

### **Assessing the mental health impacts of COVID-19: A national survey study**

**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, we would like you to think about yourself, members of your household, or other family members who have been affected by the COVID-19 virus or response.**

**We have provided you with a "Prefer not to answer" option, which you can select if you do not wish to share your experiences on a particular question.**

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

1. Working full time (30 or more hours per week)
2. Working part time (fewer than 30 hours per week)
3. Full time student (e.g. school, college, university, job training)
4. Part time student (e.g. school, college, university, job training)
5. Not working (e.g. parental leave, disability, medical leave, etc.)
6. Volunteer (unpaid)
7. Retired
8. Unemployed
9. Other
10. Prefer not to answer

**[If currently working] Essential Service Workers** The job that I am currently working in has been deemed as an essential service during the COVID-19 pandemic

1. Yes
2. No
3. Prefer not to answer

**[If yes to essential service worker]** please select the category that **BEST** describes your essential service role:

1. Health and health services
2. Law enforcement, public safety, first responder
3. Vulnerable population service provider (e.g., community outreach, childcare for essential service workers, substance use and addiction services)
4. Food and agriculture service provider (farming, food processing, grocery, hardware)
5. Transportation
6. Industry and manufacturing
7. Communications and information technology
8. Financial institutions
9. Other
10. Prefer not to answer

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

1. Significantly better now
2. Slightly better now
3. About the same
4. Slightly worse now
5. Significantly worse now
6. Prefer not to answer

**COVID-19 Disease** 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)

1. I have been tested for COVID-19 and had a positive result
2. I have been tested for COVID-19 and had a negative result
3. Someone in my household has tested positive for COVID-19
4. Someone in my household has tested negative for COVID-19
5. A family member/loved one living at a different address has tested positive for COVID-19
6. I have self-isolated with symptoms of COVID-19
7. My household has self-isolated because someone else had symptoms of COVID-19
8. My household has self-isolated due to contact with someone else who had symptoms of COVID-19
9. My household has self-isolated due to recent travel
10. A family member/loved one living at a different address has self-isolated with symptoms of COVID-19
11. As part of my work I have worked directly with individuals who have tested positive for COVID-19
12. I have been hospitalized due to COVID-19
13. Someone in my household has been hospitalized due to COVID-19
14. A family member/loved one living at a different address has been hospitalized due to COVID-19
15. A family member/loved one is living at a long-term care facility that had cases of COVID-19
16. Someone in my household has died due to COVID-19
17. A family member/loved one living at a different address has died due to COVID-19
18. None of these
19. Don't know
20. Prefer not to answer

**Emotional Response** 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)

1. Afraid
2. Panicked
3. Anxious or worried
4. Empathetic
5. Indifferent
6. Hopeful
7. Hopeless
8. Ashamed
9. Guilty
10. Lonely
11. Unprepared
12. Fearful
13. Sad
14. Grieving
15. Isolated
16. Angry
17. Stressed
18. Irritable
19. Bored
20. Inspired
21. Depressed
22. Uncertain
23. None of these
24. Don't know
25. Prefer not to answer

**Stressors** 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)

1. Financial concerns (e.g. going into debt, ability to pay bills, long-term economic impacts, etc.)
2. Being unable to access benefit payments or not being eligible
3. Losing my job / loss of my job
4. Being able to cope with uncertainty (e.g. not knowing what will happen)
5. Becoming ill with the virus
6. Having no-one to care for me, as a result of becoming ill with the virus
7. Not being able to care for friends and family as a result of becoming ill
8. Not being able to care for friends and family due to physical distancing
9. Passing COVID-19 on to someone else if I became infected
10. Experiencing discrimination if I contract COVID-19
11. Being vulnerable because of an existing medical condition, age, etc.

12. Being separated from friends and family
13. Being able to cope with physical/social distancing (including concerns when needing to leave my residence for groceries, exercise, health care, etc.)
14. Having enough food to meet my household's basic needs
15. My education or career training has been or will be interrupted
16. Looking after my children while continuing to work
17. Making my existing mental health problems worse
18. Worrying about how the mental health of my child(ren) will be affected by the pandemic
19. Worrying about my children's education
20. Experiencing relationship challenges with my partner
21. Being safe from physical or emotional domestic violence
22. Fear of getting severely sick or dying
23. Fear of a family member/loved one getting severely sick or dying

1. Yes
2. No
3. Don't know
4. Not applicable
5. Prefer not to say

**Food Security** 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)

1. Food Bank
2. Soup Kitchens/Free Meal programs
3. Meal or food programs from a school
4. Community Kitchen program
5. Community Garden
6. Food voucher program (e.g., receiving gift cards for food from a charitable organization)
7. Food delivered by a community program
8. Other
9. No – I haven't accessed any food programs

