clsa élcv
Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

COVID-19 Questionnaire
(Baseline)

v1.2, 2020 April 15

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Section A: Questions about your household

1.	OWN_DWLG_COVID

[ALWAYS ASK]

What type of dwelling do you currently live in?

HOUSE	01	House (e.g., single detached, semi-detached, duplex or townhouse)
APARTMENT	02	Apartment or condominium
SENIOR_HOUSE	03	Seniors' housing (e.g., retirement home, senior lodges, senior residences, assisted living)
INSTITUTION	04	Institution (e.g., long-term care facility, nursing home)
MOBILE_HOME	05	Mobile home, hotel, rooming house, or group home
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Prefer not to answer

2.	OWN_LIVC_NB_COVID

[ALWAYS ASK]

How many people (including yourself) **currently** live in your residence? This includes people who sleep there at least 3 nights per week.

NUMBER	_____	(MASK: MIN=01)
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Refused

2a.	OWN_LIVC_COVID

[ASK IF OWN_LIVC_NB_COVID ≥ 2 OTHERWISE SKIP TO OWN_LIVU_NB_COVID]

SELECT ALL THAT APPLY

(MASK: MIN=01)

OWN_LIVC_CHILD_COVID	_____	How many children younger than 18 years old?
OWN_LIVC_ADULT_COVID	_____	How many adults 18 to 59 years old?
OWN_LIVC_60S_COVID	_____	How many adults 60 to 69 years old?
OWN_LIVC_70s_COVID	_____	How many adults 70 to 79 years old or more?
OWN_LIVC_80s_COVID	_____	How many adults 80 years old or more?
OWN_LIVC_DK_NA_COVID	99998	**[DO NOT READ]** Don't know / No answer
OWN_LIVC_REFUSED_COVID	99999	**[DO NOT READ]** Prefer not to answer

[OWN_LIVC_NB_COVID = OWN_LIVC_CHILD_COVID + OWN_LIVC_ADULT_COVID + OWN_LIVC_60S_COVID + OWN_LIVC_70S_COVID + OWN_LIVC_80S_COVID].
Ignore if OWN_LIVC_DK_NA_COVID or OWN_LIVC_REFUSED_COVID]

3.	OWN_LIVU_NB_COVID

[ALWAYS ASK]		
How many people (including yourself) **usually** live in your residence? This includes people who sleep there at least 3 nights per week.		
NUMBER	_____	**(MASK: MIN=01)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

3a.	OWN_LIVU_COVID

[ASK IF OWN_LIVU_NB_COVID ≥ 2 OTHERWISE SKIP TO OWN_ROOM_NB_COVID]

MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), SELECT ALL THAT APPLY

(MASK: MIN=01)

OWN_LIVU_CHILD_COVID	_____	How many children younger than 18 years old?
OWN_LIVU_ADULT_COVID	_____	How many adults 18 to 59 years old?
OWN_LIVU_60S_COVID	_____	How many adults 60 to 69 years old?
OWN_LIVU_70S_COVID	_____	How many adults 70 to 79 years old or more?
OWN_LIVU_80S_COVID	_____	How many adults 80 years old or more?
OWN_LIVU_DK_NA_COVID	99998	**[DO NOT READ]** Don't know / No answer
OWN_LIVU_REFUSED_COVID	99999	**[DO NOT READ]** Prefer not to answer

[OWN_LIVU_NB_COVID = OWN_LIVU_CHILD_COVID + OWN_LIVU_ADULT_COVID + OWN_LIVU_60S_COVID + OWN_LIVU_70S_COVID + OWN_LIVU_80S_COVID]. Ignore if OWN_LIVU_DK_NA_COVID or OWN_LIVU_REFUSED_COVID]

4.	OWN_ROOM_NB_COVID

[ALWAYS ASK]		
How many separate rooms are there in your residence (including bedrooms, bathrooms, kitchens, etc.)?		
NUMBER	_____	**(MASK: MIN=001, MAX=100)**
DK_NA	998	**[DO NOT READ]** Don't know / No answer
REFUSED	999	**[DO NOT READ]** Prefer not to answer

Section B: Questions about you and your health

The next question is asking about any chronic health conditions which you may have. We are interested in "long-term conditions" which are expected to last or have already lasted six months or more and that have been diagnosed by a health professional.

