

# Primary Survey

Thank you for your interest in participating in the COVID-19 Assessment. This assessment will help us understand the impact of COVID-19 in our South Asian families and community. Through these surveys, we hope to explore reasons behind the increased burden of disease in our communities and barriers around the COVID-19 vaccine. This information will help inform public health policy.

If you need to leave before you are finished these questions, please click "Save & Return Later" at the bottom of the screen. We will then send you an email link to continue with the survey.

If you have any questions about this survey, please contact our study team.

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StudyID

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Study email address (for participant to contact)

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Date

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Age

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Did the participant consent to receive the InterHeart report?

Yes  
 No

---

Email address

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DAG

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1 What was your assigned sex at birth?

- Male  
 Female  
 Prefer to self-describe: \_\_\_\_\_  
 Prefer not to answer

---

2 What is your sex now?

- Male  
 Female  
 Prefer to self-describe: \_\_\_\_\_  
 Prefer not to answer

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1 What is your mother tongue?

- Bengali
- English
- Gujarati
- Hindi
- Punjabi
- Tamil
- Urdu
- Other, specify: \_\_\_\_\_
- Prefer not to answer

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2 What is your religious affiliation?

- Buddhism
- Christianity
- Hinduism
- Islam
- Jainism
- Sikhism
- Other, specify: \_\_\_\_\_
- Prefer not to answer

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7 Were you born in Canada?

- Yes
- No
- Prefer not to answer

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2 Which vaccine did you receive?

- Pfizer
- Moderna
- Astra Zeneca
- Johnson & Johnson
- Other, specify: \_\_\_\_\_

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a Date of first vaccine

If not today, you can check your vaccine card to get  
this date! \_\_\_\_\_

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b Date of second vaccine \_\_\_\_\_

If you are waiting for your second dose, please enter the appointment date for your second dose.

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c Which vaccine did you receive for your third dose (booster shot)?

- Pfizer
- Moderna
- Not applicable (no booster shot)

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d Date of third vaccine, if applicable

This is intended to collect the date of your first  
booster vaccine, if applicable. If you have not  
received a booster COVID-19 shot, please leave blank. \_\_\_\_\_

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Have you had a positive COVID-19 test result?

- Yes
- No
- Prefer not to answer

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show physical measures form

- True
- False

# Demographics Part 1 (5-10 minutes)

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If you have any questions about this survey, please contact our study team at [studyemail]

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Today

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What is your preferred language?

- Bengali
  - English
  - Gujarati
  - Hindi
  - Punjabi
  - Tamil
  - Urdu
  - Other, specify: \_\_\_\_\_
  - Prefer not to answer
- 

3 What is the highest level of education you have completed?

- Less than high school graduation
  - High school graduate
  - Trade certificate, vocational school, or apprenticeship training
  - Non-university certificate or diploma from a community college, CEFEP
  - University bachelor's degree
  - University graduate degree (e.g. masters or doctorate)
  - Prefer not to answer
- 

4 What is your marital status?

- Never Married
  - Common law/Living with partner
  - Currently married
  - Divorced/Separated
  - Widowed
  - Prefer not to answer
- 

5 What is your current employment status?

- Employed, please specify where you work: \_\_\_\_\_
- Unemployed
- Retired
- Temporarily laid off due to COVID-19
- Permanently laid off due to COVID-19
- Prefer not to answer

a Have you been working in any of the following occupations or worksites in the past year?

- Hospital or Health Care Facility
- First Responder (Paramedic/Firefighter/Police Officer)
- Childcare Worker
- Correctional Officer
- Teacher of Other School Staff
- Transit Driver
- Transport Driver/Truck Driver
- Food Service Industry
- Grocery Store
- Pharmacy
- Hairdresser or Barber
- Aesthetician
- Flight Attendant
- International Airport
- Factory Worker
- Processing Centre/Shipping Warehouse
- Other, specify: \_\_\_\_\_
- Prefer not to answer

Have you been working in any of the following occupations or worksites in the past year? Other, specify: \_\_\_\_\_

Site Codes:

1. Essential Worker

0. Working from home or not essential

Definitions taken from lists for the ON vaccination priority  
 (<https://covid-19.ontario.ca/ontarios-covid-19-vaccination-plan>), first and second group

6 What is your best estimate of the total income of ALL household members from ALL sources in the past 12 months (before taxes)?

