believe that concern about COVID-19 is exaggerated
- The COVID-19 pandemic has negatively affected how well I sleep
- I am caring for someone and worry about how they would cope if I become infected
- None of these [ANCHOR] [EXCLUSIVE]
- Don't know [ANCHOR] [EXCLUSIVE]
- Prefer not to say [ANCHOR] [EXCLUSIVE]

[Q_OVERSTRESSCOPE] [REQUIRED]

Base: Total

Overall, how well do you think you are coping with stress related to COVID-19 pandemic?

[ANSWERS] [ANCHOR]

- Very well
- Fairly well
- Not very well
- Not well at all
- Don't know
- Prefer not to say
- Not applicable – I have not experienced any stress related to COVID-19

[Q_COPING1] [REQUIRED]

Base: Total

Which of the following have helped you to cope with **stress** related to the COVID-19 pandemic in the **past 2 weeks**? (Please select all that apply)

[ANSWERS] [RANDOMIZE]

- Connecting with those in my household
- Connecting with my family or friends (e.g. phone, video chat, etc.)
- Connecting with a mental health worker or counsellor **virtually** (e.g. via phone, video chat, etc.)
- Having a supportive employer
- Spending time with my pet(s)
- Receiving in-person mental health supports
- Accessing virtual mental health resources (e.g. online cognitive behavioural therapy, etc.)
- Maintaining a healthy lifestyle (e.g. balanced diet, enough sleep, exercise, etc.)
- Keeping up to date with relevant information (e.g. TV news, newspapers, online information, etc.)
- Limiting my exposure to the news about COVID-19
- Limiting exposure to social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
- Increasing my use of social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
- Contacting a support group (i.e., where members with the same issues can come together for sharing coping strategies, to feel more empowered and/or for a sense of community)
- Going for a walk/exercise outside
- Exercising in my home
- Doing a hobby
- Learning or doing something new
- Volunteering to help
- Accessing federal government benefits and supports (e.g., Canada Emergency Response Benefit, Canada emergency Wage Subsidy, Canada Emergency Student Benefit, etc.)
- Accessing provincial government supports (e.g., emergency benefits for workers)
- Other [open] please specify [anchor]
- Don't know [ANCHOR] [EXCLUSIVE]
- Nothing has helped me to cope with my stress related to COVID-19 [ANCHOR] [EXCLUSIVE]
- Not applicable – I don't feel stressed [ANCHOR] [EXCLUSIVE]

[Q_COPING2] [REQUIRED]

Base: Total

Please indicate how your use of any of the following has been impacted by the COVID-19 pandemic? (Please select one option on each row)

[COLUMNS] [ANCHOR]

- More
- Less
- No change
- Not applicable
- Prefer not to say

[ROWS] [RANDOMIZE]

- Drinking alcohol
- Use of tobacco products (e.g. cigarettes, cigars, chewing tobacco, vaping, etc.)
- Use of cannabis products
- Use of prescribed medication
- Use of other psychoactive substances (e.g., cocaine, heroin)
- Gambling
- Eating/Food consumption
- Screen time

SECTION 3: Self-harm section

[Q_S3INSTRUCTION] [REQUIRED]

Base: Total

The following questions are on the topic of self-harm and suicidal thoughts. We understand this can be a sensitive topic, so please remember that your answers are anonymous. If you are in crisis, please call 1-833-456-4566 toll free (In QC: 1-866-277-3553), 24/7 or visit www.crisisservicescanada.ca

[Q_selfharm1] [REQUIRED]

Base: Total

Have you done or experienced any of the following, as a result of the COVID-19 pandemic in the **past 2 weeks**?
(Please select one option on each row)

[COLUMNS] [ANCHOR]

- Yes
- No
- Prefer not to say

[ROWS] [RANDOMIZE]

- Experienced suicidal thoughts/feelings
- Deliberately hurt myself
- Worried about someone close to me experiencing suicidal thoughts/feelings or deliberately hurting themselves

[Q_selfharm2] [REQUIRED]

Base: IF YES TO ANY ABOVE

How often have you done each of the following as a result of the COVID-19 pandemic in the **past 2 weeks**?
(Please select one option on each row)

[COLUMNS] [ANCHOR]

- Once a day or more often
- Nearly everyday day

A few times a week
Passing thoughts
Don't know
Prefer not to say

[ROWS] [ANCHOR]

Experienced suicidal thoughts/feelings
Deliberately hurt myself
Worried about someone close to me experiencing suicidal thoughts/feelings or deliberately hurting themselves

[Q_MENTALHEALTHSUPPORT] [REQUIRED]

Base: Total

If you could offer advice to others about how to support mental wellbeing during the COVID-19 pandemic, what would it be?

SECTION 4: DEMOGRAPHICS

[Q_GENDER] [REQUIRED]

Base: Total

Which gender do you most identify with?

[ANSWERS] [ANCHOR]

Man
Woman
Transgender woman/trans woman
Transgender man/trans man
Non-binary
Two-Spirit
Not listed
Prefer not to answer

[Q_ETHNICITY] [REQUIRED]

Base: Total

What is your family ethnicity? (Check all that apply)

[ANSWERS] [RANDOMIZE]

Indigenous origins (for example, First Nations, Inuit, Métis)
East Asian origins (for example, Chinese, Japanese, Korean)
South Asian origins (for example, Indian, Punjabi, Pakistani)
Southeast Asian origins (for example, Filipino, Thai, Vietnamese)
Latin American origins (for example, Brazilian, Cuban, Bolivian)
European origins (for example, British, German, Russian)

Middle Eastern origins (for example, Iranian, Iraqi, Afghan)

African origins (for example, Nigerian, Ghanaian, Zimbabwean)

Other (please specify) _____ [ANCHOR]

Don't know [EXCLUSIVE] [ANCHOR]

Prefer not to answer [EXCLUSIVE] [ANCHOR]

[Q_SEXUALITY] [REQUIRED]

Base: Total

Do you identify as being LGBTQ+ (lesbian, gay, bisexual, trans, two-spirit, queer, etc.)?

