**Field Studies Working Groups Core Data Elements (Individual)**

|  |  |  |
| --- | --- | --- |
| 1. | Date of interview | \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ DAY MO YR  |
| 2. | What is your age? | \_\_ \_\_ \_\_YEARS |
| 3. | What was your assigned sex at birth? | MALE...............................................................01FEMALE...........................................................02PREFER TO SELF-DESCRIBE .............................03SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 04PREFER NOT TO ANSWER................................99 |
| 4. | What is your sex now? | MALE...............................................................01FEMALE...........................................................02PREFER TO SELF-DESCRIBE .............................03SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 04PREFER NOT TO ANSWER................................99 |

|  |  |  |
| --- | --- | --- |
| 5. | What is your gender (How do you currently self-identify)? | MAN ……………………………………………………………01WOMAN .........................................................02 NON-BINARY, GENDER, QUEER, AGENDER OR A SIMILAR IDENTITY .................03TWO-SPIRIT ....................................................04PREFER TO SELF-DESCRIBE .............................05SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 06PREFER NOT TO ANSWER ...............................99 |
| 6. | Are you an Indigenous person originating from North America? | NO ............................................................00**🡪Q9**YES ...................................................................01 |
| 7. | Which of the following groups do you belong to?**[SELECT ALL THAT APPLY]** | FIRST NATIONS ....................................................................01INUIT ...........................................................................02**🡪Q9**MÉTIS ..........................................................................03**🡪Q9**NON-STATUS FIRST NATIONS …………………………………..04**🡪Q9**OTHER INDIGENOUS ...................................................05**🡪Q9**PREFER NOT TO ANSWER ............................................99**🡪Q9** |
| 8. | Do you live on or off reserve? | ON-RESERVE ...................................................01OFF-RESERVE ..................................................02PREFER NOT TO ANSWER................................99 |
| 9. | How would you describe your ethnicity or race? **[CHECK ALL THAT APPLY]** | WHITE ...............................................................01SOUTH ASIAN ....................................................02CHINESE ............................................................03BLACK ...............................................................04FILIPINO ............................................................05LATIN AMERICAN ..............................................06ARAB .................................................................07SOUTHEAST ASIAN ............................................08WEST ASIAN ......................................................09KOREAN ............................................................10JAPANESE..........................................................11PREFER TO SELF-DESCRIBE................................12SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 13PREFER NOT TO ANSWER..................................99 |
| 10. | What are the first three digits of your postal code? |  \_\_ \_\_ \_\_  |
| 11. | What is the highest level of education you have completed? | LESS THAN HIGH SCHOOL GRADUATION ........................01HIGH SCHOOL GRADUATION ..........................................02TRADE CERTIFICATE, VOCATIONAL SCHOOL, OR APPRENTICESHIP TRAINING.......................................03NON-UNIVERSITY CERTIFICATE OR DIPLOMA FROM A COMMUNITY COLLEGE, CEGEP .........04UNIVERSITY BACHELOR'S DEGREE...................................05UNIVERSITY GRADUATE DEGREE (SUCH AS AMASTERS OR DOCTORATE) .............................................06PREFER NOT TO ANSWER ...............................................99 |
| 12. | How many people live in your household? | \_\_ \_\_NUMBER |
| 13. | How many bedrooms in your household? | \_\_ \_\_NUMBER |
| 14. | How many bathrooms in your household? | \_\_ \_\_NUMBER |
| 15. | Do you think you have had COVID-19? | NO ..........................................................00**🡪Q18**YES ….................................................................01 |
| 16. | Why do you think you have had COVID-19? **[SELECT ALL THAT APPLY]** | SYMPTOM REVIEW ONLINE .............................01SYMPTOM PROFILE………………………………..........02NASAL/THROAT TEST RESULT…………………........03HEALTH CARE PROVIDER...................................04CONTACT WITH CASE .......................................05OTHER ..............................................................06SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 07 |
| 17. | Were you hospitalized due to COVID-19? | NO..……….….................................…….................00YES …...…...........................................................01 |
| 18. | Have you been tested for COVID-19 by nasal/throat swab?  | NO............................................................00**🡪Q21**YES......................................................................01 |
| 19. | How many times have you been tested? | \_\_ \_\_NUMBER |
| 20. | What was the date of each test and the results? | **i. DATE(S)** | **ii. RESULT(S)** |
|  | 1. First test