- \$0 - 14, 999
- \$15,000 - \$19,000
- \$20,000 - \$29,999
- \$30,000 - \$39,000
- \$40,000 - 49,999
- \$50,000 - 59,999
- \$60,000 and above
- Prefer not to answer

6 What is your best estimate of the total income of ALL household members from ALL sources in the past 12 months (before taxes)?

- \$0 - 19,999
- \$20,000 - 39,999
- \$40,000 - 59,999
- \$60,000 - 79,999
- \$80,000 - 99,999
- \$100,000 and above
- Prefer not to answer

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a What is your country of birth?

- India
- Pakistan
- Sri Lanka
- Bangladesh
- Guyana
- Trinidad
- Uganda
- Tanzania
- South Africa
- United Arab Emirates
- Other, specify: \_\_\_\_\_
- Prefer not to answer

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b How many years have you lived in Canada?

- < 5 years
- 5 - 10 years
- > 10 years
- Prefer not to answer

# Health History (5-10 minutes)

Please continue answering the following questions.

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Today \_\_\_\_\_

1 Have you ever...

a Had a heart attack?  Yes  No  Unsure

i When was your most recent heart attack? \_\_\_\_\_

b Had angioplasty, stent in your heart, or heart bypass surgery?  Yes  No  Unsure

i When was your most recent angioplasty, stent in your heart, or heart bypass surgery? \_\_\_\_\_

c Suffered a stroke?  Yes  No  Unsure

i When was your most recent stroke? \_\_\_\_\_

d Suffered a warning stroke (transient ischemic attack TIA)?  Yes  No  Unsure

i When was your most recent warning stroke? \_\_\_\_\_

e Developed heart failure?  Yes  No  Unsure

i When was your most recent heart failure? \_\_\_\_\_

f Had any other cardiovascular hospitalizations, e.g. angina (severe pain or discomfort), heart valve surgery, or arrhythmia?  Yes  No  Unsure

i When was your most recent other cardiac condition? \_\_\_\_\_

Been diagnosed with cancer?  Yes  No  Unsure

i When was your most recent cancer diagnosis? \_\_\_\_\_

2 Do you have a chronic medical condition that requires you to take medication(s) everyday?  Yes  No  Prefer not to answer

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a Please specify which condition(s) require you to take medication everyday.

- Diabetes
- High blood pressure
- Heart disease or Stroke
- Arthritis
- Chronic Lung Disease
- Cancer
- Other, specify: \_\_\_\_\_

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b Please select all of the following medications that you take to manage your chronic disease(s)

- Ace-inhibitors to lower blood pressure (ex: benazepril, captopril, enalapril, lisinopril, ramipril)
- Angiotensin II Receptor Blockers to lower blood pressure (ex: candesartan, losartan, telmisartan, valsartan)
- Antibiotics
- Antivirals used for things like COVID-19 or HIV (lopinavir-ritonavir, remdesivir)
- Allergy medications
- Androgen deprivation therapy (e.g. for prostate cancer)
- Aspirin
- Asthma medications
- Diabetes medications
- Immunosuppressive or immunomodulatory medication (ex: corticosteroids, disease-modifying anti-rheumatic drugs such as adalimumab, azathioprine, ciclosporin, etanercept, infliximab, methotrexate, rituximab, sulfasalazine, tocilizumab, anti-cytokine antibodies, interferons)
- Non-steroidal anti-inflammatory drugs (ex: ibuprofen such as Advil or Motrin; naproxen such as Aleve)
- Statins (to lower cholesterol)
- Traditional Medicinal treatments
- Other, please specify: \_\_\_\_\_
- Don't know/Unsure
- Prefer not to answer

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Are you currently pregnant?