5.	CCC_LTC_COVID		
[ALWAYS ASK]			
Has a doctor ever told you that you have…			
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), SELECT ALL THAT APPLY			
CCC_LTC_ASTHM_COVID	01	Asthma	
CCC_LTC_COPD_COVID	02	Chronic obstructive pulmonary disease (COPD) including emphysema and chronic bronchitis	
CCC_LTC_OTLD_COVID	03	Other chronic lung disease	
CCC_LTC_DIA_COVID	04	Diabetes	
CCC_LTC_HBP_COVID	05	High blood pressure	
CCC_LTC_HEART_COVID	06	Heart disease	
CCC_LTC_CANC_COVID	07	Cancer (excluding skin malignancies)	
CCC_LTC_FAIL_COVID	08	Heart, lung, kidney, liver, or pancreas failure	
CCC_LTC_AUTOIMD_COVID	09	Autoimmune disorder	
CCC_LTC_DRPNEU_COVID	10	Pneumonia that was confirmed using chest X-rays	
CCC_LTC_HIV_COVID	11	Human immunodeficiency virus or HIV	
CCC_LTC_NONE_COVID	12	None of the above	
CCC_LTC_DK_NA_COVID	98	**[DO NOT READ]** Don't know / No answer	
CCC_LTC_REFUSED_COVID	99	**[DO NOT READ]** Prefer not to answer	

6.	CCC_TRANSP_COVID	
[ALWAYS ASK]		
Have you ever received an organ, bone marrow, or stem cell transplant?		
NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

7.	CCC_CHEMO_COVID

[ALWAYS ASK]

Are you receiving or have you ever received chemotherapy for cancer?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

7a.	CCC_CTIME_COVID

[ASK IF CCC_CHEMO_COVID = YES]

When did you receive the chemotherapy?

MULTIPLE RESPONSES ALLOWED (EXCEPT IF 8 OR 9 ARE SELECTED), SELECT ALL THAT APPLY

CCC_CTIME_CUR_COVID	1	Currently receiving
CCC_CTIME_LT5_COVID	2	Received in the past 5 years
CCC_CTIME_GT5_COVID	3	Received more than 5 years ago
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

8.	HLT_FLUVAC_COVID

[ALWAYS ASK]

Did you receive a seasonal influenza vaccination in 2019/2020?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

9.	SYM_COVID

[ALWAYS ASK]

<u>In the past month</u> have you experienced any of the following symptoms and, if yes, how would you rate these symptoms?

READ EACH CONDITION, SELECT ONLY ONE RESPONSE PER CONDITION

		NO 1	MILD 2	MODERATE 3	SEVERE 4	**[DO NOT READ]** Don't know/No answer 8	**[DO NOT READ]** Prefer not to answer 9
SYM_RSNOSE_COVID	Runny or stuffy nose						
SYM_SINUS_COVID	Sinus pain						
SYM_EARP_COVID	Ear pain						
SYM_THROAT_COVID	Sore/scratchy throat						
SYM_HOARSE_COVID	Hoarseness						
SYM_DRYCO_COVID	Dry cough (no phlegm or mucus)						
SYM_WETCO_COVID	Wet cough (with phlegm or mucus)						
SYM_BREATH_COVID	Shortness of breath or difficulty breathing						
SYM_HEAD_COVID	Headache						
SYM_CHILL_COVID	Chills or shivering						
SYM_PAIN_COVID	Muscle and/or joint aches/pains						
SYM_FATIG_COVID	Fatigue						
SYM_APPETIT_COVID	Decrease in appetite						
SYM_DIARR_COVID	Diarrhea						
SYM_NAUS_COVID	Nausea/Vomiting						
SYM_SMELL_COVID	Deceased sense of smell						
SYM_CONFU_COVID	Confusion						
SYM_UNWELL_COVID	Feeling generally unwell						

10.	SYM_FEVR_COVID

[ALWAYS ASK]

Did you have a fever <u>in the past month</u>?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

10a.	SYM_FEVDUR_COVID

[ASK IF SYM_FEVR_COVID = YES]

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

SYM_FEVDUR_HR_COVID	Hours	_____ (number) **(MASK: MIN=01, MAX=96)**
SYM_FEVDUR_DAY_COVID	Days	_____ (number) **(MASK: MIN=01, MAX=31)**
SYM_FEVDUR_DK_NA_COVID	99998	**[DO NOT READ]** Don't know / No answer
SYM_FEVDUR_REFUSED_COVID	99999	**[DO NOT READ]** Prefer not to answer

10b.	SYM_FEVTMP_COVID

[ASK IF SYM_FEVR_COVID = YES]

What was the highest temperature recorded?

