Field Studies Working Groups
Survey Core Data Elements (Adult cross-sectional)

01.	Date of interview	__ __ /__ __ /__ __ __ __ DAY MO YR
02.	What is your age?	__ __ __ YRS __ __ MO PREFER NOT TO ANSWER
03.	What was your assigned sex at birth?	MALE FEMALE PREFER TO SELF-DESCRIBE (SPECIFY)_____ PREFER NOT TO ANSWER
04.	What is your sex now?	MALE FEMALE PREFER TO SELF-DESCRIBE (SPECIFY)_____ PREFER NOT TO ANSWER
05.	What is your gender (How do you currently self-identify)?	MAN WOMAN NON-BINARY, GENDERQUEER, AGENDER OR A SIMILAR IDENTITY TWO-SPIRIT PREFER TO SELF-DESCRIBE (SPECIFY)_____ PREFER NOT TO ANSWER

06.	Are you an Indigenous person originating from North America?	NO (proceed to **question 9**) YES PREFER NOT TO ANSWER
07.	Which of the following groups do you belong to? **[SELECT ALL THAT APPLY]**	☐ FIRST NATIONS ☐ INUIT (proceed to **question 9**) ☐ MÉTIS (proceed to **question 9**) ☐ NON-STATUS FIRST NATIONS (proceed to **question 9**) ☐ OTHER INDIGENOUS (SPECIFY)_____ (proceed to **question 9**) ☐ PREFER NOT TO ANSWER (proceed to **question 9**)
08.	Do you live on reserve?	YES NO PREFER NOT TO ANSWER
9.	How would you describe your ethnicity or race? **[SELECT ALL THAT APPLY]** If you are an Indigenous person and answered YES to question 6, select any other that apply.	☐ WHITE ☐ SOUTH ASIAN ☐ CHINESE ☐ BLACK ☐ FILIPINO ☐ LATIN AMERICAN ☐ ARAB ☐ SOUTHEAST ASIAN

		☐ WEST ASIAN ☐ KOREAN ☐ JAPANESE ☐ PREFER TO SELF-DESCRIBE (SPECIFY)_____ ☐ PREFER NOT TO ANSWER
10.	What are the first three digits of your postal code?	__ __ __ PREFER NOT TO ANSWER
11.	What is the highest level of education you have completed?	LESS THAN HIGH SCHOOL GRADUATION HIGH SCHOOL GRADUATION TRADE CERTIFICATE, VOCATIONAL SCHOOL, OR APPRENTICESHIP TRAINING NON-UNIVERSITY CERTIFICATE OR DIPLOMA FROM A COMMUNITY COLLEGE, CEGEP UNIVERSITY BACHELOR'S DEGREE UNIVERSITY GRADUATE DEGREE (SUCH AS A MASTERS OR DOCTORATE) PREFER NOT TO ANSWER
12.	How many people live in your household, including yourself?	__ __ NUMBER PREFER NOT TO ANSWER

13.	How many bedrooms in your household?	__ __ NUMBER PREFER NOT TO ANSWER
14.	How many bathrooms in your household?	__ __ NUMBER PREFER NOT TO ANSWER
15.	Do you think you have had COVID-19?	NO (proceed to **question 18**) YES PREFER NOT TO ANSWER
16.	Why do you think you have had COVID-19? **[SELECT ALL THAT APPLY]**	☐ SYMPTOM REVIEW ONLINE ☐ SYMPTOM PROFILE ☐ NASAL/THROAT TEST RESULT ☐ HEALTH CARE PROVIDER ☐ CONTACT WITH CASE ☐ OTHER (SPECIFY)_____ ☐ PREFER NOT TO ANSWER
17.	Were you hospitalized due to COVID-19?	NO YES PREFER NOT TO ANSWER

18.	Have you ever been tested for an active COVID-19 infection (using nasopharyngeal/throat swab, saliva or gargle test?)	NO (proceed to **question 22**) YES PREFER NOT TO ANSWER
19.	If yes, how many times have you been tested?	__ __ NUMBER PREFER NOT TO ANSWER
20.1	Answer the following questions about the **first test** (if applicable):	
	a. What was the date of the first test?	__ __/__ __ __ __ MO YR
	b. What was the result of the first test?	NEGATIVE POSITIVE DON'T KNOW
	c. Did you have any symptoms of COVID when you had this test?	NO YES DON'T KNOW
	d. If yes, what symptoms did you have? **[SELECT ALL THAT APPLY]**	☐ COUGH ☐ FEVER ☐ SHORTNESS OF BREATH