Yes  No

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How many gestational weeks pregnant are you?

\_\_\_\_\_

# Vaccine Specific Questions (5-10 minutes)

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TODAY

For the following questions, please choose a number that corresponds to how much you agree or disagree with the following statements, with 1 being "strongly agree" and 6 being "strongly disagree"

## Domain 1: Mistrust of vaccine benefit

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
I feel safe after being vaccinated.	<input type="radio"/>					
I can rely on vaccines to stop serious infectious diseases.	<input type="radio"/>					
I feel protected after getting vaccinated.	<input type="radio"/>					

## Domain 2: Worries about unforeseen future events

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
Although most vaccines appear to be safe, there may be problems that we have not yet discovered.	<input type="radio"/>					
Vaccines can cause unforeseen problems in children.	<input type="radio"/>					
I worry about the unknown effects of vaccines in the future.	<input type="radio"/>					

## Domain 3: Concerns about commercial profiteering

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
Vaccines make a lot of money for pharmaceutical companies, but do not do much for regular people.	<input type="radio"/>					
Authorities promote vaccination for financial gain not for people's health	<input type="radio"/>					
Vaccination programs are a big con.	<input type="radio"/>					

**Domain 4: Preference for natural immunity**

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
Natural immunity lasts longer than a vaccination.	<input type="radio"/>					
Natural exposure to viruses and germs gives the safest protection.	<input type="radio"/>					
Being exposed to diseases naturally is safer for the immune system than being exposed through vaccination.	<input type="radio"/>					

0 Have you been vaccinated against the coronavirus (COVID-19)?

- Yes, fully  
 Yes, first dose and await second dose  
 No  
 Prefer not to answer

b Has the vaccine been offered to you?

- Yes  
 No, please explain: \_\_\_\_\_  
 Prefer not to answer

a Are you planning on getting the COVID-19 vaccine when it is available to you?

- Yes, please explain why: \_\_\_\_\_  
 No, please explain why not: \_\_\_\_\_  
 Undecided, please explain: \_\_\_\_\_  
 Prefer not to answer

c Which vaccine did you receive?

- Pfizer  
 Moderna  
 Astra Zeneca  
 Johnson & Johnson  
 I don't know  
 Other, specify: \_\_\_\_\_

i Date of first vaccine \_\_\_\_\_

Date of second vaccine \_\_\_\_\_

Which vaccine did you receive for your third dose (booster shot)?

- Pfizer  
 Moderna  
 Not applicable (no booster shot)

Date of third vaccine, if applicable \_\_\_\_\_

This is intended to collect the date of your first booster vaccine, if applicable. If you have not received a booster COVID-19 shot, please leave blank.



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4 Have you used any traditional, ancestral, or home remedies to increase your immunity against COVID-19?

- Yes
- No
- Prefer not to answer

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a Where did you learn of these remedies?

- Social media
- Radio
- Friend
- Family
- Elder
- Healer
- Prefer not to answer

# Covid19 Assessment (5-10 minutes)

Please respond to the questions below in a way that best reflects your understanding of COVID-19, even if you have not experienced any COVID-19 symptoms yourself and you do not know anyone else that has been affected - your insights are valuable to us.

If you need to leave before you are finished these questions, please click "Save & Return Later" at the bottom of the screen. We will then send you an email link to continue with the survey.

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Today

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1 Did you have any trouble finding information on COVID-19?

Examples:

What are the symptoms of COVID-19? What to do if you think you have COVID-19? Where do I go to get a test for COVID?

- Yes  
 No  
 Prefer not to answer

---

2 Have you ever been tested for COVID-19?

- Yes  
 No  
 Prefer not to answer

---

a How many times have you been tested? \_\_\_\_\_  
What was the date of the first test?