 | \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  EARLY/ MO YRMID/LATE | NEGATIVE ………00POSITIVE…………01DON’T KNOW……99 |
|  | 1. Second test **[IF APPLICABLE]**
 | \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  EARLY/ MO YRMID/LATE | NEGATIVE ………00POSITIVE…………01DON’T KNOW……99 |
|  | 1. Third test **[IF APPLICABLE]**
 | \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  EARLY/ MO YRMID/LATE | NEGATIVE ………00POSITIVE…………01DON’T KNOW……99 |
|  | 1. Fourth test **[IF APPLICABLE]**
 | \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ EARLY/ MO YRMID/LATE | NEGATIVE ………00POSITIVE…………01DON’T KNOW……99 |
| 21. | Did you have any of the following symptoms between January 2020 and present?**[SELECT ALL THAT APPLY]** | **YES** | **NO** | **DON’T KNOW** |
| 1. Cough
 | 01 | 00 | 99 |
| 1. Fever
 | 01 | 00 | 99 |
| 1. Shortness of breath
 | 01 | 00 | 99 |
| 1. Sore muscles
 | 01 | 00 | 99 |
| 1. Headache
 | 01 | 00 | 99 |
| 1. Sore throat
 | 01 | 00 | 99 |
| 1. Diarrhea
 | 01 | 00 | 99 |
| 1. Decreased sense of smell
 | 01 | 00 | 99 |
| 1. Other symptoms
 | 01 | 00 | 99 |
|  | j. What was the date of your first symptom? **[IF YES TO ANY ABOVE]** | \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ EARLY/ MO YRMID/LATE DON’T KNOW………………………………………..99 |
| 22. | Did you travel outside your home province since January 2020? | NO .................................................00🡪**Q24**YES ............................................................01 |
| 23. | What province or country did you travel to?**[SELECT ALL THAT APPLY]** | ALBERTA ………………………………………………..01BRITISH COLUMBIA …………….…………………02MANITOBA …………………………………………….03NEW BRUNSWICK ……………………….…………04NEWFOUNDLAND AND LABRADOR …….…05NORTHWEST TERRITORIES …………………….06NOVA SCOTIA ………………..……………………...07NUNAVUT ………………..……………………………08ONTARIO ………………..……………………………..09PRINCE EDWARD ISLAND ……………….……..10QUEBEC ………….……………………………………..11SASKATCHEWAN …………………………….……..12YUKON …………………………………….…………….13UNITED STATES OF AMERICA ……………..…14MEXICO …………………………………………………15FRANCE …………..…………………………………….16ITALY ……………………………………………………..17CHINA …….………………………………………….….18INDIA ……………………………………………….……19IRAN ………….…………………………………………..20OTHER(S) …...…………………………………………21SPECIFY:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ 22 |
| 24. | Have you been working in any of the following occupations or worksites since January 2020? **[SELECT ALL THAT APPLY]** | **YES** | **NO** |
| 1. Hospital or health care facility worker
 | 01 | 00 |
| 1. First responder (paramedic, firefighter, police officer)
 | 01 | 00 |
| 1. Childcare worker
 | 01 | 00 |
| 1. Correctional officer
 | 01 | 00 |
| 1. Teacher/other school staff
 | 01 | 00 |
| 1. Transit driver
 | 01 | 00 |
| 1. Food service industry
 | 01 | 00 |
| 1. Grocery store
 | 01 | 00 |
| 1. Pharmacy
 | 01 | 00 |
| 1. Hairdresser/barber
 | 01 | 00 |
| 1. Aesthetician
 | 01 | 00 |
| 1. Flight attendant
 | 01 | 00 |
| 1. Factory worker
 | 01 | 00 |
| 25.  | How many times have you been in a gathering of >10 or more people since January 2020? | \_\_ \_\_NUMBER |
| 26. | Do you currently smoke tobacco? | NO .................................................00🡪**Q28**YES ............................................................01 |
| 27. | How often do you smoke tobacco? | LESS THAN DAILY.......................................01DAILY.........................................................02 |
| 28. | Do you currently use e-cigarettes (vape)? | NO .................................................00🡪**Q30**YES ............................................................01 |
| 29. | How often do you use e-cigarettes (vape)? | LESS THAN DAILY.......................................01DAILY.........................................................02 |
| 30. | Have you been diagnosed by a physician with any of the following chronic medical conditions? **[SELECT ALL THAT APPLY]** | **YES** | **NO** |
| 1. Hypertension
 | 01 | 00 |
| 1. Diabetes
 | 01 | 00 |
| 1. Asthma
 | 01 | 00 |
| 1. Chronic Lung Disease
 | 01 | 00 |
| 1. Chronic Heart Disease
 | 01 | 00 |
| 1. Chronic Kidney Disease
 | 01 | 00 |
| 1. Liver Disease
 | 01 | 00 |
| 1. Cancer
 | 01 | 00 |
| 1. Chronic Blood Disorder
 | 01 | 00 |
| 1. Immune Suppressed
 | 01 | 00 |
| 1. Chronic Neurological Disorder
 | 01 | 00 |
| 31. | What is your current weight? | \_\_\_ \_\_\_ \_\_\_ kg / lbs[CIRCLE UNITS] |
| 32. | What is your current height? | \_\_\_ . \_\_\_ \_\_\_ m[OR]\_\_\_ ft. \_\_\_ \_\_\_ in |
| 33. | Do you have a family physician/primary care provider? | NO ..........................................................00YES ..........................................................01DON’T KNOW……………………………………….99 |
| 34. | Did you get a flu shot in the past year? | NO ..........................................................00YES ..........................................................01 |
| 35. | Have often have you done the following since January 2020? | **NEVER** | **RARELY** | **OCCASSIONALY** | **OFTEN** | **ALWAYS** |
| 1. Worn a mask in public places
 | 00 | 01 | 02 | 03 | 04 |
| 1. Practiced physical distancing in public places
 | 00 | 01 | 02 | 03 | 04 |
| 1. Avoided crowded places/gatherings
 | 00 | 01 | 02 | 03 | 04 |
| 1. Avoided common greetings
 | 00 | 01 | 02 | 03 | 04 |
| 1. Limited contact with people at higher risk (e.g., an elderly relative)
 | 00 | 01 | 02 | 03 | 04 |
| 1. Self-isolated because you thought you were infected with COVID-19
 | 00 | 01 | 02 | 03 | 04 |
| 1. Self-quarantined because you may have been exposed to COVID-19, but did not show symptoms
 | 00 | 01 | 02 | 03 | 04 |