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

1. Very well
2. Fairly well
3. Not very well
4. Not well at all
5. Don't know
6. Prefer not to say
7. Not applicable – I have not experienced any stress related to COVID-19

**Coping** 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)

1. Connecting with those in my household
2. Connecting with my family or friends (e.g. phone, video chat, etc.)
3. Connecting with a mental health worker or counsellor **virtually** (e.g. via phone, video chat, etc.)
4. Having a supportive employer
5. Spending time with my pet(s)
6. Receiving **in-person** mental health supports
7. Accessing virtual mental health resources (e.g. online cognitive behavioural therapy, etc.)
8. Maintaining a healthy lifestyle (e.g. balanced diet, enough sleep, exercise, etc.)
9. Keeping up to date with relevant information (e.g. TV news, newspapers, online information, etc.)
10. Limiting my exposure to the news about COVID-19
11. Limiting exposure to social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
12. Increasing my use of social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
13. 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)
14. Going for a walk/exercise outside
15. Exercising in my home
16. Doing a hobby
17. Learning or doing something new
18. Volunteering to help
19. Accessing federal government benefits and supports (e.g., Canada Emergency Response Benefit, Canada Emergency Wage Subsidy, Canada Emergency Student Benefit, etc.)
20. Accessing provincial government supports (e.g., emergency benefits for workers)
21. Other [open] please specify \_\_\_\_\_
22. Don't know
23. Nothing has helped me to cope with my stress related to COVID-19
24. Not applicable – I don't feel stressed

**Coping2** 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)

1. Consumption of alcohol
2. Use of tobacco products (e.g. cigarettes, cigars, chewing tobacco, vaping, etc.)
3. Use of cannabis products
4. Use of prescribed medication
5. Use of other psychoactive substances (e.g., cocaine, heroin)
6. Gambling
7. Eating too much
8. Eating too little
9. Screen time

1. More
2. Less
3. No change
4. Not applicable
5. Prefer not to say

**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](http://www.crisisservicescanada.ca)**

**Self-harm1** 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)

1. Experienced suicidal thoughts/feelings
  2. Deliberately hurt myself
  3. Worried about someone close to me experiencing suicidal thoughts/feelings or deliberately hurting themselves
- 
1. Yes
  2. No
  3. Prefer not to say

**[if yes to above] Self-harm2** 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)

1. Experienced suicidal thoughts/feelings
  2. Deliberately hurt myself
  3. Worried about someone close to me experiencing suicidal thoughts/feelings or deliberately hurting themselves
- 
1. Once a day or more often
  2. Nearly everyday day
  3. A few times a week
  4. Passing thoughts
  5. Don't know
  6. Prefer not to say

**Mental Health Support (Open-ended)** If you could offer advice to others about how to support mental wellbeing during the COVID-19 pandemic, what would it be?

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### Demographics

**Gender identity** Which gender do you most identify with?

1. Man
2. Woman
3. Transgender woman/trans woman
4. Transgender man/trans man
5. Non-binary
6. Two-Spirit
7. Not listed
8. Prefer not to answer

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

1. Indigenous origins (for example, First Nations, Inuit, Métis)
2. East Asian origins (for example, Chinese, Japanese, Korean)
3. South Asian origins (for example, Indian, Punjabi, Pakistani)
4. Southeast Asian origins (for example, Filipino, Thai, Vietnamese)
5. Latin American origins (for example, Brazilian, Cuban, Bolivian)
6. European origins (for example, British, German, Russian)
7. Middle Eastern origins (for example, Iranian, Iraqi, Afghan)
8. African origins (for example, Nigerian, Ghanaian, Zimbabwean)
9. Other (please specify) \_\_\_\_\_
10. Don't know
11. Prefer not to answer

**Sexuality** Do you identify as being LGBT2Q+ (lesbian, gay, bisexual, trans, two-spirit, queer, etc.)?

1. Yes
2. No
3. Unsure
4. Prefer not to answer

**Disability** Do you identify as a person with a disability?

1. Yes
2. No
3. Prefer not to answer

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

1. Yes
2. No
3. Prefer not to answer

**Citizenship** Which of the following best describes your Canadian citizenship status?

1. Canadian citizen by birth
2. Canadian citizen by naturalization
3. Landed immigrant/Permanent resident
4. Refugee
5. Not a citizen

**Parent/Guardian status** Which of the following best describes your parental/guardian status? (Please select all that apply)

1. Not a parent / guardian
2. Parent / guardian (any age)

**[If yes to parent/guardian] Children in household** How many children (under 18 years of age) reside in your household?