SYM_FEVTMP_C_COVID	°Celsius	_____ (number) **(MASK: MIN=30, MAX=47)**
SYM_FEVTMP_F_COVID	°Fahrenheit	_____ (number) **(MASK: MIN=86, MAX=116)**
SYM_FEVTMP_DNT_COVID	99996	I did not take my temperature
SYM_FEVTMP_DK_NA_COVID	99998	**[DO NOT READ]** Don't know / No answer
SYM_FEVTMP_REFUSED_COVID	99999	**[DO NOT READ]** Prefer not to answer

11.	SYM_CNSLT_COVID

[ASK IF SYM_COVID = YES OR SYM_FEVR_COVID = YES]

Have you consulted a health care practitioner for any of your symptoms <u>in the past month</u>?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

11a.	SYM_CNSWHO_COVID		
[ASK IF SYM_CNSLT_COVID = YES]			
What type of consultation was this?			
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 08, 98 OR 99 ARE SELECTED), SELECT ALL THAT APPLY			
SYM_CNSWHO_FD_COVID		01	Family doctor
SYM_CNSWHO_NUR_COVID		02	Nurse/Nurse practitioner
SYM_CNSWHO_WLK_COVID		03	Walk-in or urgent care clinic
SYM_CNSWHO_ED_COVID		04	Emergency department
SYM_CNSWHO_TEL_COVID		05	Telehealth
SYM_CNSWHO_PH_COVID		06	Public health (e.g., public health unit)
SYM_CNSWHO_OC_COVID		07	Occupational health (e.g., health and safety officer at work)
SYM_CNSWHO_NN_COVID		08	None of the above
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Prefer not to answer

11b.	SYM_HOSP_COVID		
[ASK IF SYM_CNSLT_COVID = YES]			
Have you been hospitalized?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

12.	SYM_TEST_COVID		
[ALWAYS ASK]			
In the past month have you had testing to determine if you have COVID-19?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

12a.	SYM_TESTPOS_COVID		
[ASK IF SYM_TEST_COVID = YES]			
Was the test positive?			
NO		2	No
YES		1	Yes
RSLT_NOT_AVAIL		3	Results not yet available
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

13.	SYM_NTCONF_COVID		
[ALWAYS ASK]			
In the past month have you been told by a health care provider that you have COVID-19, but you did NOT have a test to confirm this?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

14.	SYM_XRAY_COVID		
[ALWAYS ASK]			
In the past month have you had a chest X-ray to determine if COVID-19 is present in your lungs?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

15.	SYM_CT_COVID		
[ALWAYS ASK]			
In the past month have you had a chest CT (computed tomography) test to determine if COVID-19 is present in your lungs?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

16.	SMK_CURRCG_COVID		
[ALWAYS ASK]			
<u>At the present time,</u> do you smoke cigarettes daily, occasionally or not at all?			
DAILY		1	Daily (i.e., at least one cigarette every day for the past 30 days)
OCCASIONALLY		2	Occasionally (i.e., at least one cigarette in the past 30 days, but not every day)
NOT_ALL		3	Not at all (i.e., you did not smoke at all in the past 30 days)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

17.	SMK_CANN_COVID		
[ALWAYS ASK]			
In your lifetime, have you smoked marijuana/cannabis for one month or longer?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

17a.	SMK_CANNCUR_COVID		
[ASK IF SMK_CANN_COVID = YES]			
Do you currently smoke marijuana/cannabis…			
DAILY		1	Daily
OCCASIONALLY		2	Occasionally
NOT_ALL		3	Not at all
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

17b.	SMK_CANNDUR_COVID		
[ASK IF SMK_CANN_COVID = YES]			
How long have you smoked marijuana/cannabis in your lifetime?			
LESS_1YR		1	<1 year
1_5_YR		2	1-5 years
6_10_YR		3	6-10 years
11_15_YR		4	11-15 years
16_20_YR		5	16-20 years
20_MORE		6	>20 years
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