\_\_\_\_\_

Year

/ \_\_\_\_\_

Month

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You can access your COVID-19 test history here:  
<https://covid19results.ehealthontario.ca:4443/agree>

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Information on accessing your COVID-19 test history is here:  
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/test-results>

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b What was the result of the first test?

- Negative (don't/didn't have COVID)  
 Positive (do/did have COVID)  
 Inconclusive  
 Don't know  
 Prefer not to answer

---

c Did you have any symptoms of COVID-19 when you had your first test?

- Yes  
 No  
 Don't know  
 Prefer not to answer

---

i What symptoms did you have?

- Cough
- Fever
- Shortness of breath
- Chest pain
- Sore muscles
- Headache
- Sore throat
- Diarrhea
- Decreased sense of smell or taste
- Fatigue
- Delirious
- Other, specify: \_\_\_\_\_

---

ii Did your symptoms last more than 4 weeks?

- Yes
- No
- Prefer not to answer

---

How much are you currently affected in your everyday life by COVID-19?  
Please indicate which one of the following statements applies to you most.

- I have no limitations in my everyday life and no symptoms, pain, depression or anxiety related to the infection.
- I have negligible limitation in my everyday life as I can perform all usual duties/activities, although I still have persistent symptoms, pain, depression or anxiety.
- I suffer from limitations in my everyday life as I occasionally need to avoid or reduce usual duties/activities or need to spread these over time due to symptoms, pain, depression or anxiety. I am, however, able to perform all activities without any assistance.
- I suffer from limitations in my everyday life as I am not able to perform all usual duties/activities due to symptoms, pain, depression or anxiety. I am, however, able to take care of myself without any assistance.
- I suffer from severe limitations in my everyday life: I am not able to take care of myself and therefore I am dependent on nursing care and/or assistance from another person due to symptoms, pain, depression or anxiety.

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iii Do you still have symptoms?

- Yes
- No
- Prefer not to answer

---

3 Do you think you have had COVID-19?

- Yes
- No
- Prefer not to answer

---

a How do you know you had COVID-19?

- Online Symptom review
- I had symptoms of COVID-19
- Positive COVID-19 Nasal/throat test result
- Positive COVID-19 Blood test
- A Health care provider told me
- I was in contact with a confirmed case of COVID-19
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

---

i What symptoms did you have?

- Cough
- Fever
- Shortness of breath
- Chest pain
- Sore muscles
- Headache
- Sore throat
- Diarrhea
- Decreased sense of smell or taste
- Fatigue
- Delirious
- Other, specify: \_\_\_\_\_

---

i What was the date you were diagnosed? \_\_\_\_\_

---

b What treatment did you receive?

- Self-isolation (Quarantine) at home or at an isolation facility
- Hospitalized \_\_\_\_\_
- Prefer not to answer

---

c Where do you think you might have contracted or been exposed to COVID-19?

- International travel
- Travel in Canada
- Travel away from my community
- At work
- Household
- Visiting family/friends
- Public gathering (eg. house parties, wedding events, funerals, religious services)
- Restaurant/Bars/Clubs
- Healthcare setting (at hospital, doctor's appointment etc.)
- Grocery/retail outing
- Gym/Sports activities
- School/daycare
- Other, please specify: \_\_\_\_\_
- I don't know where I was exposed
- Prefer not to answer

---

d Did you travel in the 6 months before your symptoms began?

- Yes
- No
- Don't know
- Prefer not to answer

---

e How many times have you been in a gathering with people outside your household in the 6 months before your symptoms began? \_\_\_\_\_

---

4 How often you have done the following since March 2020?

	Never	Rarely	Occasionall y	Often	Always	N/A	Prefer not to answer
a Worn a mask in public places	<input type="radio"/>						
b Practiced physical distancing in public places	<input type="radio"/>						
c Avoided crowded places/gatherings	<input type="radio"/>						
d Avoided common greetings (such as a handshake or hug)	<input type="radio"/>						
e Limited contact with people at higher risk (eg. An elderly relative)	<input type="radio"/>						
f Self-isolated because you were diagnosed with COVID-19, were waiting for results, had symptoms (even mild) and you had been in contact with someone with confirmed or suspected COVID-19, or were directed by your public health authority	<input type="radio"/>						
g Self-quarantined due to travel, close contact with a confirmed or suspected case of COVID-19, or as directed by public health authority, but did not show symptoms	<input type="radio"/>						

## Demographics Part 2 (< 5 minutes)

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Today \_\_\_\_\_

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1 How many people reside in your immediate household, including yourself?

