

# COVENANT: COVID-19 Cohort Study of People Experiencing Homelessness in Toronto

## SURVEY INSTRUMENT

Collected every 3 months

### Face-to-Face Survey Administered by

MAP Survey Research Unit  
St. Michael's Hospital

### Principal Investigator

Dr. Stephen Hwang

### Version

January 14, 2022

## INSTRUCTIONS FOR INTERVIEWERS

Always read the instructions for the paper and web survey **carefully** as they may differ. You will find several symbols, reminders, and skip patterns throughout the survey. They appear in the survey as seen below:

1	<i>“Interviewer:”</i> or any <i>italicized</i> words are meant to be instructions for the interviewer and are not to be read aloud.
2	<b>Bolded texts</b> are the questions that are to be read aloud to participants. The only exceptions are grid style questions.
3	<b>(Go to 8.1)/→</b> If 18yrs/older: <b>Skip to 1.2.:</b> This shows a skip pattern in the question(s). Pay attention to <i>instructions</i> for interviewers as they may contain instructions for skip patterns.
4	If you see (round brackets) within question text, this can be used as a probe. For example: <b>“Have you received the flu shot this fall or winter (October 2020 or later)?”</b> Note that it may appear bolded/not bolded depending on whether the question is within a grid or not.
5	<u>Underlined</u> words are intended to a) be emphasized in the question. This could be related to a time period, descriptor, etc., or b) point out important instructions for the interviewer.
6	<b>[Bolded, italicized text in rectangle brackets]:</b> This is an instruction for the interviewer to insert information to be said to the participant (e.g. a date).
7	Response boxes: <input type="checkbox"/> - Used for “check all that apply” questions. <input type="radio"/> - Used for single response questions.
8	Please use a “✓” or fill in the <input type="checkbox"/> or <input type="radio"/> next to the response options for close ended questions.
9	<u>Writing qualitative, open-ended answers:</u> You will notice a solid line that will instruct you to document qualitative text. Please make sure your printing is clearly legible.
10	Dates should be recorded as follows: e.g. 01-Aug-2020.
11	-1 (Not applicable); -2 (Refused); -3 (Don’t know): Do not present these as options for respondents. Only use if the closest response to the question is not possible. Please note that N/A (Not applicable) should only be selected if the question does not apply to the respondent.
12	Section titles (e.g. <b>SECTION 1 – CONTACT INFORMATION</b> ) are NOT to be read aloud to respondents. ‘Bridging’ sentences are provided as appropriate at the beginning of each new section or set of questions to introduce the section to respondents. <b>Subheadings</b> are bolded and underlined and, <u>sub-subheadings</u> are underlined.

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**COVENANT Study**

**Interview ID**

**Interview Date**

**Interviewer Initials**

**Recruitment Details (Baseline Only):**

**Site** \_\_\_\_\_

**Program** \_\_\_\_\_

**Room #/Bed #** \_\_\_\_\_

**Interview ID Format**

DIGIT	NAME	CODE
1 - 4	Participant Number	Starting at 0001
5 - 6	Period	i.e.: <b>00</b> = Baseline; <b>03</b> = 3 months; <b>06</b> = 6 months; <b>09</b> = 9 months; <b>12</b> = 12 months

## Introduction

*Interviewer: If baseline interview say:* **We will now begin the main survey. This first set of questions will help us get to know you better. Remember that this survey is voluntary, and you do not have to answer any questions you do not want to. If you feel uncomfortable at any time during this interview, you can skip a question, or stop the interview.**

*If this is a follow-up interview, **skip to 2.4**. Questions 1.1 to 2.3 are only asked at baseline.*

## SECTION 1 – DEMOGRAPHIC INFORMATION

1.1	<p><b>What is your gender? Do you identify as:</b></p> <p> <input type="radio"/> Male <span style="float: right;"><input type="radio"/> Refused</span>  <input type="radio"/> Female <span style="float: right;"><input type="radio"/> Don't know</span>  <input type="radio"/> Non-Binary, Gender Queer, Agender, or a Similar Identity  <input type="radio"/> Two-Spirit  <input type="radio"/> Other (Please specify) _____         </p>
1.2	<p><b>What was your assigned sex <u>at birth</u>?</b></p> <p> <input type="radio"/> Male <span style="float: right;"><input type="radio"/> Refused</span>  <input type="radio"/> Female <span style="float: right;"><input type="radio"/> Don't know</span>  <input type="radio"/> Other (Please specify) _____         </p>
1.3	<p><b>Were you born in Canada?</b></p> <p> <input type="radio"/> Yes (<b>Skip to 1.5</b>) <span style="float: right;"><input type="radio"/> Refused (<b>Skip to 1.4</b>)</span>  <input type="radio"/> No <span style="float: right;"><input type="radio"/> Don't know (<b>Skip to 1.4</b>)</span> </p>
1.3a	<p><i>Interviewer: Ask this question if answered, "No" to 1.3. Otherwise, <b>skip to 1.5</b> if "Yes" to 1.3 or, <b>go to 1.4</b> if Ref/DK selected for 1.3.</i></p> <p><b>What year <u>or</u> how many years ago did you arrive in Canada? An estimate is fine.</b></p> <p><i>Interviewer: Record year <u>or</u> years ago.</i></p> <p>           Arrived in year <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>            Arrived in years ago <input type="text" value="#"/> <input type="text" value="#"/> <span style="float: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know         </span> </p>
1.4	<p><b>What is your <u>current</u> status in Canada?</b></p> <p> <input type="radio"/> Citizen <span style="float: right;"><input type="radio"/> Refused</span>  <input type="radio"/> Landed Immigrant <span style="float: right;"><input type="radio"/> Don't know</span>  <input type="radio"/> Refugee Claimant  <input type="radio"/> Temporary Status/Visitor/Student  <input type="radio"/> Other (Please specify) _____         </p>