Section C: Questions about your behaviours

18.	BHV_WASHMT_COVID		
[ALWAYS ASK]			
In the past month, on average, how many times did you wash your hands in a day (using soap and water or hand sanitizer)?			
BHV_WASHMT_DAY_COVID	Times/Day	_____ (number)	
BHV_WASHMT_DK_NA_COVID	99998	**[DO NOT READ]** Don't know / No answer	
BHV_WASHMT_REFUSED_COVID	99999	**[DO NOT READ]** Prefer not to answer	

19.	BHV_WASHPT_COVID		
[ALWAYS ASK]			
Prior to one month ago, on average, how many times did you wash your hands in a day (using soap and water or hand sanitizer)?			
BHV_WASHPT_DAY_COVID	Times/Day	_____ (number)	
BHV_WASHPT_DK_NA_COVID	99998	**[DO NOT READ]** Don't know / No answer	
BHV_WASHPT_REFUSED_COVID	99999	**[DO NOT READ]** Prefer not to answer	

20.	BHV_PTRMT_COVID		
[ALWAYS ASK]			
In the past month, did you take public transportation (bus, streetcar, metro-subway, train, etc.) at least once per week?			
NO	2	No	
YES	1	Yes	
DK_NA	8	**[DO NOT READ]** Don't know / No answer	
REFUSED	9	**[DO NOT READ]** Prefer not to answer	

20a.	BHV_PTRMT_NB_COVID		
[ASK IF BHV_PTRMT_COVID = YES]			
Approximately how many one-way trips per week?			
NUMBER	Trips	_____ (number) **(MASK: MIN=01)**	
DK_NA	99998	**[DO NOT READ]** Don't know / No answer	
REFUSED	99999	**[DO NOT READ]** Prefer not to answer	

20b.	BHV_PTRMT_MIN_COVID
[ASK IF BHV_PTRMT_COVID = YES]	
How long was each trip, on average (in minutes)?	

NUMBER	Minutes	_____ (number) **(MASK: MIN=01)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

21.	BHV_PTRPT_COVID
[ALWAYS ASK]	
Prior to one month ago, did you usually take public transportation (bus, streetcar, metro/subway, train, etc.) at least once per week?	

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

21a.	BHV_PTRPT_NB_COVID
[ASK IF BHV_PTRPT_COVID = YES]	
Approximately how many one-way trips per week?	

NUMBER	Trips	_____ (number) **(MASK: MIN=01)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

21b.	BHV_PTRPT_MIN_COVID
[ASK IF BHV_PTRPT_COVID = YES]	
How long was each trip, on average (in minutes)?	

NUMBER	Minutes	_____ (number) **(MASK: MIN=01)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

22.	BHV_PROXCOV_COVID		
[ALWAYS ASK]			
In the past month have you been in the same room as a person who was told by a health care provider that they had COVID-19?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

23.	BHV_PROXSYM_COVID		
[ALWAYS ASK]			
In the past month have you been in the same room as a person who has had fever, severe fatigue, shortness of breath, dry cough, muscle pain or increased phlegm production?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

24.	BHV_PROXTRP_COVID		
[ALWAYS ASK]			
In the past month have you been in the same room as a person who returned from a trip outside of Canada?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer
24a	BHV_PRXCNTRY_SP_COVID		
[ASK IF BHV_PROXTRP_COVID = YES]			
What country?			
COUNTRY			[OPEN TEXT VARIABLE]
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

25.	**BHV_TRAVEL_COVID**		
[ALWAYS ASK]			
Since <u>January 1, 2020</u>, have you travelled outside of Canada?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer
25a	**BHV_TRCNTRY_SP_COVID**		
[ASK IF BHV_TRAVEL_COVID = YES]			
What country?			
COUNTRY			[OPEN TEXT VARIABLE]
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

26.	**BHV_SELFQ_COVID**		
[ALWAYS ASK]			
<u>In the past month</u> have you been under self-quarantine, which means that you have only had contact with your immediate household members?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

27.	**BHV_LPBG_COVID**		
[ALWAYS ASK]			
Have you been in any large public gatherings of more than 250 people (such as a concert) since <u>January 1, 2020?</u>			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

27a.	BHV_SPBG_COVID

[ASK IF BHV_LPBG_COVID = NO]

Have you been in any public gatherings of more than 50 people?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

28.	BHV_LEAVH_COVID

[ALWAYS ASK]

<u>In the past one month</u>, did you leave your home?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

28a.	BHV_CONTACT_COVID

[ASK IF BHV_LEAVH_COVID = NO]

Did you make contact with people who are not living with you currently <u>in the past month</u>?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

28b.	BHV_CNTCT_COVID

[ASK IF BHV_CONTACT_COVID = YES]

If yes, was it using…?

