Impacts of COVID-19 on Canadians, 2020

Experiences of Discrimination



Statistics Statistique Canada

Canada

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Discrimination (DIS)

DIS_BEG External Variables required:

DIS_R05 The next questions are about your experience with discrimination

before and during the COVID-19 pandemic.

DIS_Q05 In the 2 years before the COVID-19 pandemic, have you experienced

discrimination or been treated unfairly by others in Canada because

of any of the following?

ON-SCREEN HELP: Select all that apply.

01 Your Indigenous identity

02 Your ethnicity or culture

03 Your race or skin colour

04 Your religion

05 Your language

700 Your accent700 Your physical

appearance

Help text: Include discrimination

on the basis of weight, height, hair style or colour, clothing,

jewelry, tattoos and other

physical characteristics. Exclude

discrimination on the basis of skin

colour.

08 Your sex

Help text: Sex refers to sex

assigned at birth.

09 Your sexual orientation

Help text: e.g., heterosexual,

lesbian, gay, bisexual

10 Your gender identity or

expression

Help text: Include gender diverse

identities such as two-spirit or non-

binary.

11 Your age

12 A physical or mental

disability

13 Some other reason

14 Did not experience

discrimination

(Don't know, Refusal not allowed)

DIS_Q10

Since the beginning of the COVID-19 pandemic, have you experienced discrimination or been treated unfairly by others in

Canada because of any of the following?

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ON-SCREEN HELP: Select all that apply.

01 Your Indigenous identity 02 Your ethnicity or culture 03 Your race or skin colour Your religion 04 05 Your language Your accent 06 07 Your physical appearance Help text: Include discrimination on the basis of weight, height, hair style or colour, clothing, jewelry, tattoos and other physical characteristics. Exclude discrimination on the basis of skin colour. 80 Your sex Help text: Sex refers to sex assigned at birth. Your sexual orientation Help text: e.g., heterosexual, lesbian, gay, bisexual Your gender identity or expression Help text: Include gender diverse identities such as two-spirit or nonbinary. 11 Your age 12 A physical or mental disability 13 Some other reason 14 Did not experience

(Don't know, Refusal not allowed)

discrimination

DIS_END

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Discrimination in different situations (DTS)

DTS_BEG External Variables required:

DIS_Q05: DIS_Q10:

DTS_C05 If DIS_Q05 = 14 or DIS_Q05 = NONRESPONSE, go to DTS_Q10.

Otherwise, go to DTS_Q05.

DTS_Q05 In the 2 years before the COVID-19 pandemic, in what types of

situations have you experienced discrimination or been treated

unfairly by others in Canada?

ON-SCREEN HELP: Select all that apply.

01 In a store, bank or

restaurant

02 When attending school

or classes

03 On the internet, including

social media platforms

04 At work or when applying

for a job or promotion 05 When seeking or applying for housing

Help text: e.g., buying or renting 06 When interacting with the

police

07 When interacting with the

courts

08 When crossing the border

into Canada

Help text: Exclude incidences of discrimination upon leaving

Canada.

09 While attending social

gatherings

10 While using public areas,
such as parks and sidewalks
11 While using public transit,
such as buses, trains or taxis
12 Any other situation

(Don't know, Refusal not allowed)

DTS_C10 If DIS_Q10 = 14 or DIS_Q10 = NONRESPONSE, go to DTS_END.

Otherwise, go to DTS_Q10.

DTS_Q10 Since the beginning of the COVID-19 pandemic, in what types of

situations have you experienced discrimination or been treated

unfairly by others in Canada?

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ON-SCREEN HELP: Select all that apply.

In a store, bank or restaurant 02 When attending school or classes On the internet, including 03 social media platforms At work or when applying for a job or promotion When seeking or 05 applying for housing Help text: e.g., buying or renting 06 When interacting with the police 07 When interacting with the courts When crossing the border 80 into Canada Help text: Exclude incidences of discrimination upon leaving Canada. While attending social 09 gatherings 10 While using public areas, such as parks and sidewalks

While using public transit,

such as buses, trains or taxis 12 Any other situation (Don't know, Refusal not allowed)

