



**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.....01 FEMALE.....02 PREFER TO SELF-DESCRIBE .....03 SPECIFY: _____ 04 PREFER NOT TO ANSWER.....99
4.	What is your sex now?	MALE.....01 FEMALE.....02 PREFER TO SELF-DESCRIBE .....03 SPECIFY: _____ 04 PREFER NOT TO ANSWER.....99

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5.	What is your gender (How do you currently self-identify)?	MAN .....01 WOMAN .....02 NON-BINARY, GENDER, QUEER, AGENDER OR A SIMILAR IDENTITY .....03 TWO-SPIRIT .....04 PREFER TO SELF-DESCRIBE .....05 SPECIFY: _____ 06 PREFER 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 .....01 INUIT .....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 .....01 OFF-RESERVE .....02 PREFER NOT TO ANSWER.....99
9.	How would you describe your ethnicity or race? [CHECK ALL THAT APPLY]	WHITE .....01



		SOUTH ASIAN .....02 CHINESE .....03 BLACK .....04 FILIPINO .....05 LATIN AMERICAN .....06 ARAB .....07 SOUTHEAST ASIAN .....08 WEST ASIAN .....09 KOREAN .....10 JAPANESE.....11 PREFER TO SELF-DESCRIBE.....12 SPECIFY: _____ 13 PREFER 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 .....01 HIGH SCHOOL GRADUATION .....02 TRADE CERTIFICATE, VOCATIONAL SCHOOL, OR APPRENTICESHIP TRAINING.....03 NON-UNIVERSITY CERTIFICATE OR DIPLOMA FROM A COMMUNITY COLLEGE, CEGEP .....04 UNIVERSITY BACHELOR'S DEGREE.....05



		UNIVERSITY GRADUATE DEGREE (SUCH AS A MASTERS OR DOCTORATE) .....06 PREFER 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 → <b>Q18</b> YES .....01
16.	Why do you think you have had COVID-19? <b>[SELECT ALL THAT APPLY]</b>	SYMPTOM REVIEW ONLINE .....01 SYMPTOM PROFILE.....02 NASAL/THROAT TEST RESULT.....03 HEALTH CARE PROVIDER.....04 CONTACT WITH CASE .....05 OTHER .....06 SPECIFY: _____ 07
17.	Were you hospitalized due to COVID-19?	NO.....00 YES .....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?	<b>i. DATE(S)</b>		<b>ii. RESULT(S)</b>
	a. First test	____ / ____ / ____ EARLY/ MO YR MID/ LATE	NEGATIVE .....00 POSITIVE.....01 DON'T KNOW.....99	
	b. Second test <b>[IF APPLICABLE]</b>	____ / ____ / ____ EARLY/ MO YR MID/ LATE	NEGATIVE .....00 POSITIVE.....01 DON'T KNOW.....99	
	c. Third test <b>[IF APPLICABLE]</b>	____ / ____ / ____ EARLY/ MO YR MID/ LATE	NEGATIVE .....00 POSITIVE.....01 DON'T KNOW.....99	
	d. Fourth test <b>[IF APPLICABLE]</b>	____ / ____ / ____ EARLY/ MO YR MID/ LATE	NEGATIVE .....00 POSITIVE.....01 DON'T KNOW.....99	
21.	Did you have any of the following symptoms between January 2020 and present?  <b>[SELECT ALL THAT APPLY]</b>	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
	a. Cough	01	00	99



	b. Fever	01	00	99
	c. Shortness of breath	01	00	99
	d. Sore muscles	01	00	99
	e. Headache	01	00	99
	f. Sore throat	01	00	99
	g. Diarrhea	01	00	99
	h. Decreased sense of smell	01	00	99
	i. Other symptoms	01	00	99
	j. What was the date of your first symptom? <b>[IF YES TO ANY ABOVE]</b>		____/____/____ EARLY/ MO YR MID/ LATE DON'T KNOW.....99	
22.	Did you travel outside your home province since January 2020?		NO .....00 → <b>Q24</b> YES .....01	
23.	What province or country did you travel to? <b>[SELECT ALL THAT APPLY]</b>		ALBERTA .....01 BRITISH COLUMBIA .....02 MANITOBA .....03 NEW BRUNSWICK .....04 NEWFOUNDLAND AND LABRADOR .....05 NORTHWEST TERRITORIES .....06 NOVA SCOTIA .....07 NUNAVUT .....08	



		ONTARIO .....09 PRINCE EDWARD ISLAND .....10 QUEBEC .....11 SASKATCHEWAN .....12 YUKON .....13 UNITED STATES OF AMERICA .....14 MEXICO .....15 FRANCE .....16 ITALY .....17 CHINA .....18 INDIA .....19 IRAN .....20 OTHER(S) .....21 SPECIFY: _____ 22	
24.	Have you been working in any of the following occupations or worksites since January 2020? <b>[SELECT ALL THAT APPLY]</b>	<b>YES</b>	<b>NO</b>
	a. Hospital or health care facility worker	01	00
	b. First responder (paramedic, firefighter, police officer)	01	00
	c. Childcare worker	01	00
	d. Correctional officer	01	00
	e. Teacher/other school staff	01	00
	f. Transit driver	01	00
	g. Food service industry	01	00
	h. Grocery store	01	00
	i. Pharmacy	01	00



	j. Hairdresser/barber	01	00
	k. Aesthetician	01	00
	l. Flight attendant	01	00
	m. 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 → <b>Q28</b> YES .....01	
27.	How often do you smoke tobacco?	LESS THAN DAILY.....01 DAILY.....02	
28.	Do you currently use e-cigarettes (vape)?	NO .....00 → <b>Q30</b> YES .....01	
29.	How often do you use e-cigarettes (vape)?	LESS THAN DAILY.....01 DAILY.....02	
30.	Have you been diagnosed by a physician with any of the following chronic medical conditions? <b>[SELECT ALL THAT APPLY]</b>	<b>YES</b>	<b>NO</b>
	a. Hypertension	01	00
	b. Diabetes	01	00
	c. Asthma	01	00
	d. Chronic Lung Disease	01	00
	e. Chronic Heart Disease	01	00





	f. Chronic Kidney Disease		01		00	
	g. Liver Disease		01		00	
	h. Cancer		01		00	
	i. Chronic Blood Disorder		01		00	
	j. Immune Suppressed		01		00	
	k. 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 .....00 YES .....01 DON'T KNOW.....99				
34.	Did you get a flu shot in the past year?	NO .....00 YES .....01				
35.	Have often have you done the following since January 2020?	<b>NEVER</b>	<b>RARELY</b>	<b>OCCASSIONALY</b>	<b>OFTEN</b>	<b>ALWAYS</b>
	a. Worn a mask in public places	00	01	02	03	04
	b. Practiced physical distancing in public places	00	01	02	03	04



c. Avoided crowded places/gatherings	00	01	02	03	04
d. Avoided common greetings	00	01	02	03	04
e. Limited contact with people at higher risk (e.g., an elderly relative)	00	01	02	03	04
f. Self-isolated because you thought you were infected with COVID-19	00	01	02	03	04
g. Self-quarantined because you may have been exposed to COVID-19, but did not show symptoms	00	01	02	03	04