1.5	<p><b>We know that people of different races do not have significantly different genetics. But our race still has important consequences, including how we are treated by different individuals and institutions. Which race category best describes you?</b></p> <p><i>Interviewer: Do not read list. If more than one race/mixed, go to 1.5a. All others, skip to 1.6.</i></p> <p> <input type="radio"/> White (examples: English, Greek, Italian, Portuguese, Russian, Slovakian) <span style="float: right;"><input type="radio"/> Refused</span>  <input type="radio"/> Black (examples: African, African-Canadian descent, Afro-Caribbean) <span style="float: right;"><input type="radio"/> Don't know</span>  <input type="radio"/> Indigenous (First Nations, Métis, Inuit)  <input type="radio"/> Arab, Middle Eastern or West Asian (examples: Afghan, Armenian, Iranian, Lebanese, Persian, Turkish)  <input type="radio"/> Latin American (examples: Brazilian, Colombian, Cuban, Mexican, Peruvian)  <input type="radio"/> East/Southeast Asian (examples: Chinese, Japanese, Korean, Filipino, Malaysian, Singaporean, Thai, Vietnamese)  <input type="radio"/> South Asian or Indo-Caribbean (examples: Indian, Indo-Guyanese, Indo-Trinidadian, Pakistani, Sri Lankan, Bangladeshi)  <input type="radio"/> More than one race category or mixed race (<b>Go to 1.5a</b>)  <input type="radio"/> Not listed (Please specify) _____ </p>
1.5a	<p><i>Interviewer: Ask this question if answered, "More than one race category or mixed race" to 1.5. Otherwise, go to 1.6.</i></p> <p><b>Which race categories best describe you?</b></p> <p><i>Interviewer: Select all that apply</i></p> <p> <input type="checkbox"/> White <span style="margin-left: 150px;"><input type="checkbox"/> Latin American</span> <span style="float: right;"><input type="radio"/> Refused</span>  <input type="checkbox"/> Black <span style="margin-left: 150px;"><input type="checkbox"/> East/Southeast Asian</span> <span style="float: right;"><input type="radio"/> Don't know</span>  <input type="checkbox"/> Indigenous <span style="margin-left: 150px;"><input type="checkbox"/> South Asian or Indo-Caribbean</span>  <input type="checkbox"/> Arab, Middle Eastern or West Asian <span style="margin-left: 50px;"><input type="checkbox"/> Other (Please specify) _____</span> </p>
1.6	<p><b>Do you identify as First Nations, Métis and/or Inuk/Inuit?</b></p> <p> <input type="radio"/> Yes <span style="float: right;"><input type="radio"/> Refused (<b>Skip to 1.7</b>)</span>  <input type="radio"/> No (<b>Skip to 1.7</b>) <span style="float: right;"><input type="radio"/> Don't know (<b>Skip to 1.7</b>)</span> </p>
1.6a	<p><i>Interviewer: Ask this question if answered, "Yes" to 1.6. Otherwise, go to 1.7.</i></p> <p><b>Do you identify as:</b></p> <p> <input type="checkbox"/> First Nations <span style="float: right;"><input type="radio"/> Refused</span>  <input type="checkbox"/> Inuit <span style="float: right;"><input type="radio"/> Don't know</span>  <input type="checkbox"/> Métis  <input type="checkbox"/> Not listed (Please specify) _____ </p>
1.7	<p><b>What is the <u>highest</u> level of education you have completed?</b></p> <p> <input type="radio"/> Have not completed High School <span style="float: right;"><input type="radio"/> Refused</span>  <input type="radio"/> High School or Secondary School <span style="float: right;"><input type="radio"/> Don't know</span>  <input type="radio"/> Vocational/Technical School  <input type="radio"/> College/University  <input type="radio"/> Graduate/Professional School  <input type="radio"/> Other (Please specify) _____ </p>

**SECTION 2 – HEALTH**

In this next part, I would like to ask about your general health.

2.1	Have you ever been <b>diagnosed</b> by a physician with any of the following chronic medical conditions?	Yes	No	Ref	DK
A	Hypertension (high blood pressure)	1	2	-2	-3
B	Diabetes	1	2	-2	-3
C	Asthma	1	2	-2	-3
D	Chronic Lung Disease (such as chronic obstructive pulmonary disease, emphysema, or chronic bronchitis)	1	2	-2	-3
E	Chronic Heart Disease (such as heart attack, heart failure, or coronary artery disease)	1	2	-2	-3
F	Stroke	1	2	-2	-3
G	Chronic Kidney Disease	1	2	-2	-3
H	Chronic Neurological Disorder	1	2	-2	-3
I	Liver Disease	1	2	-2	-3
J	Cancer	1	2	-2	-3
K	HIV/AIDS	1	2	-2	-3
L	Immune Suppressed (other than HIV/AIDS)	1	2	-2	-3
M	Sickle Cell Disease	1	2	-2	-3
2.2	<p><b>What is your <u>current</u> weight? An estimate is fine.</b></p> <p><i>Interviewer: Record in kilograms <u>or</u> pounds.</i></p> <p> <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Kg                <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Lbs         </p> <p> <input type="radio"/> Refused  <input type="radio"/> Don't know         </p>				
2.3	<p><b>What is your <u>current</u> height? An estimate is fine.</b></p> <p><i>Interviewer: Record in meters <u>or</u> feet and inches. Record full inches only - round up/down to nearest inch.</i></p> <p> <input type="text" value="#"/> <input type="text" value="."/> <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> m.                <input type="text" value="#"/> <input type="text" value="#"/> ft.                <input type="text" value="#"/> <input type="text" value="#"/> in.         </p> <p> <input type="radio"/> Refused  <input type="radio"/> Don't know         </p>				

*Interviewer:* If this is a **follow-up** interview, start here and say: **We will now begin the follow-up survey. Many of these questions will be similar to what we asked you during our first interview. Remember that this survey is voluntary, and you do not have to answer any questions you do not want to. If you feel uncomfortable at any time during this interview, you can skip a question, or stop the interview. I will start by asking about your health.**

2.4	<p><b>Have you received the flu shot <u>this fall or winter</u> (October 2021 or later)?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
2.5	<p><b>Have you smoked tobacco since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout)?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No <b>(Skip to 2.6)</b></p> <p style="text-align: right;"><input type="radio"/> Refused <b>(Skip to 2.6)</b> <input type="radio"/> Don't know <b>(Skip to 2.6)</b></p>
2.5a	<p><i>Interviewer:</i> Ask this question if answered "Yes" to 2.5. Otherwise, <b>go to 2.6.</b></p> <p><b>How often do you smoke tobacco?</b></p> <p><input type="radio"/> Daily      <input type="radio"/> Less than daily</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
2.6	<p><b>Have you vaped or used e-cigarettes since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout)?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No <b>(Skip to 2.7)</b></p> <p style="text-align: right;"><input type="radio"/> Refused <b>(Skip to 2.7)</b> <input type="radio"/> Don't know <b>(Skip to 2.7)</b></p>
2.6a	<p><i>Interviewer:</i> Ask this question if answered "Yes" to 2.6. Otherwise, <b>go to 2.7.</b></p> <p><b>How often do you vape or use e-cigarettes?</b></p> <p><input type="radio"/> Daily      <input type="radio"/> Less than daily</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
2.7	<p><b>How often did you have a drink containing alcohol since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout)?</b></p> <p><i>Interviewer:</i> Read all options before asking participant to select an option.</p> <p><input type="radio"/> Never                      <input type="radio"/> 2 to 3 times a week                      <input type="radio"/> Refused</p> <p><input type="radio"/> Monthly or less              <input type="radio"/> 4 or more times a week                      <input type="radio"/> Don't know</p> <p><input type="radio"/> 2 to 4 times a month</p>



2.8	<p><b>How many times since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout) have you used an illegal drug <u>or</u> used a prescription medication for non-medical reasons?</b></p> <p><i>Interviewer:</i> If asked to clarify the meaning of "nonmedical reasons" say: <b>For instance, because of the experience or feeling it caused.</b> If asked to clarify the meaning of "illegal drug" say: <b>For instance, drugs bought on the street, not including marijuana.</b> If they have <u>not</u> used then, enter "0".</p> <p># of times <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<input type="radio"/> Refused <input type="radio"/> Don't know
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### SECTION 3 – EXPERIENCE WITH COVID-19

For the next few questions, I want to ask you about your experience with COVID-19.