Children under 18 years old \_\_\_\_\_  
 Adults 18 to 59 years old \_\_\_\_\_  
 Adults 60 to 69 years old \_\_\_\_\_  
 Adults 70 to 79 years old \_\_\_\_\_  
 Adults 80+ years old \_\_\_\_\_

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2 How many bedrooms are in your house? \_\_\_\_\_

How many bathrooms are in your household? \_\_\_\_\_

---

How many bathrooms are in your household?

Prefer not to answer

---

3 Do you have a doctor or nurse as a primary care provider?

Yes  
 No  
 Don't know  
 Prefer not to answer

---

4 Do you usually get a flu shot?

Yes  
 No  
 Prefer not to answer

---

5 What is the nearest major intersection to where you live?

Nearest major intersection \_\_\_\_\_

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What are the first 3 characters of your postal code?

\_\_\_\_\_

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What is your FSA (Forward Sortation Area is the first 3 characters of your postal code) where you reside?

Prefer not to answer

# Covid19 Information (10-15 minutes)

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Today

1 Where do you primarily get your health information on COVID-19?

- WhatsApp or other instant messaging platforms
- Social Media platforms \_\_\_\_\_
- Traditional Media sources (TV news channels, newspapers)
- Local media and radio programs (e.g. Cina Radio)
- Friends and family
- Co-workers
- Religious Leaders
- Celebrities/Influencers
- My healthcare provider (e.g. family doctor, pharmacist, physiotherapist etc.)
- Provincial Public health bodies (website, officials, public health nurse, etc.)
- Other, specify: \_\_\_\_\_
- Prefer not to answer

Other Health Information Source

\_\_\_\_\_

2 Please select your three most trusted information sources for COVID-19.  
(If you don't use three different information sources for COVID-19, please rank the sources you do use, from most to least trusted.)

	Most trusted	Second most trusted	Third most trusted
WhatsApp or other instant messaging platforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook community groups/pages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tik Tok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other social media platform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional media sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local media and radio programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celebrities/Influencers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Provincial Public health bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[cihinfnm]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 For the following sources, please indicate why they are not one of your three most trusted sources for COVID-19 health information.

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#### WhatsApp or other instant messaging platforms

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

---

#### Facebook community groups/pages

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

---

#### Instagram

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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#### Tik Tok

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

---

**Twitter**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

---

**Traditional media sources**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

---

**Local media and radio programs**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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**Friends and family**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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**Co-workers**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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**Religious leaders**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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**Celebrities or Influencers**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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**My health care provider**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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**Public health authorities**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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**[cihinfnm]**

- Messages are not delivered in my preferred language
- Unable to understand the information
- Not receiving "complete" information
- Not possible for me to act on that information due to work or family commitments
- I find the information to be judgmental and discriminatory against my group
- Other, please specify: \_\_\_\_\_
- Not sure
- Prefer not to answer

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4 For the following statements, please indicate how strongly you agree or disagree.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Prefer not to answer
a	COVID-19 poses a major threat to our community	<input type="radio"/>					
b	The situation around COVID-19 is overexaggerated/overblown	<input type="radio"/>					
c	I am at a high risk from COVID-19 because of my location	<input type="radio"/>					
d	I am at high risk from COVID-19 because of my housing situation	<input type="radio"/>					
e	I am at a high risk from COVID-19 because of my profession or my work	<input type="radio"/>					
f	I am at a high risk from COVID-19 because of my lifestyle (socializing or working in a crowded place)	<input type="radio"/>					
g	If I get exposed to/contract COVID-19, I am likely to have serious symptoms because of age, and/or pre-existing conditions	<input type="radio"/>					
h	If I get exposed to/contract COVID-19, I am likely to need hospitalization because of my age, and/or pre-existing conditions	<input type="radio"/>					

# Mental And Emotional Impact Of Covid19 (5-10 minutes)

If you need to leave before you are finished these questions, please click "Save & Return Later" at the bottom of the screen. We will then send you an email link to continue with the survey.