1. 0
2. 1
3. 2
4. 3+

**[If yes to parent/guardian] Child's Age** What age group is/are your child/children? (Please select all that apply)

1. 4 years and under
2. 5-11 years
3. 12-17 years
4. 18 years and over

**[if yes to parent/guardian] Child Mental Health** 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?

1. Significantly better now
2. Slightly better now
3. About the same
4. Slightly worse now
5. Significantly worse now
6. It is affecting my children differently (some feel better/some feel worse)
7. Prefer not to answer

**[if yes to parent/guardian] Child Coping Strategies** 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)

1. Connecting with family who live outside our home (e.g. phone, video chat, text etc.)
2. Connecting with friends (e.g. phone, video chat, text etc.)
3. Contacting a **school or community-based** mental health worker or counsellor **virtually** (e.g. via phone, video chat, etc.)
4. Receiving **in-person** mental health supports
5. Staying in touch with teachers, school adults, childcare providers **virtually** (e.g. phone, video chat, text etc.)
6. Accessing virtual mental health resources through medical professionals (e.g. online cognitive behavioural therapy, etc.)
7. Accessing virtual educational or self-help mental health resources through websites, apps, or phone (e.g., Headspace, KidsHelpPhone)
8. Participating in a child/youth support group
9. Maintaining a healthy lifestyle (e.g. balanced diet, enough sleep, exercise, etc.)
10. Maintaining family routines (e.g., family meals, bedtime routines)
11. Keeping up to date with relevant information (e.g. TV news, newspapers, online information, etc.)
12. Limiting their exposure to the news about COVID-19
13. Limiting their exposure to social media (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
14. More time for social media use (e.g. Facebook, Instagram, Snapchat, Twitter etc.)
15. Going for a walk/exercise outside
16. Exercising in our home
17. Spending time with pet(s)
18. Playing outdoors

19. Playing inside (e.g., games, toys, telling stories)
  20. Doing a hobby (e.g., music, reading, arts & crafts)
  21. Volunteering to help
  22. Other [open] please specify
- 
23. Don't know
  24. Not applicable
  25. Nothing has helped my child(ren) to cope with stress related to COVID-19

**[if yes to parent/guardian] Parent-Child Interactions** Please indicate how each of the following have been impacted by the COVID-19 pandemic. (Please select one option on each row)

1. Having quality time with my child(ren)
  2. Feeling closeness with my child(ren)
  3. Showing love or affection to my child(ren)
  4. Observing resilience (strength and perseverance) in my child(ren)
  5. Disciplining my child(ren)
  6. Conflicts with my child(ren)
  7. Using harsh words with my child(ren)
  8. Yelling/shouting at my child(ren)
  9. Spanking or hitting my child(ren)
1. More
  2. Less
  3. No change
  4. Not applicable
  5. Prefer not to say

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

1. I live alone
2. Living with a spouse or partner
3. Living with friend(s) or housemate(s)
4. Living with siblings
5. Living with my child(ren) who are over 18
6. Living with my child(ren) who are under 18
7. Living with other adult family members (e.g., parents, grandparents)
8. Living with grandchildren
9. Other
10. Prefer not to answer
11. None of the above

**Age demographics** Which age category do you belong to?

1. 18-24 years
2. 25-34 years
3. 35-44 years
4. 45-54 years
5. 55-64 years
6. 65-74 years
7. 75 +

**Geographic region** In which province or territory of Canada do you live?

1. Alberta
2. British Columbia
3. Manitoba
4. New Brunswick
5. Newfoundland and Labrador
6. Northwest Territories
7. Nova Scotia
8. Nunavut
9. Ontario
10. Prince Edward Island
11. Quebec
12. Saskatchewan
13. Yukon

**Rural Urban** Do you live in a rural or urban area?

1. Rural
2. Urban

**Education** Which of the following best describes your highest education level?

1. Less than high school completion
2. High school completion (or equivalent)
3. Some post-secondary education
4. Post-secondary certificate or diploma
5. Undergraduate degree
6. Graduate or professional degree
7. Other \_\_\_\_\_
8. Prefer not to answer

**Marital Status** Which of the following best describes your current marital status?

1. Single (never been married)
2. Married or in a domestic partnership
3. Divorced/Separated
4. Widowed
5. Other (please specify) \_\_\_\_\_
6. Prefer not to answer

**Income** Which of the following is the best estimate of your overall household income last year before taxes?

1. Under \$20,000
2. \$20,000 to \$49,999
3. \$50,000 to \$74,999
4. \$75,000 to \$99,999
5. \$100,000 to \$149,999
6. \$150,000 to \$199,999
7. \$200,000 or more
8. Prefer not to answer

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](#)