		☐ SORE MUSCLES ☐ HEADACHE ☐ SORE THROAT ☐ DIARRHEA ☐ DECREASED SENSE OF SMELL OR TASTE ☐ OTHER (SPECIFY)_____
20.2.	Answer the following questions about the **second test** (if applicable):	
	a. What was the date of the second test?	__ __ /__ __ __ __ MO YR
	b. What was the result of the second test?	NEGATIVE POSITIVE DON'T KNOW
	c. Did you have any symptoms of COVID when you had this test?	NO YES DON'T KNOW
	d. If yes, what symptoms did you have? **[SELECT ALL THAT APPLY]**	☐ COUGH ☐ FEVER ☐ SHORTNESS OF BREATH ☐ SORE MUSCLES

		☐ HEADACHE ☐ SORE THROAT ☐ DIARRHEA ☐ DECREASED SENSE OF SMELL OR TASTE ☐ OTHER (SPECIFY)_____
20.3.	Answer the following questions about the **third test** (if applicable):	
	a. What was the date of the third test?	__ __ /__ __ __ __ MO YR
	b. What was the result of the third test?	NEGATIVE POSITIVE DON'T KNOW
	c. Did you have any symptoms of COVID when you had this test?	NO YES DON'T KNOW
	d. If yes, what symptoms did you have? **[SELECT ALL THAT APPLY]**	☐ COUGH ☐ FEVER ☐ SHORTNESS OF BREATH ☐ SORE MUSCLES ☐ HEADACHE

		☐ SORE THROAT ☐ DIARRHEA ☐ DECREASED SENSE OF SMELL OR TASTE ☐ OTHER (SPECIFY)_____
20.4.a.	Have you tested positive for COVID-19 (using nasopharyngeal, throat swab, saliva or gargle test) on a test that wasn't included the the questions above (that is, on the 4th or later test)?	NO (proceed to **question 22**) YES
20.4.b.	If yes, what was the date the first time you tested positive?	__ __/__ __ __ __ MO YR
22.	Have you traveled outside of your home province since January 2020?	NO (proceed to **question 24**) YES PREFER NOT TO ANSWER
22.a.	If you think you had COVID, did you travel in the 6 months before your symptoms began?	NO (proceed to **question 24**) YES PREFER NOT TO ANSWER (proceed to **question 24**)
23.	What province(s) or country(ies) did you travel to? **[LIST ALL THAT APPLY]**	☐ BRITISH COLUMBIA ☐ ALBERTA ☐ SASKATCHEWAN ☐ MANITOBA

		☐ ONTARIO ☐ QUEBEC ☐ NEW BRUNSWICK ☐ NOVA SCOTIA ☐ PRINCE EDWARD ISLAND ☐ NEWFOUNDLAND/LABRADOR ☐ NUNAVUT ☐ NORTHWEST TERRITORIES ☐ YUKON LIST COUNTRIES YOU TRAVELLED TO (separated by a comma): _____ _____ _____ _____ _____ ☐ PREFER NOT TO ANSWER
24.a.	Do you do either paid or unpaid work in an environment where you work in close proximity to other people?	NO (proceed to **question 25**) YES PREFER NOT TO ANSWER

24.b.	If yes, have you been working in any of the following occupations or worksites in the past year? **[SELECT ALL THAT APPLY]**	☐ HOSPITAL OR HEALTH CARE FACILITY ☐ FIRST RESPONDER (PARAMEDIC/FIREFIGHTER/POLICE OFFICER) ☐ CHILDCARE WORKER ☐ CORRECTIONAL OFFICER ☐ TEACHER OR OTHER SCHOOL STAFF ☐ TRANSIT DRIVER ☐ FOOD SERVICE INDUSTRY ☐ GROCERY STORE ☐ PHARMACY ☐ HAIRDRESSER OR BARBER ☐ AESTHETICIAN ☐ FLIGHT ATTENDANT ☐ FACTORY WORKER ☐ OTHER (SPECIFY)_____ ☐ PREFER NOT TO ANSWER
25.a.	How many times have you been in a gathering of 10 or more people since MARCH 2020?	__ __ NUMBER PREFER NOT TO ANSWER
25.c.	If you think you have had COVID, how many times were you in gatherings of more than 10 people in the 6 months before your symptoms began?	__ __ NUMBER PREFER NOT TO ANSWER