If you have any questions about this survey, please email our study team at covid.community.on@phri.ca

Today

1 The questions below are meant to find out how you have been feeling since the COVID-19 was declared as a pandemic (March 2020).

**Since the onset of the Pandemic, have you experienced the following?**

	N/A	Never	Rarely	Sometimes	Often	Always
a Racism in the community	<input type="radio"/>					
b Burnout from your home life (e.g. caring for family members, home schooling)	<input type="radio"/>					
c Racism in the workplace	<input type="radio"/>					
d Feeling stigmatized for working in a factory, processing centre, or as a health care worker	<input type="radio"/>					
e Feelings of pressure to continue to go to work each day	<input type="radio"/>					
f Health benefits available that cover you for sick days	<input type="radio"/>					
g Burnout from your work life	<input type="radio"/>					

Language for translation

- Bengali
- English
- Gujarati
- Hindi
- Punjabi
- Tamil
- Urdu

2 In the past 2 weeks, how often have you been bothered by the following?

	Not at all	Several days	More than half the days	Nearly every day
a Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d				

	Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Feeling bad about yourself- or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	Thoughts that you would be better off dead, or of hurting yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 In the past 2 weeks, how often have you been bothered by the following?

	Not at all	Several days	More than half the days	Nearly every day	
a	Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 How has COVID-19 affected your relationships?  
My relationship with....

	N/A	Is closer or easier	Is about the same	Is more distant or strained	Prefer not to answer
a	My intimate partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Other family members (excluding intimate partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c					

	Friends	<input type="radio"/>				
d	Neighbours	<input type="radio"/>				
e	People I don't know but are in my community	<input type="radio"/>				
f	Work colleagues	<input type="radio"/>				

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How has the pandemic affected your mental health?

- Improved
- A bit better
- No change
- Somewhat worse
- Substantially worse

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Please describe:

- Depression
- Anxiety
- Other, please specify: \_\_\_\_\_

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Please describe the impact the pandemic has had on you.

# Cardiovascular Risk Factors

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If you have any questions about this survey, please contact our study team.

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Today

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1 Have you ever smoked any tobacco products (cigarettes)?  Yes  No

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a Have you smoked in the last 12 months?  Yes  No

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b What was your average smoking pattern over the last 12 months?

I smoked on average \_\_\_\_ cigarettes \_\_\_\_

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Average number of cigarettes smoked in a day

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2 Over the past 12 months, what has been your typical exposure to other people's tobacco smoke?

- Less than one hour of exposure in a week  
 One or more hours of exposure in a week
- 

3 Do you have diabetes mellitus?  Yes  No  Unsure

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4 Do you have high blood pressure?  Yes  No  Unsure

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5 Have either of your biological parents had a heart attack?  Yes  No  Unsure

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6 How often have you felt work or home life stress in the last year?

- Never or some periods  
 Several periods of stress or permanent stress
- 

7 During the last year, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?  Yes  No

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8 Do you eat salty food or snacks one or more times a day?  Yes  No

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9 Do you eat deep fried foods or snacks or fast foods 3 or more times a week?  Yes  No

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10 Do you eat fruit one or more times daily?  Yes  No

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11 Do you eat vegetables one or more times daily?  Yes  No

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12 Do you eat meat or poultry 2 or more times daily?  Yes  No

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13 How active are you during your leisure time?