DTS_END

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Sense of belonging - Neighbourhood (BEL)

| BEL_BEG | External Variables required: |
|----------|---|
| BEL_Q05A | Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following? To your local community Very weak Somewhat weak Somewhat strong Very strong Not applicable |
| BEL_Q05B | (Don't know, Refusal not allowed) Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following? To your town or city |
| | Very weak Somewhat weak Somewhat strong Very strong Not applicable (Don't know, Refusal not allowed) |
| BEL_Q05C | Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following? To your province or territory |
| | Very weak Somewhat weak Somewhat strong Very strong Not applicable (Don't know, Refusal not allowed) |
| BEL_Q05D | Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following? To Canada |
| | Very weak Somewhat weak Somewhat strong Very strong Not applicable (Don't know, Refusal not allowed) |
| BEL_Q05E | Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the |

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| | following? To your country of origin |
|----------|--|
| | Very weak Somewhat weak Somewhat strong Very strong Not applicable (Don't know, Refusal not allowed) |
| BEL_Q05F | Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following? To people with the same race or skin colour as you |
| | Very weak Somewhat weak Somewhat strong Very strong Not applicable (Don't know, Refusal not allowed) |
| BEL_Q05G | Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following? To people with the same ethnic or cultural background as you |
| | Very weak Somewhat weak Somewhat strong Very strong Not applicable (Don't know, Refusal not allowed) |
| BEL_Q05H | Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following? To people with the same religion as you |
| | Very weak Somewhat weak Somewhat strong Very strong Not applicable (Don't know, Refusal not allowed) |

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| -0.051 |
|--------|
| |

Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following?

To people who speak the same first language as you

- 1 Very weak
- 2 Somewhat weak
- 3 Somewhat strong
- 4 Very strong
- 5 Not applicable

(Don't know, Refusal not allowed)

BEL_Q05J

Using a scale from 1 to 4, where 1 means "Very weak" and 4 means "Very strong", how would you describe your sense of belonging to the following?

To the online communities that you are most active in

ON-SCREEN HELP: Online communities include, but are not restricted to, social media groups such as Instagram, Facebook, Snapchat, WhatsApp, Twitter, LinkedIn, online gaming.

- 1 Very weak
- 2 Somewhat weak
- 3 Somewhat strong
- 4 Very strong
- 5 Not applicable

(Don't know, Refusal not allowed)

BEL_END

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Trust in institutions (TII)

| TII_BEG | External Variables required: |
|----------|---|
| TII_Q05A | On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada? The police |
| | No trust at all 2 2 3 3 4 4 5 A great deal of trust (Don't know, Refusal not allowed) |
| TII_Q05B | On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada? By-law officers |
| | No trust at all 2 2 3 3 4 4 5 A great deal of trust (Don't know, Refusal not allowed) |
| TII_Q05C | On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada? The court system |
| | No trust at all 2 2 3 3 4 4 5 A great deal of trust (Don't know, Refusal not allowed) |
| TII_Q05D | On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada? The school system |
| | 1 No trust at all 2 2 3 3 4 4 |
| | 5 A great deal of trust (Don't know, Refusal not allowed) |

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| | institutions in Canada? Federal government |
|----------|---|
| | No trust at all No trust at all A great deal of trust (Don't know, Refusal not allowed) |
| TII_Q05F | On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada? Your provincial or territorial government |
| | No trust at all No trust at all A great deal of trust (Don't know, Refusal not allowed) |
| TII_Q05G | On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada? Your local government |
| | ON-SCREEN HELP: Include local Indigenous governments. |
| | No trust at all No trust at all A great deal of trust (Don't know, Refusal not allowed) |
| TII_Q05H | On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada? The health care system |
| | ON-SCREEN HELP: e.g., services that provide care, such as hospitals, doctors and clinics |
| | No trust at all 2 2 3 3 4 4 5 A great deal of trust (Don't know, Refusal not allowed) |
| TII_Q05I | On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada? Public health agencies |

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ON-SCREEN HELP: e.g., agencies that provide information about staying healthy and safe

No trust at all
2
3
4
4
5
A great deal of trust
(Don't know, Refusal not allowed)

TII_Q05J

On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada?

Banks

- No trust at all 2
- 3 3
- 5 A great deal of trust (Don't know, Refusal not allowed)

TII_Q05K

On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada?