MULTIPLE RESPONSES ALLOWED (EXCEPT IF 8 OR 9 ARE SELECTED), SELECT ALL THAT APPLY

BHV_CNTCT_SM_COVID	1	Social media (e.g., Facebook, Twitter, etc.)
BHV_CNTCT_VC_COVID	2	Video Conferencing or Video Calling (e.g., FaceTime, Skype, Zoom, etc.)
BHV_CNTCT_TL_COVID	3	Telephone
BHV_CNTCT_DK_NA_COVID	8	**[DO NOT READ]** Don't know / No answer
BHV_CNTCT_REFUSED_COVID	9	**[DO NOT READ]** Prefer not to answer

28c.	BHV_RSN_COVID		

[ASK IF BHV_LEAVH_COVID = YES]

What were the reasons for you to leave your home?

MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), SELECT ALL THAT APPLY

BHV_RSN_WRK_COVID	01	Going to work	
BHV_RSN_PET_COVID	02	Walking a pet	
BHV_RSN_PA_COVID	03	Doing physical activity (e.g. exercising, jogging)	
BHV_RSN_FD_COVID	04	Buying food	
BHV_RSN_PH_COVID	05	Going to the pharmacy	
BHV_RSN_HLT_COVID	06	Going to the hospital / receiving medical treatments	
BHV_RSN_TC_COVID	07	Taking care of dependents	
BHV_RSN_FR_COVID	08	Meeting friends or relatives	
BHV_RSN_IN_COVID	09	Getting tired of being inside of the house	
BHV_RSN_BR_COVID	10	Getting bored	
BHV_RSN_DK_NA_COVID	98	**[DO NOT READ]** Don't know / No answer	
BHV_RSN_REFUSED_COVID	99	**[DO NOT READ]** Prefer not to answer	

Section D: Questions about your workplace

29.	LBF_WRK_COVID

[ALWAYS ASK]	

Do you usually work at a job or business outside of your residence?		
NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

30.	LBF_HRS_DAY_COVID

[ASK IF LBF_WRK_COVID = YES]	

How many days per week do you usually spend at your workplace (do not count hours worked from home)?		
NUMBER	Days	_____ (number) **(MASK: MIN>0, MAX=7)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

30a.	LBF_HRS_HPW_COVID

[ASK IF LBF_WRK_COVID = YES]	

How many total hours per week do you usually spend at your workplace (do not count hours worked from home)?		
NUMBER	Hours	_____ (number) **(MASK: MIN>0, MAX=168)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

31.	LBF_WRKCHANGE_COVID

[ASK IF LBF_WRK_COVID = YES]	

In the past month, has the frequency or duration of time that you spend at your workplace changed?		
NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

31a.	LBF_HRCUR_DAY_COVID

[ASK IF LBF_WRKCHANGE_COVID = YES]

How many days per week do you currently spend at your workplace now (do not count hours worked from home)?

NUMBER	Days	_____ (number) **(MASK: MIN>0, MAX=7)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

31b.	LBF_HRCUR_HPW_COVID

[ASK IF LBF_WRKCHANGE_COVID = YES]

How many total hours per week do you currently spend at your workplace (do not count hours worked from home)?

NUMBER	Hours	_____ (number) **(MASK: MIN>0, MAX=168)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

32.	LBF_ESSNTL_COVID

[ASK IF LBF_WRK_COVID = YES]

Are you considered an essential worker?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

33.	LBF_COVID

[ASK IF LBF_WRK_COVID = YES]

Has your workplace implemented any of the following as new physical distancing measures <u>in the past month</u>?

SELECT ALL THAT APPLY

	No	Yes	[DO NOT READ] Don't know / No answer	[DO NOT READ] Prefer not to answer
	2	1	8	9
Work from home for jobs previously done in the workplace/on site LBF_HOME_COVID				
Teleconferences for meetings that would have previously been in person LBF_TELECON_COVID				
Complete closure (nobody working after the start of the pandemic) LBF_COMPCL_COVID				
Partial closure (only "essential" people working after the start of the pandemic) LBF_PARTLCL_COVID				

Section E: Questions about volunteer work

34.	LBF_VOLN_COVID

[ALWAYS ASK]

Do you *usually* volunteer outside your home?