3.1	<p>If <u>baseline</u> say: <b>Have you <u>ever</u> been tested for COVID-19?</b></p> <p>If <u>follow-up</u> say: <b>Have you been tested for COVID-19 since [DATE] (insert last interview date from 'Interview Information' printout)?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No <b>(Skip to 3.2)</b></p>	<input type="radio"/> Refused <b>(Skip to 3.1f)</b> <input type="radio"/> Don't know <b>(Skip to 3.1f)</b>
3.1a	<p><i>Interviewer:</i> Ask this question if answered, "Yes" to 3.1. Otherwise, <b>skip to 3.2</b> if "No" to 3.1 or <b>skip to 3.1f</b> if Ref/DK selected for 3.1.</p> <p>If <u>baseline</u> say: <b>Have you <u>ever</u> been told by a healthcare provider that you tested positive for COVID-19?</b></p> <p>If <u>follow-up</u> say: <b>Since [DATE] (insert last interview date from 'Interview Information' printout), have you been told by a healthcare provider that you tested positive for COVID-19?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No <b>(Skip to 3.1e3)</b></p>	<input type="radio"/> Refused <b>(Skip to 3.1e3)</b> <input type="radio"/> Don't know <b>(Skip to 3.1e3)</b>
3.1b	<p><i>Interviewer:</i> Ask this question if answered, "Yes" to 3.1a. Otherwise, <b>skip to 3.1e3</b> if "No"/Ref/DK is selected for 3.1a.</p> <p>If <u>baseline</u> say: <b>How many positive tests did you have?</b></p> <p>If <u>follow-up</u> say: <b>Since [DATE] (insert last interview date from 'Interview Information' printout), how many positive tests did you have?</b></p> <p>We will record up to 3 positive tests. Record tests from newest to oldest below.</p> <p># of positive tests <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p>	<input type="radio"/> Refused <b>(Skip to 3.1e3)</b> <input type="radio"/> Don't know <b>(Skip to 3.1e3)</b>

**Positive Test 1 - Interviewer:** Ask these questions if participant had a first positive test. Otherwise, **skip to 3.1e3.**

3.1c	<p><b>What was the date of <u>or</u> how long ago was this positive test?</b></p> <p><i>Interviewer:</i> Record date if known and leave the “how long ago fields” blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have “0” entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
3.1c1	<p><b>Where did you have the positive test done? (e.g., shelter name, COVID Assessment Centre name, Emergency Department name; encampment site location)</b></p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
3.1c2	<p><b>Where were you staying the night before you had the positive test?</b></p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>

**Positive Test 2 - Interviewer:** Ask these questions if participant had a second positive test. Otherwise, **skip to 3.1e3.**

3.1d	<p><b>What was the date of <u>or</u> how long ago was this positive test?</b></p> <p><i>Interviewer:</i> Record date if known and leave the “how long ago fields” blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have “0” entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
3.1d1	<p><b>Where did you have the positive test done? (e.g., shelter name, COVID Assessment Centre name, Emergency Department name; encampment site location)</b></p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
3.1d2	<p><b>Where were you staying the night before you had the positive test?</b></p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>

**Positive Test 3 - Interviewer:** Ask these questions if participant had a third positive test. Otherwise, **skip to 3.1e3.**

3.1e	<p><b>What was the date of <u>or</u> how long ago was this positive test?</b></p> <p><i>Interviewer:</i> Record date if known and leave the “how long ago fields” blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have “0” entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
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3.1e1	<p><b>Where did you have the positive test done? (e.g., shelter name, COVID Assessment Centre name, Emergency Department name; encampment site location)</b></p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
3.1e2	<p><b>Where were you staying the night before you had the positive test?</b></p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
3.1e3	<p><b>Since [DATE] (insert last interview date from 'Interview Information' printout), have you had a positive rapid antigen test for COVID-19? This includes a positive rapid antigen test done by shelter staff, other staff person, or one you did yourself. This doesn't include a positive test done by a health care provider.</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (Skip to 3.1f if "Yes" to 3.1a OR 3.2 if "No" to 3.1a)      <input type="radio"/> Refused (Skip to 3.1f) <input type="radio"/> Don't know (Skip to 3.1f)</p>
3.1e4	<p><b>Interviewer:</b> Ask this question if answered, "Yes" to 3.1e3. Otherwise, skip to 3.2 if "No" to 3.1e3 or skip to 3.1f if Ref/DK selected for 3.1e3.</p> <p><b>Since [DATE] (insert last interview date from 'Interview Information' printout), how many positive rapid antigen tests did you have?</b></p> <p>We will record up to 3 positive rapid antigen tests. Record tests from newest to oldest below.</p> <p># of positive rapid antigen tests <input type="text" value="#"/></p> <p><input type="radio"/> Refused (Skip to 3.1f) <input type="radio"/> Don't know (Skip to 3.1f)</p>

**Positive Rapid Antigen Test 1 - Interviewer:** Ask these questions if participant had a first positive rapid antigen test. Otherwise, skip to 3.1f.

3.1e5	<p><b>What was the date of or how long ago was this positive rapid antigen test?</b></p> <p><b>Interviewer:</b> Record date if known and leave the "how long ago fields" blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have "0" entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
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**Positive Rapid Antigen Test 2 - Interviewer:** Ask these questions if participant had a second positive rapid antigen test. Otherwise, skip to 3.1f.

3.1e6	<p><b>What was the date of or how long ago was this positive rapid antigen test?</b></p> <p><b>Interviewer:</b> Record date if known and leave the "how long ago fields" blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have "0" entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
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**Positive Rapid Antigen Test 3 - Interviewer:** Ask these questions if participant had a third positive rapid antigen test. Otherwise, **skip to 3.1f**.

