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# **Impacts of COVID-19 on Canadians - Mental Health, 2020**



Statistics  
Canada

Statistique  
Canada

Canada



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Main

**Mental health impacts (MH)**

MH\_BEG

External Variables required:

MH\_R05

The following questions are about your experience during the COVID-19 pandemic.

MH\_Q05

In general, how would you describe your mental health?

ON-SCREEN HELP: Would you say:

- 1      Excellent
- 2      Very good
- 3      Good
- 4      Fair
- 5      Poor

(Don't know, Refusal not allowed)

MH\_Q10

Compared to before physical distancing began, how would you say your mental health is **now**?

ON-SCREEN HELP: 'Physical distancing' means making changes in your everyday routines in order to minimize close contact with others, including; avoiding crowded places and gatherings, avoiding common greetings such as handshakes, limiting contact with people at higher risk, and keeping a distance of at least 2 arms lengths from others (approximately 2 meters).

Is it:

- 1      Much better now
- 2      Somewhat better now
- 3      About the same
- 4      Somewhat worse now
- 5      Much worse now

(Don't know, Refusal not allowed)

MH\_Q15A

Over the last 2 weeks, how often have you been bothered by the following problems?  
Feeling nervous, anxious or on edge

- 1      Not at all
- 2      Several days
- 3      More than half the days
- 4      Nearly every day

(Don't know, Refusal not allowed)

MH\_Q15B

Over the last 2 weeks, how often have you been bothered by the following problems?  
Not being able to stop or control worrying

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- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- (Don't know, Refusal not allowed)

MH\_Q15C

Over the last 2 weeks, how often have you been bothered by the following problems?  
Worrying too much about different things

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- (Don't know, Refusal not allowed)

MH\_Q15D

Over the last 2 weeks, how often have you been bothered by the following problems?  
Trouble relaxing

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- (Don't know, Refusal not allowed)

MH\_Q15E

Over the last 2 weeks, how often have you been bothered by the following problems?  
Being so restless that it is hard to sit still

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- (Don't know, Refusal not allowed)

MH\_Q15F

Over the last 2 weeks, how often have you been bothered by the following problems?  
Becoming easily annoyed or irritable

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- (Don't know, Refusal not allowed)

MH\_Q15G

Over the last 2 weeks, how often have you been bothered by the following problems?  
Feeling afraid as if something awful might happen

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- (Don't know, Refusal not allowed)

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MH\_Q20

Thinking about the amount of stress in your life, how would you describe most of your days?

ON-SCREEN HELP: Would you say:

- 1 Not at all stressful
  - 2 Not very stressful
  - 3 A bit stressful
  - 4 Quite a bit stressful
  - 5 Extremely stressful
- (Don't know, Refusal not allowed)

MH\_END

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**Behaviours and health impacts (BH)**

BH\_BEG

External Variables required:

BH\_Q60A

In the last week, how often did you do each of the following activities?  
Went shopping at the grocery store or drugstore

- 1 Daily or more
  - 2 4 or 5 times
  - 3 1 to 3 times
  - 4 Never
- (Don't know, Refusal not allowed)

BH\_Q60B

In the last week, how often did you do each of the following activities?  
Used a delivery service for groceries or for a drugstore

- 1 Daily or more
  - 2 4 or 5 times
  - 3 1 to 3 times
  - 4 Never
- (Don't know, Refusal not allowed)

BH\_Q60C

In the last week, how often did you do each of the following activities?  
Used a food delivery service for prepared food

ON-SCREEN HELP: **e.g.**, from a restaurant

- 1 Daily or more
  - 2 4 or 5 times
  - 3 1 to 3 times
  - 4 Never
- (Don't know, Refusal not allowed)

BH\_Q55A

How concerned are you about each of the following impacts of  
COVID-19?  
My own health

- 1 Not at all
  - 2 Somewhat
  - 3 Very
  - 4 Extremely
- (Don't know, Refusal not allowed)