NO	2	No
YES	1	Yes
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

34a.	LBF_VOLN_DAY_COVID

[ASK IF LBF_VOLN_COVID = YES]

How many days per week did you *usually* spend volunteering outside of your home?

NUMBER	Days	_____ (number) **(MASK: MIN>0, MAX=7)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

34b.	LBF_VOLN_HPW_COVID

[ASK IF LBF_VOLN_COVID = YES]

How many total hours per week did you *usually* spend volunteering outside of your home?

NUMBER	Hours	_____ (number) **(MASK: MIN>0, MAX=168)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

35.	LBF_VOLNCUR_DAY_COVID

[ASK IF LBF_VOLN_COVID = YES]

How many days per week did you *currently* spend volunteering outside of your home?

NUMBER	Days	_____ (number) **(MASK: MIN>0, MAX=7)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

35a.	LBF_VOLNCUR_HPW_COVID	
[ASK IF LBF_VOLN_COVID = YES]		
How many total hours per week did you *currently* spend volunteering outside of your home?		
NUMBER	Hours	_____ (number) **(MASK: MIN>0, MAX=168)**
DK_NA	99998	**[DO NOT READ]** Don't know / No answer
REFUSED	99999	**[DO NOT READ]** Prefer not to answer

Section F: Questions about your mental health

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

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

36.	DEP_BOTR_COVID		
[ALWAYS ASK]			
How often were you bothered by things that usually don't bother you?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

37.	DEP_MIND_COVID		
[ALWAYS ASK]			
How often did you have trouble keeping your mind on what you were doing?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

38.	DEP_FLDP_COVID		
[ALWAYS ASK]			
How often did you feel depressed?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

39.	DEP_FFRT_COVID		
[ALWAYS ASK]			
How often did you feel that everything you did was an effort?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

Remember, we are asking about how you have felt <u>in the past week</u>.

40.	DEP_HPFL_COVID		
[ALWAYS ASK]			
How often did you feel hopeful about the future?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

41.	DEP_FRFL_COVID		
[ALWAYS ASK]			
How often did you feel fearful or tearful?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

42.	DEP_RSTLS_COVID		
[ALWAYS ASK]			
How often was your sleep restless?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

Remember, we are asking about how you have felt <u>in the past week</u>.

43.	DEP_HAPP_COVID		
[ALWAYS ASK]			
How often were you happy?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

44.	DEP_LONLY_COVID		
[ALWAYS ASK]			
How often did you feel lonely?			
ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

45.	DEP_GTGO_COVID	
[ALWAYS ASK]		
How often did you feel that you could not "get going"?		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

46.	ALN_PTMT_WD_COVID	
[ALWAYS ASK]		
In the past month how much time on average have you spent alone during the day (morning and afternoon) on weekdays?		
LESS_1HR	1	Less than 1 hour
1_2_HR	2	1-2 hours
2_4_HR	3	More than 2 hours but less than 4 hours
4_8_HR	4	More than 4 hours but less than 8 hours
8_MORE	5	8 hours or more
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

47.	ALN_PTMT_WE_COVID	
[ALWAYS ASK]		
In the past month how much time on average have you spent alone during the day (morning and afternoon) on the weekend?		
LESS_1HR	1	Less than 1 hour
1_2_HR	2	1-2 hours
2_4_HR	3	More than 2 hours but less than 4 hours
4_8_HR	4	More than 4 hours but less than 8 hours
8_MORE	5	8 hours or more
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Prefer not to answer

48.	ALN_AVRG_WD_COVID		

[ALWAYS ASK]

How much time on average do you <u>usually</u> spend alone <u>during the day</u> (morning and afternoon) on <u>weekdays</u>?

LESS_1HR		1	Less than 1 hour
1_2_HR		2	1-2 hours
2_4_HR		3	More than 2 hours but less than 4 hours
4_8_HR		4	More than 4 hours but less than 8 hours
8_MORE		5	8 hours or more
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

49.	ALN_AVRG_WE_COVID		

[ALWAYS ASK]

How much time on average do you <u>usually</u> spend alone <u>during the day</u> (morning and afternoon) on a <u>weekend</u>?