3.1e7	<p><b>What was the date of <u>or</u> how long ago was this positive rapid antigen test?</b></p> <p><i>Interviewer:</i> Record date if known and leave the “how long ago fields” blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have “0” entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
3.1f	<p><i>Interviewer:</i> Ask this question if answered, Ref or DK to 3.1 OR “Yes”, Ref or DK to either 3.1a OR 3.1e3. Otherwise, <b>skip to 3.2</b>.</p> <p>If <b>baseline</b> say: <b>Have you <u>ever</u> been hospitalized for COVID-19?</b></p> <p>If <b>follow-up</b> say: <b>Since [DATE] (insert last interview date from ‘Interview Information’ printout), have you been hospitalized for COVID-19?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No (<b>Skip to 3.2</b>) <input type="radio"/> Refused (<b>Skip to 3.2</b>)  <input type="radio"/> Don't know (<b>Skip to 3.2</b>)</p>
3.1g	<p><i>Interviewer:</i> Ask this question if answered, “Yes” to 3.1f. Otherwise, <b>skip to 3.2</b>.</p> <p><b>What were the dates of <u>or</u> how long ago were you hospitalized for COVID-19? And where were you hospitalized?</b></p> <p><i>Interviewer:</i> Record hospitalizations from newest to oldest. Record date if known and leave the “how long ago fields” blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have “0” entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0). Don't forget to record the name of the hospital.</p> <p>First Hospitalization:</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p>Hospital _____</p> <p>Second Hospitalization:</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p>Hospital _____</p> <p>Third Hospitalization:</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p>Hospital _____</p>

3.2	<p><i>If <b>baseline</b> say: Have you ever stayed at a COVID-19 isolation or recovery hotel?</i></p> <p><i>If <b>follow-up</b> say: Have you stayed at a COVID-19 isolation or recovery hotel since [DATE] (insert last interview date from 'Interview Information' printout)?</i></p> <p><b>These are sites where people stay if they are positive for COVID-19 or were a close contact of someone with COVID-19.</b></p> <p><i>Interviewer: Probe to ensure they stayed at the following eligible site during the specified time: -Four Points in Etobicoke (April 2020 to Present)</i></p> <p> <input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 3.3</b>)         <span style="float: right;"> <input type="radio"/> Refused (<b>Skip to 3.3</b>)  <input type="radio"/> Don't know (<b>Skip to 3.3</b>)         </span> </p>
3.2a	<p><i>Interviewer: Ask this question if answered, "Yes" to 3.2. Otherwise, <b>go to 3.3</b>.</i></p> <p><b>What were the dates of <u>or</u> how long ago were these stays?</b></p> <p><i>Interviewer: Record stays from newest to oldest. Record date if known and leave the "how long ago fields" blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have "0" entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</i></p> <p>First Stay:</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p>Second Stay:</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p>Third Stay:</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
3.3	<p><b>On average, every day: how many people were you in close contact with (for more than 15 minutes and less than 2 metres apart) <u>inside</u> your living space since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout)?</b></p> <p> <input type="radio"/> Nobody                      <input type="radio"/> 5 to 10 people                      <input type="radio"/> Refused  <input type="radio"/> 1 person                      <input type="radio"/> 11 to 20 people                      <input type="radio"/> Don't know  <input type="radio"/> 2 to 4 people                      <input type="radio"/> 20+ people     </p>
3.4	<p><b>On average, every day: how many people were you in close contact with (for more than 15 minutes and less than 2 metres apart) <u>outside</u> your living space since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout)?</b></p> <p> <input type="radio"/> Nobody                      <input type="radio"/> 5 to 10 people                      <input type="radio"/> Refused  <input type="radio"/> 1 person                      <input type="radio"/> 11 to 20 people                      <input type="radio"/> Don't know  <input type="radio"/> 2 to 4 people                      <input type="radio"/> 20+ people     </p>

We will now ask you to remember who you have been in contact with yesterday – from 5am yesterday to 5am this morning. By contacts, we mean ‘direct’ contacts – so someone you met in person and with whom you exchanged at least a few words or with whom you had physical contact (e.g. a hug, handshake, etc.). If you only spoke to them on the phone or internet, do not include them in this count.

3.5	<p><b>How many people was that?</b></p> <p><i>Interviewer: If they haven't had direct contacts, enter "0" and then skip to 3.12.</i></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"> <input type="radio"/> Refused (Skip to 3.12)  <input type="radio"/> Don't know (Skip to 3.12) </p>
3.6	<p><i>Interviewer: Ask this question if had 1 or more contacts in 3.5. Otherwise, skip to 3.12.</i></p> <p><b>How many of those [NUMBER] are using shelters or do not have housing?</b></p> <p><i>Interviewer: If none, enter "0".</i></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
3.7	<p><b>Can you list the first names or give each person a nickname and answer some questions about them?</b></p> <p><i>Interviewer: Record up to 5 names/nicknames.</i></p> <p>1. _____ 4. _____</p> <p>2. _____ 5. _____</p> <p>3. _____</p> <p style="text-align: right;"> <input type="radio"/> Refused (Skip to 3.12)  <input type="radio"/> Don't know (Skip to 3.12) </p>

**Contact 1** - *Interviewer: Ask these questions if provided a first contact. Otherwise, skip to 3.12.*

3.7a	<p><b>About how old is [NAME/NICKNAME]?</b></p> <p> <input type="radio"/> 19 and under      <input type="radio"/> 40-49      <input type="radio"/> 70-79      <input type="radio"/> Refused  <input type="radio"/> 20-29      <input type="radio"/> 50-59      <input type="radio"/> 80 and older      <input type="radio"/> Don't know  <input type="radio"/> 30-39      <input type="radio"/> 60-69 </p>
3.7b	<p><b>What is [NAME/NICKNAME'S] relationship to you?</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p> <input type="checkbox"/> Someone I hang out with outside the shelter      <input type="checkbox"/> A family member      <input type="radio"/> Refused  <input type="checkbox"/> Someone who uses same shelter as me      <input type="checkbox"/> Someone I share/use drugs with      <input type="radio"/> Don't know  <input type="checkbox"/> Works at the shelter I use      <input type="checkbox"/> Someone I drink with  <input type="checkbox"/> Caseworker/Social worker      <input type="checkbox"/> Other (Please specify) _____  <input type="checkbox"/> Someone I work with  <input type="checkbox"/> A friend </p>
3.7c	<p><b>Is [NAME/NICKNAME] underhoused or a client of the shelters?</b></p> <p> <input type="radio"/> Yes      <input type="radio"/> Refused  <input type="radio"/> No      <input type="radio"/> Don't know </p>