[ANSWERS] [ANCHOR]

Yes

No

Unsure

Prefer not to answer

[Q_DISABILITY] [REQUIRED]

Base: Total

Do you identify as a person with a disability?

[ANSWERS] [ANCHOR]

Yes

No

Prefer not to answer

[QMentalHealth_Pre] [REQUIRED]

Base: Total

Do you identify as a person who has a pre-existing (prior to COVID-19) mental health condition?

[ANSWERS] [ANCHOR]

Yes

No

Prefer not to answer

[Q_CITIZENSHIP] [REQUIRED]

Base: Total

Which of the following best describes your Canadian citizenship status?

[ANSWERS] [ANCHOR]

Canadian citizen by birth

Canadian citizen by naturalization

Landed immigrant/Permanent resident
Refugee
Not a citizen
Prefer not to say

[Q_ParentGuardianStatus] [REQUIRED]

Base: Total

Which of the following best describes your parental/guardian status?

[ANSWERS] [ANCHOR]

Not a parent / guardian
Parent / guardian (to a child of any age)
Prefer not to say

[Q_PARENT2] [REQUIRED]

Base: if yes at Q_ParentGuardianStatus

How many children (under 18 years of age) reside in your household?

[ANSWERS] [ANCHOR]

0
1
2
3+

[Q_CHILDAGE] [REQUIRED]

Base: if yes at Q_ParentGuardianStatus

What age group is/are your child/children? (Please select all that apply)

[ANSWERS] [ANCHOR]

4 years and under
5-11 years
12-17 years
18 years and over

[Q_CHILDMENTALHEALTH] [REQUIRED]

Base: if yes at Q_ParentGuardianStatus

Compared to before the COVID-19 pandemic and related restrictions in Canada, how would you say the mental health **of your child/children is now?**

[ANSWERS] [ANCHOR]

- Significantly better now
- Slightly better now
- About the same
- Slightly worse now
- Significantly worse now
- It is affecting my children differently (some feel better/some feel worse)
- Prefer not to answer

[Q_ChildCopingStrategies] [REQUIRED]

Base: if yes at Q_ParentGuardianStatus

Which do you think have helped your child(ren) cope with **stress** related to COVID-19 pandemic in the **past 2 weeks**? (Please select all that apply)

[ANSWERS] [RANDOMIZE]

- Connecting with family who live outside our home (e.g. phone, video chat, text etc.)
- Connecting with friends (e.g. phone, video chat, text etc.)
- Contacting a **school or community-based** mental health worker or counsellor **virtually** (e.g. via phone, video chat, etc.)
- Receiving **in-person** mental health supports
- Staying in touch with teachers, school adults, childcare providers **virtually** (e.g. phone, video chat, text etc.)
- Accessing virtual mental health resources through medical professionals (e.g. online cognitive behavioural therapy, etc.)
- Accessing virtual educational or self-help mental health resources through websites, apps, or phone (e.g., Headspace, KidsHelpPhone)
- Participating in a virtual child/youth support group
- Maintaining a healthy lifestyle (e.g. balanced diet, enough sleep, exercise, etc.)
- Maintaining family routines (e.g., family meals, bedtime routines)
- Keeping up to date with relevant information (e.g. TV news, newspapers, online information, etc.)
- Limiting their exposure to the news about COVID-19
- Limiting their exposure to social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
- More time for social media use (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
- Going for a walk/exercise outside
- Exercising in our home
- Spending time with pet(s)
- Playing outdoors
- Playing inside (e.g., games, toys, telling stories)
- Doing a hobby (e.g., music, reading, arts & crafts)
- Volunteering to help
- Other (please specify) [ANCHOR]
- Don't know [ANCHOR] [EXCLUSIVE]
- Not applicable [ANCHOR] [EXCLUSIVE]
- Nothing has helped my child(ren) to cope with stress related to COVID-19 [ANCHOR] [EXCLUSIVE]

[Q_PARENT_CHILD_INTERACTIONS] [REQUIRED]

Base: if yes at Q_ParentGuardianStatus

Please indicate how your interactions with your child(ren) have been impacted by the COVID-19 pandemic.
(Please select one option on each row)

[COLUMNS] [ANCHOR]

- More
- Less
- No change
- Not applicable
- Prefer not to say

[ROWS] [RANDOMIZE]

- Having quality time with my child(ren)
- Feeling closeness with my child(ren)
- Showing love or affection to my child(ren)
- Observing resilience (strength and perseverance) in my child(ren)
- Disciplining my child(ren)
- Conflicts with my child(ren)
- Using harsh words with my child(ren)
- Yelling/shouting at my child(ren)
- Spanking or hitting my child(ren)

[Q_HOUSEHOLDLIVING] [REQUIRED]

Base: Total

Which of the following best describes your living arrangements? (Please select all that apply)

[ANSWERS] [ANCHOR]

- I live alone
- Living with a spouse or partner
- Living with friend(s) or housemate(s)
- Living with siblings
- Living with my child(ren) who are over 18
- Living with my child(ren) who are under 18
- Living with other adult family members (e.g., parents, grandparents)
- Living with grandchildren
- Other
- Prefer not to answer [EXCLUSIVE]
- None of the above [EXCLUSIVE]

[Q_FINAL] [REQUIRED]

Base: Total

Thank you for taking part in this survey. If you've been affected by this topic and would like any more information, need advice, or support, you can go to the following place for help:
Canadian Mental Health Association

Please click forward to complete the survey...