LESS_1HR		1	Less than 1 hour
1_2_HR		2	1-2 hours
2_4_HR		3	More than 2 hours but less than 4 hours
4_8_HR		4	More than 4 hours but less than 8 hours
8_MORE		5	8 hours or more
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

![clsa élcv logo]

[CLSA Generalized Anxiety Disorder Module]
A Brief Measure for Assessing Generalized Anxiety Disorder The GAD-7.
Spitzer RL, Kroenke K, Williams JB, Löwe B. Arch Intern Med. 2006 May 22;166(10);1092-7

50.							
[ALWAYS ASK]							
Over the <u>last 2 weeks</u>, how often have you been bothered by the following problems?							
		Not at all NOT_ALL	Several days SEVERAL_DAYS	More than half the days MORE_HALF	Nearly every day NEARLY_EVERY	**[DO NOT READ]** Don't know/No answer DK_NA	**[DO NOT READ]** Prefer not to answer REFUSED
		0	1	2	3	8	9
GAD_NERV_COVID	Feeling nervous, anxious or on edge						
GAD_STPWOR_COVID	Not being able to stop or control worrying						
GAD_WORRTO_COVID	Worrying too much about different things						
GAD_RELAX_COVID	Trouble relaxing						
GAD_RESTLS_COVID	Being so restless that it's hard to sit still						
GAD_ANNOY_COVID	Becoming easily annoyed or irritable						
GAD_AFRAID_COVID	Feeling afraid as if something awful might happen						

GAD_TOTAL_COVID = GAD_NERV_COVID + GAD_STPWOR_COVID + GAD_WORRTO_COVID + GAD_RELAX_COVID + GAD_RESTLS_COVID + GAD_ANNOY_COVID + GAD_AFRAID_COVID

51.	GAD_TOTAL2_COVID		
[ASK IF GAD_TOTAL_COVID ≥ 1]			
How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?			
NOT_DIFFICULT		1	Not difficult at all
SOMEWHAT		2	Somewhat difficult
VERY		3	Very difficult
EXTREMELY		4	Extremely difficult
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

52.	EXP_CONSEQ_COVID		
[ALWAYS ASK]			
Taking everything about COVID-19 into account, how would you describe the consequences of COVID-19 on you and your household?			
VERY_NEG		1	Very negative
NEGATIVE		2	Negative
NO_EFFECT		3	No effect
POSITIVE		4	Positive
VERY_POS		5	Very positive
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

53.	EXP_PAND_COVID		
[ALWAYS ASK]			
Which of the following have you experienced during the COVID-19 pandemic?			
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), SELECT ALL THAT APPLY			
EXP_PAND_YI_COVID		01	You were ill
EXP_PAND_CL_COVID		02	People close to you were ill
EXP_PAND_DP_COVID		03	Death of a person close to you
EXP_PAND_LI_COVID		04	Loss of income
EXP_PAND_SF_COVID		05	Unable to access necessary supplies or food
EXP_PAND_HC_COVID		06	Unable to access my usual healthcare
EXP_PAND_MD_COVID		07	Unable to get my usual prescription medications and treatments
EXP_PAND_CO_COVID		08	Increased verbal or physical conflict
EXP_PAND_SE_COVID		09	Separation from family
EXP_PAND_CG_COVID		10	Increased time caregiving
EXP_PAND_UN_COVID		11	Unable to care for people who require assistance due to health condition or limitation
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Prefer not to answer

54.	GEN_POSEXPER_COVID		
[ALWAYS ASK]			
Take a moment to reflect on your overall experience during the COVID-19 pandemic. Can you think of at least one positive aspect of your experience? If so, please describe:			
Other (please specify: _____)			
DK_NA		99998	**[DO NOT READ]** Don't know / No answer
REFUSED		99999	**[DO NOT READ]** Refused

Section G: Biological samples

As part of this study we will also be asking some participants to provide a blood sample to better assess exposure to the coronavirus.

55.	BLD_CONSENT_COVID		
[ALWAYS ASK]			
Are you willing to provide a blood sample for this study?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

56.	BLD_TRAVEL_COVID		
[ASK IF BLD_CONSENT_COVID = YES]			
Would you be willing to travel to a local blood collection facility to have a blood sample taken? Note that we would identify the blood collection facility and make these arrangements for you.			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

57.	BLD_RESI_COVID		
[ASK IF BLD_CONSENT_COVID = YES]			
Would you allow a fully trained person (who will wear full protective gear) to come to your residence to take a blood sample?			
NO		2	No
YES		1	Yes
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Prefer not to answer

END