3.7d	<p><b>When you had direct contact with [NAME/NICKNAME] yesterday, did you have any:</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Physical contact (any sort of skin-to-skin contact, like shaking hands)      <input type="radio"/> Refused (<b>Skip to 3.7e</b>)</p> <p><input type="checkbox"/> Non-physical contact (did not touch the person)      <input type="radio"/> Don't know (<b>Skip to 3.7e</b>)</p>
3.7d1	<p><i>Interviewer: Ask this question if answered, "Physical contact" or "Non-physical contact" in 3.7d. Otherwise, go to 3.7e.</i></p> <p><b>Was this contact:</b></p> <p><input type="radio"/> Outside      <input type="radio"/> Refused</p> <p><input type="radio"/> Inside      <input type="radio"/> Don't know</p> <p><input type="radio"/> Both outside and inside</p>
3.7e	<p><b>Did this person sleep/stay in same unit/room as you last night?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p> <p><input type="radio"/> I did not sleep inside last night</p>
3.7f	<p><b>When you had direct contact, was the contact wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>
3.7g	<p><b>When you had direct contact, were you wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>

**Contact 2 - Interviewer:** Ask these questions if provided a second contact. Otherwise, **skip to 3.12.**

3.8a	<p><b>About how old is [NAME/NICKNAME]?</b></p> <p><input type="radio"/> 19 and under      <input type="radio"/> 40-49      <input type="radio"/> 70-79      <input type="radio"/> Refused</p> <p><input type="radio"/> 20-29      <input type="radio"/> 50-59      <input type="radio"/> 80 and older      <input type="radio"/> Don't know</p> <p><input type="radio"/> 30-39      <input type="radio"/> 60-69</p>
3.8b	<p><b>What is [NAME/NICKNAME'S] relationship to you?</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Someone I hang out with outside the shelter      <input type="checkbox"/> A family member      <input type="radio"/> Refused</p> <p><input type="checkbox"/> Someone who uses same shelter as me      <input type="checkbox"/> Someone I share/use drugs with      <input type="radio"/> Don't know</p> <p><input type="checkbox"/> Works at the shelter I use      <input type="checkbox"/> Someone I drink with</p> <p><input type="checkbox"/> Caseworker/Social worker      <input type="checkbox"/> Other (Please specify) _____</p> <p><input type="checkbox"/> Someone I work with</p> <p><input type="checkbox"/> A friend</p>
3.8c	<p><b>Is [NAME/NICKNAME] underhoused or a client of the shelters?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>

3.8d	<p><b>When you had direct contact with [NAME/NICKNAME] yesterday, did you have any:</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Physical contact (any sort of skin-to-skin contact, like shaking hands)      <input type="radio"/> Refused (<b>Skip to 3.8e</b>)</p> <p><input type="checkbox"/> Non-physical contact (did not touch the person)      <input type="radio"/> Don't know (<b>Skip to 3.8e</b>)</p>
3.8d1	<p><i>Interviewer: Ask this question if answered, "Physical contact" or "Non-physical contact" in 3.7d. Otherwise, go to 3.8e.</i></p> <p><b>Was this contact:</b></p> <p><input type="radio"/> Outside      <input type="radio"/> Refused</p> <p><input type="radio"/> Inside      <input type="radio"/> Don't know</p> <p><input type="radio"/> Both outside and inside</p>
3.8e	<p><b>Did this person sleep/stay in same unit/room as you last night?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p> <p><input type="radio"/> I did not sleep inside last night</p>
3.8f	<p><b>When you had direct contact, was the contact wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>
3.8g	<p><b>When you had direct contact, were you wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>

**Contact 3 - Interviewer:** Ask these questions if provided a third contact. Otherwise, **skip to 3.12.**

3.9a	<p><b>About how old is [NAME/NICKNAME]?</b></p> <p><input type="radio"/> 19 and under      <input type="radio"/> 40-49      <input type="radio"/> 70-79      <input type="radio"/> Refused</p> <p><input type="radio"/> 20-29      <input type="radio"/> 50-59      <input type="radio"/> 80 and older      <input type="radio"/> Don't know</p> <p><input type="radio"/> 30-39      <input type="radio"/> 60-69</p>
3.9b	<p><b>What is [NAME/NICKNAME'S] relationship to you?</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Someone I hang out with outside the shelter      <input type="checkbox"/> A family member      <input type="radio"/> Refused</p> <p><input type="checkbox"/> Someone who uses same shelter as me      <input type="checkbox"/> Someone I share/use drugs with      <input type="radio"/> Don't know</p> <p><input type="checkbox"/> Works at the shelter I use      <input type="checkbox"/> Someone I drink with</p> <p><input type="checkbox"/> Caseworker/Social worker      <input type="checkbox"/> Other (Please specify) _____</p> <p><input type="checkbox"/> Someone I work with</p> <p><input type="checkbox"/> A friend</p>
3.9c	<p><b>Is [NAME/NICKNAME] underhoused or a client of the shelters?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>



3.9d	<p><b>When you had direct contact with [NAME/NICKNAME] yesterday, did you have any:</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Physical contact (any sort of skin-to-skin contact, like shaking hands)      <input type="radio"/> Refused (<b>Skip to 3.9e</b>)</p> <p><input type="checkbox"/> Non-physical contact (did not touch the person)      <input type="radio"/> Don't know (<b>Skip to 3.9e</b>)</p>
3.9d1	<p><i>Interviewer: Ask this question if answered, "Physical contact" or "Non-physical contact" in 3.7d. Otherwise, go to 3.9e.</i></p> <p><b>Was this contact:</b></p> <p><input type="radio"/> Outside      <input type="radio"/> Refused</p> <p><input type="radio"/> Inside      <input type="radio"/> Don't know</p> <p><input type="radio"/> Both outside and inside</p>
3.9e	<p><b>Did this person sleep/stay in same unit/room as you last night?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p> <p><input type="radio"/> I did not sleep inside last night</p>
3.9f	<p><b>When you had direct contact, was the contact wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>
3.9g	<p><b>When you had direct contact, were you wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>

**Contact 4 - Interviewer:** Ask these questions if provided a fourth contact. Otherwise, **skip to 3.12.**

3.10a	<p><b>About how old is [NAME/NICKNAME]?</b></p> <p><input type="radio"/> 19 and under      <input type="radio"/> 40-49      <input type="radio"/> 70-79      <input type="radio"/> Refused</p> <p><input type="radio"/> 20-29      <input type="radio"/> 50-59      <input type="radio"/> 80 and older      <input type="radio"/> Don't know</p> <p><input type="radio"/> 30-39      <input type="radio"/> 60-69</p>
3.10b	<p><b>What is [NAME/NICKNAME'S] relationship to you?</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Someone I hang out with outside the shelter      <input type="checkbox"/> A family member      <input type="radio"/> Refused</p> <p><input type="checkbox"/> Someone who uses same shelter as me      <input type="checkbox"/> Someone I share/use drugs with      <input type="radio"/> Don't know</p> <p><input type="checkbox"/> Works at the shelter I use      <input type="checkbox"/> Someone I drink with</p> <p><input type="checkbox"/> Caseworker/Social worker      <input type="checkbox"/> Other (Please specify) _____</p> <p><input type="checkbox"/> Someone I work with</p> <p><input type="checkbox"/> A friend</p>
3.10c	<p><b>Is [NAME/NICKNAME] underhoused or a client of the shelters?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>