Major corporations

- No trust at all
- 2 2 3 3 4 4
- 5 A great deal of trust (Don't know, Refusal not allowed)

TII Q05L

On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada?

Local merchants or business people

- 1 No trust at all
- 2 2
- 3 3
- 4 4
- 5 A great deal of trust (Don't know, Refusal not allowed)

TII Q05M

On a scale of 1 to 5, where 1 means "No trust at all" and 5 means "A great deal of trust", how much trust do you have in the following institutions in Canada?

The Canadian media

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No trust at all
2
3
4
4
5
A great deal of trust
(Don't know, Refusal not allowed)

TII_END

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Access to health care services (HCS)

| HCS_BEG | External Variables required: |
|----------|--|
| HCS_Q05A | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Non-emergency surgery |
| | ON-SCREEN HELP: e.g., cardiac, knee or hip replacement, cataract |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05B | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Non-emergency diagnostic test |
| | ON-SCREEN HELP: e.g., MRI, CT scan, ultrasound, angiogram |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05C | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Appointment with your family doctor |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05D | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Appointment with a medical specialist |
| | ON-SCREEN HELP: e.g., cardiologist, optometrist, oncologist |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05E | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? |

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Appointment for rehabilitative care

| | ON-SCREEN HELP: e.g., physiotherapist, massage therapist, chiropractor |
|----------|---|
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05F | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Dental care |
| | ON-SCREEN HELP: e.g., dentist, orthodontist |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05G | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Help for mental health |
| | ON-SCREEN HELP: e.g., counselling appointment, support group |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05H | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Medical treatment |
| | ON-SCREEN HELP: e.g., chemo, radiotherapy, dialysis |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05I | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Natural medicine |
| | ON-SCREEN HELP: e.g., naturopathy, acupuncture |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |

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| HCS_Q05J | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Emergency services, urgent care |
|----------|---|
| | ON-SCREEN HELP: e.g., hospital emergency room |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_Q05K | Since the beginning of the COVID-19 pandemic, have you personally experienced problems accessing any of the following health care services? Other health care service |
| | 1 Yes 2 No 3 I did not need the service (Don't know, Refusal not allowed) |
| HCS_C10 | If HCS_Q05A = 1 or HCS_Q05B = 1 or HCS_Q05C = 1 or HCS_Q05D = 1 or HCS_Q05E = 1 or HCS_Q05F = 1 or HCS_Q05G = 1 or HCS_Q05H = 1 or HCS_Q05I = 1 or HCS_Q05J = 1 or HCS_Q05K = 1, go to HCS_Q10. Otherwise, go to HCS_END. |
| HCS_Q10 | Since the beginning of the COVID-19 pandemic, which of the following types of difficulties did you experience accessing health care services? |

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ON-SCREEN HELP: Select all that apply.

01 Difficulty getting a referral

02 Difficulty getting an

appointment

03 Difficulty contacting a physician or nurse to get information or advice

04 Waited too long between booking an appointment and visit

05 Waited too long to get

health care service

Help text: i.e., in-office waiting 06 The service was not available at time required Help text: i.e., reduced hours of operation

07 Was refused service because I was experiencing symptoms of COVID-19 or because I was considered to have been at risk of exposure to COVID-19

08 Transportation problems09 Language problem

10 Cost

Other types of difficulties accessing health care services (Don't know, Refusal not allowed)

How was your health affected by the difficulty in accessing any of these health services?

ON-SCREEN HELP: Select all that apply.

1 Worry, anxiety or stress

2 Pain

3 Unable to do usual

activities

Help text: e.g., caring for yourself or others, chores around the

house, work

4 Overall health

deteriorated, condition got worse

5 Other impact6 No impact

(Don't know, Refusal not allowed)

HCS_END

HCS_Q15

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Long-term conditions (LTC)

LTC_BEG External Variables required:

LTC_R05 The following questions are about any long-term conditions you may

have.

LTC_Q05 Do you have any of the following difficulties?

<u>ON-SCREEN HELP</u>: Include only difficulties or long-term conditions that have lasted or are expected to last for six or more months.

Select all that apply.

