

If you are a senior living in the Ottawa area, we want to hear about your experiences during the COVID-19 pandemic. What you tell us can help government officials support Ottawa's seniors during a public health crisis. It will only take about 15 minutes to complete the survey. Thank you so much!

1. On a scale from one to 100, how well are you coping with the self-isolation and the pandemic in general?

I'm not coping well at all I'm coping as well as I was before the pandemic

2. Are you using coping strategies that have helped you get through other difficult situations in your life?

- No
- Yes - Please give us as much information as you can - what works for you may help others!

3. Before you began to self-isolate because of the COVID-19 pandemic, were you getting any help with your daily activities such as shopping for groceries, preparing meals, housework?

- No, and I did not need any help
- No, but I needed help
- Yes
- Prefer not to answer

4. What type of help were you getting with your daily activities? (Please check as many as apply.)

- Preparing meals
- Everyday housework
- Bathing, toileting, dressing or taking medication
- Basic medical care, such as an injection, changing a dressing
- Shopping for groceries
- Moving around inside my home
- Prefer not to answer

Other activities (please specify)

5. Who was providing that help? (Please check as many as apply.)

- Family member living with me
- Family member not living with me
- Friend
- Neighbour
- Personal support worker provided by my local health authority
- Organization or individual that I pay
- Prefer not to answer

Someone else (please specify)

6. Since you began to self-isolate because of the pandemic, is there any help that you need that you are not getting?

- No, I do not need any help
- No, I am getting all the help that I need
- Yes
- Prefer not to answer

7. What type of help do you need? I need help

- preparing my meals
- with everyday housework
- with bathing, dressing or taking my medication
- with basic medical care such as an injection, changing a dressing
- with shopping for groceries
- with moving around my home
- prefer not to answer

with other activities (please specify)

8. Since you started to self-isolate as a result of COVID-19 pandemic, how lonely are you?

- I'm not lonely at all
- I'm less lonely than I was before the pandemic
- I'm about as lonely as I was before the pandemic
- I'm more lonely than I was before the pandemic
- I prefer not to answer

9. Since you started to self isolate because of the COVID-19 pandemic, how anxious are you?

- I'm not anxious at all
- I'm less anxious than I was before the pandemic
- I'm about as anxious as I was before the pandemic
- I'm more anxious than I was before the pandemic
- I prefer not to answer

10. Since you started to self-isolate as a result of the COVID-19 pandemic, what are the things that worry you the most?

11. Since you began to self-isolate because of the COVID-19 pandemic, what is your level of physical activity?

- I was not physically active before I began to self-isolate
- I am less physically active - I take fewer walks, I do less exercise, etc.
- My level of physical activity is about the same
- I am more physically active than I was before I began to self-isolate
- Prefer not to answer

12. Have you taken any precautions to reduce your risk of exposure to COVID-19?

- No
- Yes

13. Which of the following precautions have you taken to reduce your risk of exposure to COVID-19? (Please check as many as apply.)

- Stocked up on essentials at the grocery store or pharmacy
- Avoided leaving the house for non-essential reasons
- Used social distancing when out in public
- Washed hands more frequently
- Avoided touching face
- Used public transportation less often
- Stopped seeing my family and friends
- Utilized a new way to shop for groceries
- Utilized a new way to do banking
- Utilized a new way for my medical appointment(s)
- Prefer not to answer

Other (please specify)

14. With respect to learning about recommended public health measures, which source of information do you find the most useful? (Please check as many as apply.)

- News outlets including local, national and/or international sources
- Public health agencies
- Briefings by elected officials
- Social media
- Family, friends, colleagues, neighbours
- Community organizations
- Health professionals
- Prefer not to answer

Other (please specify)

15. Based on your experience, what advice would you give to other seniors in your community that would help them get through this pandemic?

16. Now, some questions related to your health. In general, would you say your health is

- excellent
- very good
- good
- fair
- poor
- prefer not to answer

17. In general, would you say your mental health is

- excellent
- very good
- good
- fair
- poor
- prefer not to answer

18. Do you have any long-term health conditions or health problems?

- Yes
- No
- Prefer not to answer

19. What are your long-term health conditions/health problems?

- Heart disease
- Hypertension (high blood pressure)
- Lung disease
- Diabetes
- Cancer
- Weakened immune system from a medical condition or treatment, such as chemotherapy
- Prefer not to answer

Other disease(s) (please specify)

20. Finally, some demographic questions - how old are you?

- Under 65 years
- 65 - 69 years
- 70 - 74 years
- 75 - 79 years
- 80 - 84 years
- 85 - 89 years
- 90 years and older
- Prefer not to answer

21. What is your gender?

- Female
- Male
- Other
- Prefer not to answer

22. What languages do you speak?

- English
- French
- Prefer not to answer

Other (please specify)

23. What is the highest level of schooling you have completed?

- Less than high school diploma or its equivalent
- High school diploma or high school equivalency certificate
- Post-secondary, non-university
- Post-secondary, university
- Prefer not to answer

24. What are your living arrangements?

- I live alone
- I live with my spouse/life partner
- I live in a multi-generational family
- I share accommodation with another adult/adults that are not related to me
- Prefer not to answer

Other living arrangements (please specify)

25. What is your postal code? (Please enter without space - e.g., K2C0S9.)

26. What type of building do you live in?

- a single home - detached or semi-detached
- an apartment building or a condominium
- a retirement residence
- a long-term care home
- prefer not to answer

other type of building (please specify)

27. We are planning to repeat this survey in late July. May we contact you then to get an update on how you are coping with the self-isolation and the pandemic in general?

Yes

No

28. Please provide your contact information.

Name

Email Address

Phone Number

29. Do you have any final thoughts that you would like to share with us?

No

Yes