3.10d	<p><b>When you had direct contact with [NAME/NICKNAME] yesterday, did you have any:</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Physical contact (any sort of skin-to-skin contact, like shaking hands)      <input type="radio"/> Refused (<b>Skip to 3.10e</b>)</p> <p><input type="checkbox"/> Non-physical contact (did not touch the person)      <input type="radio"/> Don't know (<b>Skip to 3.10e</b>)</p>
3.10d1	<p><i>Interviewer: Ask this question if answered, "Physical contact" or "Non-physical contact" in 3.7d. Otherwise, go to 3.10e.</i></p> <p><b>Was this contact:</b></p> <p><input type="radio"/> Outside      <input type="radio"/> Refused</p> <p><input type="radio"/> Inside      <input type="radio"/> Don't know</p> <p><input type="radio"/> Both outside and inside</p>
3.10e	<p><b>Did this person sleep/stay in same unit/room as you last night?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p> <p><input type="radio"/> I did not sleep inside last night</p>
3.10f	<p><b>When you had direct contact, was the contact wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>
3.10g	<p><b>When you had direct contact, were you wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>

**Contact 5 - Interviewer:** Ask these questions if provided a fifth contact. Otherwise, **skip to 3.12.**

3.11a	<p><b>About how old is [NAME/NICKNAME]?</b></p> <p><input type="radio"/> 19 and under      <input type="radio"/> 40-49      <input type="radio"/> 70-79      <input type="radio"/> Refused</p> <p><input type="radio"/> 20-29      <input type="radio"/> 50-59      <input type="radio"/> 80 and older      <input type="radio"/> Don't know</p> <p><input type="radio"/> 30-39      <input type="radio"/> 60-69</p>
3.11b	<p><b>What is [NAME/NICKNAME'S] relationship to you?</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Someone I hang out with outside the shelter      <input type="checkbox"/> A family member      <input type="radio"/> Refused</p> <p><input type="checkbox"/> Someone who uses same shelter as me      <input type="checkbox"/> Someone I share/use drugs with      <input type="radio"/> Don't know</p> <p><input type="checkbox"/> Works at the shelter I use      <input type="checkbox"/> Someone I drink with</p> <p><input type="checkbox"/> Caseworker/Social worker      <input type="checkbox"/> Other (Please specify) _____</p> <p><input type="checkbox"/> Someone I work with</p> <p><input type="checkbox"/> A friend</p>
3.11c	<p><b>Is [NAME/NICKNAME] underhoused or a client of the shelters?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>

3.11d	<p><b>When you had direct contact with [NAME/NICKNAME] yesterday, did you have any:</b></p> <p><i>Interviewer: Check all that apply.</i></p> <p><input type="checkbox"/> Physical contact (any sort of skin-to-skin contact, like shaking hands)      <input type="radio"/> Refused (<b>Skip to 3.11e</b>)</p> <p><input type="checkbox"/> Non-physical contact (did not touch the person)      <input type="radio"/> Don't know (<b>Skip to 3.11e</b>)</p>
3.11d1	<p><i>Interviewer: Ask this question if answered, "Physical contact" or "Non-physical contact" in 3.7d. Otherwise, go to 3.11e.</i></p> <p><b>Was this contact:</b></p> <p><input type="radio"/> Outside      <input type="radio"/> Refused</p> <p><input type="radio"/> Inside      <input type="radio"/> Don't know</p> <p><input type="radio"/> Both outside and inside</p>
3.11e	<p><b>Did this person sleep/stay in same unit/room as you last night?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p> <p><input type="radio"/> I did not sleep inside last night</p>
3.11f	<p><b>When you had direct contact, was the contact wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>
3.11g	<p><b>When you had direct contact, were you wearing a mask at the time?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> Refused</p> <p><input type="radio"/> No      <input type="radio"/> Don't know</p>
3.12	<p><i>If baseline say: Have you shared a living space or had close contact with someone who tested positive for COVID-19?</i></p> <p><i>If follow-up say: Have you shared a living space or had close contact with someone who tested positive for COVID-19 since [DATE] (insert last interview date from 'Interview Information' printout)?</i></p> <p><input type="radio"/> Yes (<b>Go to 3.12a</b>)      <input type="radio"/> No      <input type="radio"/> Refused</p> <p><input type="radio"/> Don't know</p>
3.12a	<p><i>Interviewer: Ask this question if answered, "Yes" to 3.12.</i></p> <p><b>If yes, how long ago did you share a living space or have close contact with someone who tested positive for COVID-19?</b></p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused</p> <p><input type="radio"/> Don't know</p>

*Interviewer:* At the last interview, what was the participant's COVID vaccine status? Refer to 'Interview Information' printout and select the most appropriate option below to continue.

- One dose received (**Skip to 3.13c2**)
- Two doses received (**Skip to 3.13e2**)
- More than two doses received (**Skip to 3.15**)
- Unvaccinated (**Go to 3.13**)
- Refused or DK (**Go to 3.13**)

3.13	<p><b>Have you been vaccinated against COVID-19?</b></p> <p><i>Interviewer:</i> Select "Yes" if participant has received at least one dose of the COVID-19 vaccine.</p> <p><input type="radio"/> Yes (<b>Go to 3.13a</b>)    <input type="radio"/> No (<b>Skip to 3.14</b>)    <input type="radio"/> Refused (<b>Skip to 3.14</b>)  <input type="radio"/> Don't know (<b>Skip to 3.14</b>)</p>
3.13a	<p><i>Interviewer:</i> Ask this question if answered, "Yes" to 3.13. Otherwise, <b>skip to 3.14</b>.</p> <p><b>How many doses of the COVID-19 vaccine have you <u>received</u> so far?</b></p> <p><input type="radio"/> One dose    <input type="radio"/> Refused  <input type="radio"/> Two doses    <input type="radio"/> Don't know  <input type="radio"/> More than two doses</p>

#### One dose

3.13b	<p><b>When did you receive your <u>first</u> dose of the COVID-19 vaccine?</b></p> <p><i>Interviewer:</i> Record date if known and leave the "how long ago fields" blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have "0" entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/>    Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/>    Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
3.13c	<p><b>Which vaccine did you receive for your <u>first</u> dose?</b></p> <p><input type="radio"/> Pfizer and BioNTech, mRNA vaccine    <input type="radio"/> Refused  <input type="radio"/> Moderna, mRNA vaccine    <input type="radio"/> Don't know  <input type="radio"/> Astra Zeneca/COVISHIELD, viral vector vaccine  <input type="radio"/> Other (Please specify) _____</p>

**Two doses** - *Interviewer:* If baseline, **skip to 3.13d** if answered, "Two doses" or "More than two doses" to 3.13a. Otherwise, do not record a date and select the most appropriate option below for 3.13d and 3.13f and, **skip to 3.15**.