26.	Do you currently smoke tobacco?	NO (proceed to **question 34**) YES PREFER NOT TO ANSWER
27.	If yes, how often do you smoke tobacco?	LESS THAN DAILY DAILY
28.	Do you currently use e-cigarettes (vape)?	NO (proceed to **question 36**) YES PREFER NOT TO ANSWER
29.	If yes, how often do you use e-cigarettes (vape)?	LESS THAN DAILY DAILY

30.	Have you been diagnosed by a physician with any of the following chronic medical conditions? **[SELECT ALL THAT APPLY]**	**YES**	**NO**	**DON'T KNOW**	**PREFER NOT TO ANSWER**
	a. Hypertension	01	00	98	99
	b. Diabetes	01	00	98	99
	c. Asthma	01	00	98	99
	d. Chronic Lung Disease	01	00	98	99
	e. Chronic Heart Disease	01	00	98	99
	f. Chronic Kidney Disease	01	00	98	99
	g. Liver Disease	01	00	98	99
	h. Cancer	01	00	98	99
	i. Chronic Blood Disorder	01	00	98	99
	j. Immune Suppressed	01	00	98	99
	k. Chronic Neurological Disorder	01	00	98	99

31.	What is your current weight? (circle units)	___ ___ ___ kg / lbs PREFER NOT TO ANSWER
32.	What is your current height?	___ . ___ ___ m OR ___ ft. ___ ___ in PREFER NOT TO ANSWER
33.	Do you have a family physician/primary care provider?	NO YES DON'T KNOW PREFER NOT TO ANSWER
34.a.	Do you usually get a flu shot?	NO YES PREFER NOT TO ANSWER
35.	Indicate if, or how often you have done the following **since March 2020**?	
	a. Worn a mask in public places	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / PREFER NOT TO ANSWER
	b. Practiced physical distancing in public places	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / PREFER NOT TO ANSWER
	c. Avoided crowded places/gatherings	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / PREFER NOT TO ANSWER

	d. Avoided common greetings (such as a handshake or a hug)	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / PREFER NOT TO ANSWER
	e. Limited contact with people at higher risk (e.g., an elderly relative)	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / NOT APPLICABLE / PREFER NOT TO ANSWER
	f. Self-isolated because you thought you were infected with COVID-19	NO / YES / NOT APPLICABLE / PREFER NOT TO ANSWER
	g. Self-quarantined because you may have been exposed to COVID-19, but did not show symptoms	NO / YES / NOT APPLICABLE / PREFER NOT TO ANSWER
36.	If you think you have had COVID, had you done the following in the **6 months before your symptoms began**? (indicate how often)	
	a. Worn a mask in public places	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / PREFER NOT TO ANSWER
	b. Practiced physical distancing in public places	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / PREFER NOT TO ANSWER
	c. Avoided crowded places/gatherings	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / PREFER NOT TO ANSWER
	d. Avoided common greetings (such as handshake or hug)	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / PREFER NOT TO ANSWER

	e. Limited contact with people at higher risk (e.g., an elderly relative)	NEVER / RARELY / OCCASIONALLY / OFTEN / ALWAYS / NOT APPLICABLE / PREFER NOT TO ANSWER
	f. Self-isolated because you thought you were infected with COVID-19	NO / YES / NOT APPLICABLE / PREFER NOT TO ANSWER
	g. Self-quarantined because you may have been exposed to COVID-19, but did not show symptoms	NO / YES / NOT APPLICABLE / PREFER NOT TO ANSWER
40.	Have you been vaccinated against COVID-19? (Answer **'Yes'** if you have received at least one dose of the COVID-19 vaccine)	NO YES PREFER NOT TO ANSWER
41.	How many doses of the COVID-19 vaccine have you received so far?	ONE TWO MORE THAN TWO
42.	When did you receive the first dose of the COVID-19 vaccine?	__ __ /__ __ /__ __ DAY MO YR
43.	When did you receive the second dose of the COVID-19 vaccine?	__ __ /__ __ /__ __ DAY MO YR
44.	Which vaccine did you receive?	PFIZER AND BIONTECH mRNA VACCINE MODERNA mRNA VACCINE

		ASTRAZENECA OXFORD VACCINE OTHER (SPECIFY THE VACCINE)_____ DON'T KNOW PREFER NOT TO ANSWER