- I am mainly sedentary or perform mild exercise (requiring minimal effort)
- I perform moderate or strenuous physical activity

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Waist to hip ratio

\_\_\_\_\_

## Physical Measures (5 minutes)

Please complete the physical measurements below. All measurements should be taken in light clothing (no shoes when measuring your height).

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Today \_\_\_\_\_

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Who is reporting the physical measures?

- Participant  
 Vaccine site staff  
 Not collected

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Weight: \_\_\_\_\_

Height: \_\_\_\_\_

When recording your height, please select the units before you enter your height

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TANITA % body fat \_\_\_\_\_

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TANITA % body fat \_\_\_\_\_

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How to take waist and hip measurements:

Use a tape measure. Take measurement with a light layer on. If you can, have someone help you with the measurements. Make sure the tape measure is horizontal the whole way around. **Waist:** Take the measurement at the smallest horizontal diameter between your ribs and hips. **Hip:** Take the measurement where your hip meets your thigh (often the biggest measurement of your buttocks)

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Waist measurement: \_\_\_\_\_

Hip measurement: \_\_\_\_\_

# Second Vaccine Update

Please complete the survey below to update us on your new second vaccine appointment.

Thank you!

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StudyId \_\_\_\_\_

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Today \_\_\_\_\_

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Original date of the second vaccine \_\_\_\_\_

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Has the date for your second COVID-19 vaccine changed?  Yes  No  
Your original scheduled vaccine date was [v2olddt]

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When is your new appointment for the second dose? \_\_\_\_\_

# First Visit Short Questionnaire

This is an abbreviated survey, with the essential questions that you have not yet completed. It should take somewhere between < 1 and 10 minutes to complete.

If you have any questions about this survey or any other aspects of the study, please contact the study team at [studyemail].

## Vaccination status

Date of Phone Survey \_\_\_\_\_

Person completing phone survey \_\_\_\_\_

Have you been vaccinated against the coronavirus (COVID-19)?

- Yes, fully  
 Yes, first dose and await second dose  
 No  
 Prefer not to answer

Has the vaccine been offered to you?

- Yes  
 No, please explain: \_\_\_\_\_  
 Prefer not to answer

Which vaccine did you receive?

- Pfizer  
 Moderna  
 Astra Zeneca  
 Johnson & Johnson  
 I don't know  
 Other, specify: \_\_\_\_\_

Date of first vaccine \_\_\_\_\_

Date of second vaccine \_\_\_\_ \_\_\_\_

Original date of the second vaccine \_\_\_\_\_

Has the date for your second COVID-19 vaccine changed?  Yes  No  
 Your original scheduled vaccine date was [psolddt]

When is your new appointment for the second dose? \_\_\_\_\_

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Have you received a booster shot for the COVID-19 vaccine?

- Yes
- No
- Prefer not to answer

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Which vaccine did you receive for your booster shot?

- Pfizer
- Moderna

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Date of booster vaccine

\_\_\_\_\_

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Did you experience an adverse event(s) from the vaccine for which you sought medical attention?

- Yes
- No
- Prefer not to answer

## Vaccine Confidence

For the next set of questions, please indicate how strongly you agree or disagree with each statement.

**Domain 1: Mistrust of vaccine benefit**

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
I feel safe after being vaccinated.	<input type="radio"/>					
I can rely on vaccines to stop serious infectious diseases.	<input type="radio"/>					
I feel protected after getting vaccinated.	<input type="radio"/>					

**Domain 2: Worries about unforeseen future events**

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
Although most vaccines appear to be safe, there may be problems that we have not yet discovered.	<input type="radio"/>					
Vaccines can cause unforeseen problems in children.	<input type="radio"/>					
I worry about the unknown effects of vaccines in the future.	<input type="radio"/>					

**Domain 3: Concerns about commercial profiteering**

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
Vaccines make a lot of money for pharmaceutical companies, but do not do much for regular people.	<input type="radio"/>					
Authorities promote vaccination for financial gain not for people's health	<input type="radio"/>					
Vaccination programs are a big con.	<input type="radio"/>					

**Domain 4: Preference for natural immunity**

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
Natural immunity lasts longer than a vaccination.	<input type="radio"/>					
Natural exposure to viruses and germs gives the safest protection.	<input type="radio"/>					
Being exposed to diseases naturally is safer for the immune system than being exposed through vaccination.	<input type="radio"/>					

**COVID-19 history**

Do you think you have had COVID-19?