If follow-up, **go to 3.13c2** if the participant only had one dose at their last interview (refer to 'Interview Information' printout).

If answered "Two doses" or "More than two doses" to 3.13a, **skip to 3.13d**. Otherwise, do not record a date and select the most appropriate option below for 3.13d and 3.13f and, **skip to 3.15**.

3.13c2	<p><b>During your last interview, you reported that you had <u>one</u> dose of the COVID-19 vaccine. Have you had a second dose now?</b></p> <p><input type="radio"/> Yes (<b>Go to 3.13d</b>)    <input type="radio"/> No (<b>Skip to 3.15</b>)    <input type="radio"/> Refused (<b>Skip to 3.15</b>)  <input type="radio"/> Don't know (<b>Skip to 3.15</b>)</p>
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3.13d	<p><b>When did you receive your <u>second</u> dose of the COVID-19 vaccine?</b></p> <p><i>Interviewer: Record date if known and leave the “how long ago fields” blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have “0” entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</i></p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p> <input type="radio"/> Only first dose received so far  <input type="radio"/> N/A (one-dose vaccine received)  <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
3.13e	<p><b>Which vaccine did you receive for your <u>second</u> dose?</b></p> <p> <input type="radio"/> Pfizer and BioNTech, mRNA vaccine  <input type="radio"/> Moderna, mRNA vaccine  <input type="radio"/> Astra Zeneca/COVISHIELD, viral vector vaccine  <input type="radio"/> Other (Please specify) _____ </p> <p> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
<p><b>More than two doses - Interviewer:</b> If baseline, <b>skip to 3.13f</b> if answered “More than two doses” to 3.13a. Otherwise, do not record a date and select the most appropriate option below for 3.13f and, <b>skip to 3.15</b>.</p>	
<p>If follow-up, <b>go to 3.13e2</b> if the participant received <b>two doses</b> at their last interview (refer to ‘Interview Information’ printout).</p>	
<p>If answered “More than two doses” to 3.13a, <b>skip to 3.13f</b>. Otherwise, do not record a date and select the most appropriate option below for 3.13f and, <b>skip to 3.15</b>.</p>	
3.13e2	<p><b>Have you had a third dose of the COVID-19 vaccine?</b></p> <p> <input type="radio"/> Yes (<b>Go to 3.13f</b>)    <input type="radio"/> No (<b>Skip to 3.15</b>) </p> <p> <input type="radio"/> Refused (<b>Skip to 3.15</b>)  <input type="radio"/> Don't know (<b>Skip to 3.15</b>) </p>
3.13f	<p><b>When did you receive your <u>third</u> dose of the COVID-19 vaccine?</b></p> <p><i>Interviewer: Record date if known and leave the “how long ago fields” blank. If date is not known, leave the date field blank and then fill out how long ago. If filling out how long ago, any fields that aren't used should have “0” entered (e.g. Days ago: 2, Weeks ago: 0, Months ago: 0).</i></p> <p>Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> OR</p> <p>Days ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Weeks ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> Months ago <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p> <input type="radio"/> N/A  <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
3.13g	<p><b>Which vaccine did you receive for your <u>third</u> dose?</b></p> <p> <input type="radio"/> Pfizer and BioNTech, mRNA vaccine  <input type="radio"/> Moderna, mRNA vaccine  <input type="radio"/> Astra Zeneca/COVISHIELD, viral vector vaccine  <input type="radio"/> Other (Please specify) _____ </p> <p> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
3.14	<p><i>Interviewer: Ask this question if answered, “No” to 3.13. Otherwise, skip to 3.15.</i></p> <p><b>Have you been offered a COVID-19 vaccine?</b></p> <p> <input type="radio"/> Yes (<b>Skip to 3.14b</b>)    <input type="radio"/> No (<b>Go to 3.14a</b>) </p> <p> <input type="radio"/> Refused (<b>Go to 3.14a</b>)  <input type="radio"/> Don't know (<b>Go to 3.14a</b>) </p>

3.14a	<p><b>If offered a COVID-19 vaccine, how likely is it that you will choose to get it?</b></p> <p><i>Interviewer: If “Somewhat unlikely” or “Very unlikely”, go to 3.14b. All others, skip to 3.15.</i></p> <p> <input type="radio"/> Very likely  <input type="radio"/> Somewhat likely  <input type="radio"/> Somewhat unlikely (<b>Go to 3.14b</b>)  <input type="radio"/> Very unlikely (<b>Go to 3.14b</b>) </p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>																																																												
3.14b	<p><i>Interviewer: Ask this question if answered, “Somewhat unlikely” or “Very unlikely” to 3.14a. Otherwise, go to 3.15.</i></p> <p><b>Why did you/would you choose <u>not</u> to get the COVID-19 vaccine?</b></p> <p><i>Interviewer: Read all options before asking participant to select options. Select all that apply.</i></p> <p> <input type="checkbox"/> Not confident in the safety of the vaccine  <input type="checkbox"/> Concern about risks and side effects  <input type="checkbox"/> Will wait until it seems safe to get the vaccine  <input type="checkbox"/> Do not consider it necessary to get the vaccine  <input type="checkbox"/> Do not believe in vaccination  <input type="checkbox"/> Have a pre-existing medical condition  <input type="checkbox"/> Already had or think I have had COVID-19  <input type="checkbox"/> Have not yet decided  <input type="checkbox"/> Don't know where to get it  <input type="checkbox"/> Vaccine wasn't available to me  <input type="checkbox"/> Not listed (Please specify) _____ </p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>																																																												
3.15	<p><b>Now I am going to ask if you have had certain symptoms this <u>past week</u>. Thinking about the <u>past week</u>, have you had:</b></p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Ref</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>A Fever</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>B New or worsening cough</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>C New or worsening shortness of breath</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>D Sore throat/hoarse voice</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>E Difficulty swallowing</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>F Sore muscles or joints (without an underlying reason)</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>G Headache</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>H Fatigue</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>I Nausea/vomiting, diarrhea, or abdominal pain</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>J New or worsening runny nose or nasal congestion</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> <tr> <td>K Decreased sense of smell</td> <td>1</td> <td>2</td> <td>-2</td> <td>-3</td> </tr> </tbody> </table>		Yes	No	Ref	DK	A Fever	1	2	-2	-3	B New or worsening cough	1	2	-2	-3	C New or worsening shortness of breath	1	2	-2	-3	D Sore throat/hoarse voice	1	2	-2	-3	E Difficulty swallowing	1	2	-2	-3	F Sore muscles or joints (without an underlying reason)	1	2	-2	-3	G Headache	1	2	-2	-3	H Fatigue	1	2	-2	-3	I Nausea/vomiting, diarrhea, or abdominal pain	1	2	-2	-3	J New or worsening runny nose or nasal congestion	1	2	-2	-3	K Decreased sense of smell	1	2	-2	-3
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3.15	(Continued) Thinking about the <u>past week</u> , have you had:	Yes	No	Ref	DK
L	Decreased sense of taste	1	2	-2	-3
M	Chills	1	2	-2	-3