BH\_Q55B

How concerned are you about each of the following impacts of  
COVID-19?  
Member of the household's health

- 1 Not at all
  - 2 Somewhat
  - 3 Very
  - 4 Extremely
- (Don't know, Refusal not allowed)



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BH\_Q55C                      How concerned are you about each of the following impacts of COVID-19?  
Vulnerable people's health

ON-SCREEN HELP: **e.g.**, elderly family members

- 1            Not at all
  - 2            Somewhat
  - 3            Very
  - 4            Extremely
- (Don't know, Refusal not allowed)

BH\_Q55D                      How concerned are you about each of the following impacts of COVID-19?  
Canadian population's health

- 1            Not at all
  - 2            Somewhat
  - 3            Very
  - 4            Extremely
- (Don't know, Refusal not allowed)

BH\_Q55E                      How concerned are you about each of the following impacts of COVID-19?  
World population's health

- 1            Not at all
  - 2            Somewhat
  - 3            Very
  - 4            Extremely
- (Don't know, Refusal not allowed)

BH\_Q55F                      How concerned are you about each of the following impacts of COVID-19?  
Overloading the health system

- 1            Not at all
  - 2            Somewhat
  - 3            Very
  - 4            Extremely
- (Don't know, Refusal not allowed)

BH\_Q55G                      How concerned are you about each of the following impacts of COVID-19?  
Civil disorder

- 1            Not at all
  - 2            Somewhat
  - 3            Very
  - 4            Extremely
- (Don't know, Refusal not allowed)

BH\_Q55H                      How concerned are you about each of the following impacts of COVID-19?  
Maintaining social ties

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- 1 Not at all
- 2 Somewhat
- 3 Very
- 4 Extremely
- (Don't know, Refusal not allowed)

BH\_Q55I                      How concerned are you about each of the following impacts of COVID-19?  
Ability to cooperate and support one another during the crisis

- 1 Not at all
- 2 Somewhat
- 3 Very
- 4 Extremely
- (Don't know, Refusal not allowed)

BH\_Q55J                      How concerned are you about each of the following impacts of COVID-19?  
Ability to cooperate and support one another after the crisis

- 1 Not at all
- 2 Somewhat
- 3 Very
- 4 Extremely
- (Don't know, Refusal not allowed)

BH\_Q55K                      How concerned are you about each of the following impacts of COVID-19?  
Family stress from confinement

- 1 Not at all
- 2 Somewhat
- 3 Very
- 4 Extremely
- (Don't know, Refusal not allowed)

BH\_Q55L                      How concerned are you about each of the following impacts of COVID-19?  
Violence in your home

- 1 Not at all
- 2 Somewhat
- 3 Very
- 4 Extremely
- (Don't know, Refusal not allowed)

BH\_END

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**Labour market impacts (LM)**

LM\_BEG

External Variables required:

LM\_Q30

To what extent do you agree or disagree with the following statement?

I might lose my main job or main self-employment income source in the next four weeks.

ON-SCREEN HELP: Would you say that you:

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
  - 6 I have lost my job or business within the last 4 weeks
  - 7 I did not work at a job or business in the last 4 weeks
- (Don't know, Refusal not allowed)

LM\_Q40

Which of the following best describes the impact of COVID-19 on your ability to meet financial obligations or essential needs, such as rent or mortgage payments, utilities and groceries?

ON-SCREEN HELP: Would you say:

- 1 Major impact
  - 2 Moderate impact
  - 3 Minor impact
  - 4 No impact
  - 5 Too soon to tell
- (Don't know, Refusal not allowed)

LM\_END

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**Indigenous identity (IS)**

IS\_BEG

External Variables required:

IS\_Q01

Are you First Nations, Métis or Inuk (Inuit)?