1 Difficulty seeing even when wearing glasses or contact lenses

2 Difficulty hearing even when using a hearing aid or cochlear implant

3 Difficulty walking, using stairs, using your hands or fingers or doing other physical activities

4 Difficulty learning, remembering or concentrating

5 Emotional, psychological or mental health conditions Help text: e.g., anxiety, depression, bipolar disorder, substance abuse, anorexia

6 Other health problem or long-term condition that has lasted or is expected to last for six or more months

7 I do not have any difficulty or long-term condition that has lasted or is expected to last for six or more months

(Don't know, Refusal not allowed)

LTC_Q10 Do you identify as a person with a disability?

ON-SCREEN HELP: A person with a disability is a person who has a long-term difficulty or condition, such as vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental health-related impairments, that limit their daily activities inside or outside the home such as at school, work, or in the community in general.

1 Yes

2 No

(Don't know, Refusal not allowed)

LTC_END

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Education (ED)

ED_BEG External Variables required:

ED_Q05 What is the highest certificate, diploma or degree that you have completed?

Less than high school diploma or its equivalent

2 High school diploma or a high school equivalency

nigh school equivalend certificate

3 Trades certificate or diploma

4 College, CEGEP or other non-university certificate or diploma (other than trades certificates or diplomas)

5 University certificate or

5 University certificate or diploma below the bachelor's

level

6 Bachelor's degree Help text: e.g., B.A., B.A. (Hons),

B.Sc., B.Ed., LL.B.

7 University certificate, diploma or degree above the

bachelor's level

(Don't know, Refusal not allowed)

ED_END

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Language (LAN)

LAN_BEG External Variables required:

LAN_Q02 What language do you speak most often at home?

1 English2 French

3 Other (Go to LAN_S02)

(Don't know, Refusal not allowed)

Context Sensitive Help: Report the language spoken most often at home. Report more than one language

only if all languages are spoken equally often.

For a person who lives alone, report the language in which he or she feels most

comfortable.

For people who are deaf or for people who have a speech disability, report knowledge of English or French as applicable, by marking the appropriate option. Other languages, including sign language, should be entered in the type-in box

labelled "Specify other language".

When reporting other languages, be specific. For example, people who report Chinese should instead report the specific Chinese language: Cantonese, Mandarin,

Cheochow, Fukien, Hakka, Shanghainese, Taiwanese, etc.

LAN_S02 Specify other language

(80 spaces)

(Don't know, Refusal not allowed)

LAN_END

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Indigenous identity (IS)

IS_BEG External Variables required:

IS_Q01 Are you First Nations, Métis or Inuk (Inuit)?

No

Yes, First NationsYes, MétisYes, 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.

ON-SCREEN HELP: Select all that apply.

Are you:

01 White02 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 Korean11 Japanese

12 Other (Go to PG_S05)

(Don't know, Refusal not allowed)

Context Sensitive Help: Select or specify more than one answer, if applicable, from the list provided.

Population group should not be confused with citizenship or nationality. Examples of population groups include White, South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

Included in the South Asian population group are East Indian, Pakistani, Sri Lankan, etc.

Included in the Southeast Asian population group are Vietnamese, Cambodian, Laotian, Thai, etc.

Included in the West Asian population group are Iranian, Afghan, etc.

For persons who belong to more than one population group:

- select all categories that apply

- do not report "bi-racial" or "mixed" in the "Other — specify" box provided

PG_S05

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ON-SCREEN HELP: Specify other

(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?

Born in Canada (Go to DEM1_END)
Born outside Canada (Go to DEM1_Q30B)

(Don't know, Refusal not allowed)

DEM1_Q30B Are you a Canadian citizen?

Yes, a Canadian citizen (Go to DEM1_END)

by birth

2 Yes, a Canadian citizen (Go to DEM1_C30)

by naturalization

Help text: Canadian citizen by naturalization refers to an immigrant who was granted citizenship of Canada under the

Citizenship Act.

3 No, not a Canadian (Go to DEM1_Q30C)

citizen

(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 = NONRESPONSE), 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?

ON-SCREEN HELP: 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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Gender (GDR)

GDR_BEG External Variables required:

GDR_R05 The following questions are about sex at birth and gender.

GDR_Q05 What is your sex at birth?

ON-SCREEN HELP: Sex refers to sex assigned at birth.

Male
 Female

(Don't know, Refusal not allowed)

GDR_Q10 What is your gender?