- Yes
- No
- Prefer not to answer

How do you know you had COVID-19?

- Online Symptom review
- I had symptoms of COVID-19
- Positive COVID-19 Nasal/throat test result
- Positive COVID-19 Blood test
- A Health care provider told me
- I was in contact with a confirmed case of COVID-19
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

What was the date you were diagnosed?

\_\_\_\_\_

What treatment did you receive?

- Self-isolation (Quarantine) at home or at an isolation facility
- Hospitalized \_\_\_\_\_
- Prefer not to answer

**Other health history**

Have you ever...

Had a heart attack?  Yes  No  Unsure

Had angioplasty, stent in your heart, or heart bypass surgery?  Yes  No  Unsure

Suffered a stroke?  Yes  No  Unsure

Been diagnosed with cancer?  Yes  No  Unsure

Do you have a chronic medical condition that requires you to take medication(s) everyday?  Yes  No  Prefer not to answer

Please specify which condition(s) require you to take medication everyday.

- Diabetes
- High blood pressure
- Heart disease or Stroke
- Arthritis
- Chronic Lung Disease
- Cancer
- Other, specify: \_\_\_\_\_

**Demographics & other contextual information**

What is your mother tongue?

- Bengali
- English
- Gujarati
- Hindi
- Punjabi
- Tamil
- Urdu
- Other, specify: \_\_\_\_\_
- Prefer not to answer

What is your religious affiliation?

- Buddhism
- Christianity
- Hinduism
- Islam
- Jainism
- Sikhism
- Other, specify: \_\_\_\_\_
- Prefer not to answer

Were you born in Canada?

- Yes
- No
- Prefer not to answer

What is the highest level of education you have completed?

- Less than high school graduation
- High school graduate
- Trade certificate, vocational school, or apprenticeship training
- Non-university certificate or diploma from a community college, CEFEF
- University bachelor's degree
- University graduate degree (e.g. masters or doctorate)
- Prefer not to answer

What is your marital status?

- Never Married
- Common law/Living with partner
- Currently married
- Divorced/Separated
- Widowed
- Prefer not to answer

What is your current employment status?

- Employed, please specify where you work: \_\_\_\_\_
- Unemployed
- Retired
- Temporarily laid off due to COVID-19
- Permanently laid off due to COVID-19
- Prefer not to answer

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What is your best estimate of the total income of ALL household members from ALL sources in the past 12 months (before taxes)?

- \$0 - 19,999  
 \$20,000 - 39,999  
 \$40,000 - 59,999  
 \$60,000 - 79,999  
 \$80,000 - 99,999  
 \$100,000 and above  
 Prefer not to answer
- 

What is your country of birth?

- India  
 Pakistan  
 Sri Lanka  
 Bangladesh  
 Guyana  
 Trinidad  
 Uganda  
 Tanzania  
 South Africa  
 United Arab Emirates  
 Other, specify: \_\_\_\_\_  
 Prefer not to answer
- 

How many years have you lived in Canada?

- < 5 years  
 5 - 10 years  
 > 10 years  
 Prefer not to answer
- 

How many people reside in your immediate household, including yourself?

Children under 18 years old \_\_\_\_\_  
Adults 18 to 59 years old \_\_\_\_\_  
Adults 60 to 69 years old \_\_\_\_\_  
Adults 70 to 79 years old \_\_\_\_\_  
Adults 80+ years old \_\_\_\_\_

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Have you smoked in the last 12 months?  Yes  No

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I smoked on average \_\_\_\_\_ cigarettes \_\_\_\_\_

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Average number of cigarettes smoked in a day

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