- 1 No
  - 2 Yes, First Nations
  - 3 Yes, Métis
  - 4 Yes, Inuk (Inuit)
- (Don't know, Refusal not allowed)

IS\_END

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**Sociodemographic characteristics (PG)**

PG\_BEG

External Variables required:  
IS\_Q01:

PG\_C05

If IS\_Q01 = 2 or IS\_Q01 = 3 or IS\_Q01 = 4, go to PG\_END.  
Otherwise, go to PG\_Q05.

PG\_Q05

The following question collects information in accordance with the *Employment Equity Act* and its Regulations and Guidelines to support programs that promote equal opportunity for everyone to share in the social, cultural, and economic life of Canada.

Are you:

ON-SCREEN HELP: Select all that apply.

01      White

02      South Asian

Help text: e.g., East Indian,  
Pakistani, Sri Lankan

03      Chinese

04      Black

05      Filipino

06      Arab

07      Latin American

08      Southeast Asian

Help text: e.g., Vietnamese,  
Cambodian, Laotian, Thai

09      West Asian

Help text: e.g., Iranian, Afghan

10      Korean

11      Japanese

12      Other (Go to PG\_S05)

(Don't know, Refusal not allowed)

PG\_S05

ON-SCREEN HELP: Specify other

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(80 spaces)

(Don't know, Refusal not allowed)

PG\_END

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**Demographic questions 1 (DEM1)**

DEM1_BEG	External Variables required:
DEM1_Q30A	Where were you born?  1        Born in Canada        (Go to DEM1_END) 2        Born outside Canada        (Go to DEM1_Q30B) (Don't know, Refusal not allowed)
DEM1_Q30B	Are you a Canadian citizen?  1        Yes, a Canadian citizen by birth        (Go to DEM1_END) 2        Yes, a Canadian citizen by naturalization        (Go to DEM1_C30) Help text: <b>Canadian citizen by naturalization</b> refers to an <b>immigrant</b> who was granted citizenship of Canada under the <i>Citizenship Act</i> . 3        No, not a Canadian citizen        (Go to DEM1_Q30C) (Don't know, Refusal not allowed)
DEM1_Q30C	Are you a landed immigrant or permanent resident?  <u>ON-SCREEN HELP:</u> A landed immigrant or permanent resident is a person who has been granted the right to live in Canada permanently by immigration authorities.  1        No 2        Yes (Don't know, Refusal not allowed)
DEM1_C30	If DEM1_Q30B = 2 or DEM1_Q30C = 2 or (DEM1_Q30A = 2 and DEM1_Q30B = 3 and DEM1_Q30C ≠ RESPONSE), go to DEM1_Q35. Otherwise, go to DEM1_END.
DEM1_Q35	In what year did you first become a landed immigrant or a permanent resident?  <u>ON-SCREEN HELP:</u> If exact year is not known, enter best estimate.  Year of immigration   _ _ _ _  (MIN: 0) (MAX: 9999) Year  (Don't know, Refusal not allowed)
DEM1_END	

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**Demographic questions (DEM)**

DEM_BEG	External Variables required:
DEM_Q05	<p>What is your age?</p> <p><u>ON-SCREEN HELP</u>: Age in years</p> <p> _ _ _ _  (MIN: 0) (MAX: 999) Integer</p> <p>(Don't know, Refusal not allowed)</p>
DEM_Q10	<p>What is your <b>gender</b>?</p> <p><u>ON-SCREEN HELP</u>: Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.</p> <p>1        Male 2        Female 3        Or please specify        (Go to DEM_S10) (Don't know, Refusal not allowed)</p>
DEM_S10	<p><u>ON-SCREEN HELP</u>: Specify.</p> <hr/> <p>(80 spaces)</p> <p>(Don't know, Refusal not allowed)</p>
DEM_Q15	<p>To determine which geographic region you live in, please provide your postal code.</p> <p><u>ON-SCREEN HELP</u>: Postal Code Example: A9A 9A9</p> <hr/> <p>(6 spaces)</p> <p>(Don't know, Refusal not allowed)</p>
DEM_END	







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