ON-SCREEN HELP: 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.

Is it:

1 Male2 Female

3 Or please specify (Go to GDR_\$10)

(Don't know, Refusal not allowed)

GDR_\$10 Specify your gender

(80 spaces)

(Don't know, Refusal not allowed)

GDR_C15 If $(GDR_Q05 = 1 \text{ and } GDR_Q10 = 2)$ or $(GDR_Q05 = 2 \text{ and } GDR_Q10 = 2)$

1) or $(GDR_Q05 = 1 \text{ and } GDR_Q10 = 3)$ or $(GDR_Q05 = 2 \text{ and } GDR_Q10 = 3)$ or $(GDR_Q05 = NONRESPONSE \text{ and } GDR_Q10 = 3)$, go to GDR_R15 .

Otherwise, go to GDR_END.

GDR_R15 Please verify that all of the information is correct.

Your information

Sex assigned at birth: [Male/Female/Information not provided] Gender: [Male/Female/^GDR_\$10/Information not provided]

ON-SCREEN HELP: If all the information is correct, then press the Next

button.

To make changes, please press the Previous button.

GDR END

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Demographic questions (DEM)

DEM_BEG External Variables required:

THISDATE: (System date)

DEM_Q05 What is your age?

ON-SCREEN HELP: Age in years

1_1_1_1 (MIN: 0) (MAX: 999) Integer

(Don't know, Refusal not allowed)

DEM_Q11 What is your marital status?

ON-SCREEN HELP: Is it:

Married

Help text: For Quebec residents only, select the "Married" category if your marital status is "civil union".

Living common law Help text: Two people who live together as a couple but who are not legally married to each other. Never married (not living

common law)

Separated (not living

common law)

Divorced (not living

common law)

Widowed (not living

common law)

(Don't know, Refusal not allowed)

DEM_Q13 Including yourself, how many people live in your household?

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ON-SCREEN HELP: Note: Press the help button (?) for additional information, including who to include and who not to include.

| 02 2 03 3 04 4 05 5 06 6 07 7 08 8 09 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 20 20 or more | 01 | 1 |
|--|-----------|---------------------------|
| 04 | 02 | 2 |
| 05 5 06 6 07 7 08 8 09 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 03 | 3 |
| 06 6 07 7 08 8 09 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 04 | 4 |
| 07 7 08 8 09 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 05 | 5 |
| 08 8 09 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 06 | |
| 09 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 07 | 7 |
| 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 08 | 8 |
| 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 09 | 9 |
| 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 10 | 10 |
| 13 13 14 14 15 15 16 16 17 17 18 18 19 19 | 11 | 11 |
| 14 14 15 15 16 16 17 17 18 18 19 19 | 12 | 12 |
| 15 15 16 16 17 17 18 18 19 19 | 13 | 13 |
| 16 16 17 17 18 18 19 19 | 14 | 14 |
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| 20 20 or more | 19 | 19 |
| | 20 | 20 or more |
| (Don't know, Refusal not allowed) | (Don't kı | now, Refusal not allowed) |

Context Sensitive Help:

Include as household members:

- Persons for whom this address is the usual place of residence, including roommates, lodgers, employees, etc.
- A spouse or partner (including common-law or same sex) who usually resides at this address but may be away temporarily due to work or school
- Members of the Canadian Forces posted to other regions but who consider this address their usual place of residence
- Children temporarily away from home due to school or seasonal work but who consider this address as their usual place of residence and who have resided in this dwelling for a minimum of 30 days in the past 12 months
- Children in a joint custody situation who reside at this address more than half their time
- Children in a joint custody situation who live half the time at this address and if the child slept over in this dwelling the night before
- Foster children currently living at this address
- Persons temporarily residing in an institution who consider this as their usual place of residence, and who have been absent from this dwelling for less than six months
- Landed immigrants for whom this address is their usual place of residence
- Persons who are: applying for refugee status; attending school in Canada on student visas; or staying in Canada on work permits (and their families)
- Persons who spend the winter months in the south (Snowbirds), but reside in this dwelling at least 6 months of the year.

Do not include as household members:

- Persons residing in a specialized health institution for 6 months or more
- Persons residing in a prison for 6 months or more
- Representatives of foreign governments, and their families
- Non-Canadians or landed immigrants living in Canada who have another "usual residence" outside of Canada
- Foreign residents in Canada for personal or business travel.

DEM_Q14

Including yourself, how many of these people are less than 18 years of age?

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ON-SCREEN HELP: Note: Press the help button (?) for additional information, including who to include and who not to include.

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|--------|-----------|---------|
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| 06 | 6 7 | |
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| 80 | 8 | |
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| 10 | 10 | |
| 11 | 11 | |
| 12 | 12 | |
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| 20 | 20 or m | nore |
| /Dan't | t know Do | sfi ica |

(Don't know, Refusal not allowed)

Context Sensitive Help:

Include as household members:

- Persons less than 18 years of age as of today, #{__DT_TODAY}, for whom this address is the usual place of residence.
- a spouse or partner (including common-law or same sex) who usually resides at this address but may be away temporarily due to work or school
- members of the Canadian Forces posted to other regions but who consider this address their usual place of residence
- children temporarily away from home due to school or seasonal work but who consider this address as their usual place of residence and who have resided in this dwelling for a minimum of 30 days in the past 12 months
- children in a joint custody situation who reside at this address more than half their
- children in a joint custody situation who live half the time at this address and if the child slept over in this dwelling the night before
- foster children currently living at this address
- persons temporarily residing in an institution who consider this as their usual place of residence, and who have been absent from this dwelling for less than six months
- landed immigrants for whom this address is their usual place of residence
- persons who are: applying for refugee status; attending school in Canada on student visas; or staying in Canada on work permits (and their families)
- persons who spend the winter months in the south (Snowbirds), but reside in this dwelling at least 6 months of the year.

Do not include as household members:

- persons older than #{MINAGE} years old as of today, #{__DT_TODAY}
- persons residing in a specialized health institution for 6 months or more
- persons residing in a prison for 6 months or more
- representatives of foreign governments, and their families
- non-Canadians or landed immigrants living in Canada who have another "usual residence" outside of Canada
- foreign residents in Canada for personal or business travel.

DEM_Q15

To determine which geographic region you live in, please provide your postal code.

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<u>ON-SCREEN HELP</u>: Postal Code Example: A9A 9A9

(6 spaces)

(Don't know, Refusal not allowed)

DEM_END

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Sexual orientation (SOR)

SOR_BEG External Variables required:

SOR_Q01 What is your sexual orientation?

ON-SCREEN HELP: Would you say you are:

1 Heterosexual2 Lesbian or gay

3 Bisexual

4 Or please specify (Go to SOR_S01)

(Don't know, Refusal not allowed)

Context Sensitive Help: The need to collect data on sexual orientation stems from issues related to human

rights, including experiences of discrimination and victimization.

The Canadian Human Rights Act stipulates that the prohibited grounds of discrimination are race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and conviction for an offence for which a pardon has been

granted or in respect of which a record suspension has been ordered.

SOR_S01 Specify your sexual orientation

(80 spaces)

(Don't know, Refusal not allowed)

SOR_END

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Sign-up (UCE)

UCE_BEG External Variables required:

UCE_R05 Would you like to sign-up for future surveys?

Statistics Canada is planning a series of surveys about important social topics. These surveys will be sent out every month or two and will ask about a wide variety of issues such as COVID-19, fake news, digital

technologies, health, education and justice.

By participating in this survey series, you will be able to share your opinions and thoughts on these issues and compare your ideas with

those of other Canadians.

UCE_Q01 Would you like to sign-up for future surveys?

1 Yes (Go to UCE_R05B) 2 No (Go to UCE_END)

(Don't know, Refusal not allowed)

Null go to UCE_END

Programmer: Flow conditions:

 $UCE_END = OOS_SUBMIT$

UCE_Q05B Please provide the following information so we can email or text you

to participate in this survey series.

Email address

ON-SCREEN HELP: Example: user@example.gov.ca

(80 spaces)

(Don't know, Refusal not allowed)

UCE_Q05C Please provide the following information so we can email or text you

to participate in this survey series.

Cellular number

ON-SCREEN HELP: Example: 123-123-1234

(10 spaces)

(Don't know, Refusal not allowed)

UCE_R09 Thank you for signing up. We will contact you soon.

UCE_END

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