#### SECTION 4 – ACTIVITIES AND BEHAVIOURS RELATED TO COVID-19

4.1	<p><b>Have you done any <u>paid</u> work since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout)?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 4.2</b>)</p> <p style="text-align: right;"><input type="radio"/> Refused (<b>Skip to 4.2</b>) <input type="radio"/> Don't know (<b>Skip to 4.2</b>)</p>
4.1a	<p><i>Interviewer: Ask this question if answered, "Yes" to 4.1. Otherwise, <b>skip to 4.2.</b></i></p> <p><b>Where do/did you work?</b></p> <p>_____ <input type="radio"/> Refused _____ <input type="radio"/> Don't know</p>
4.1b	<p><i>Interviewer: Ask this question if answered, "Yes" to 4.1. Otherwise, <b>go to 4.2.</b></i></p> <p><b>What type of work do/did you do?</b></p> <p>_____ <input type="radio"/> Refused _____ <input type="radio"/> Don't know</p>
4.2	<p><b>Have you done any <u>volunteer</u> work since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout)?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 4.3</b>)</p> <p style="text-align: right;"><input type="radio"/> Refused (<b>Skip to 4.3</b>) <input type="radio"/> Don't know (<b>Skip to 4.3</b>)</p>
4.2a	<p><i>Interviewer: Ask this question if answered, "Yes" to 4.2. Otherwise, <b>skip to 4.3.</b></i></p> <p><b>Where do/did you volunteer?</b></p> <p>_____ <input type="radio"/> Refused _____ <input type="radio"/> Don't know</p>
4.2b	<p><i>Interviewer: Ask this question if answered, "Yes" to 4.2. Otherwise, <b>go to 4.3.</b></i></p> <p><b>What type of volunteer work do/did you do?</b></p> <p>_____ <input type="radio"/> Refused _____ <input type="radio"/> Don't know</p>

4.3	Since March 1, 2020 (if baseline)/since [DATE] (if follow-up, insert last interview date from 'Interview Information' printout), how often have you...	Never	Rarely	Occasionally	Often	Always	Ref	DK
A	Worn a face mask in public places?	1	2	3	4	5	-2	-3
B	Practiced physical distancing in public places?	1	2	3	4	5	-2	-3
C	Avoided crowded places or gatherings?	1	2	3	4	5	-2	-3
D	Washed hands with soap or used hand sanitizer several times per day?	1	2	3	4	5	-2	-3

## SECTION 5 – HOUSING HISTORY

The next set of questions are about your housing history.

*Interviewer:* Question 5.1 is only asked at baseline. If this is a follow-up interview, **skip to Residential Timeline Follow-Back (RTLFB)**.

### Experience with Homelessness

5.1	<p><b>How long has your <u>current</u> period of homelessness lasted? In other words, how long has it been since you had a place of <u>your own</u>?</b></p> <p><i>Interviewer:</i> If a value is filled out in one of the options below, the rest should be marked as "0". E.g. Number of years: 2, Number of months: 1, Number of days: 0.</p> <p>Own place is a place that is (1) not temporary (i.e. lasting 6 months or more OR expected to last 6 months or more) AND (2) where the person is paying rent. Exception: Staying with family/guardians on a permanent (non-temporary; see definition above) basis and not paying rent.</p> <p># of years <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> # of months <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/> # of days <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
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### Residential Timeline Follow-Back (RTLFB)

Now I am going to ask you about where you have been living for the **past 3 months** (if baseline)/since [DATE] (if follow-up interview, insert last interview date from 'Interview Information' printout). **Today is [DATE], so the time we'll be talking about is between [DATE] and today. Let's look at this calendar together (refer to RTLFB Tool) and I'll make notes as you talk.**

*Interviewer:* Refer to the Adapted RTLFB Tool. Fill in the calendar with all moves first, then go on to ask the residence questions in this survey. Make sure you probe for all residences from current date to 3 months prior (if baseline)/since the last interview date (if follow-up). **DO NOT** leave gaps in the tool. Start on and record current date on the tool and work backwards ensuring there are no gaps. Once the calendar is complete say:

**Now I need to go over specific information about each of the places that you have lived that were listed on the calendar. We will start with where you are living now and work backwards from there.**



## Residence 1

5.2	<p><b>What's the name of the place you are/were staying at?</b></p> <p><i>Interviewer:</i> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.3	<p><i>Interviewer:</i> Enter residence type code based on what you entered on the calendar. If code "A" (i.e. Homeless shelter), <b>go to 5.3a</b>. If code "B" (i.e. Physical Distancing Hotel), <b>go to 5.3b</b>. Otherwise, <b>skip to 5.4</b>.</p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this</b> (refer to coding list)?</p> <p style="text-align: right;">If other (Please specify)</p> <p>Type code <input type="text"/> <input type="text"/> _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.3a	<p><i>Interviewer:</i> If residence type is code "A" in 5.3, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.5</b>. Otherwise, <b>go to 5.3b</b> if residence type is code "B" or, <b>go to 5.4</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at</b> (refer to coding list)?</p> <p style="text-align: right;">If other (Please specify)</p> <p>Shelter code <input type="text"/> <input type="text"/> _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.3b	<p><i>Interviewer:</i> If residence type is code "B" in 5.3, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.5</b>. Otherwise, <b>go to 5.4</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at</b> (refer to coding list)?</p> <p style="text-align: right;">If other (Please specify)</p> <p>Hotel code <input type="text"/> <input type="text"/> _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.4	<p><i>Interviewer:</i> If residence type is code "A" or "B" (unless "Other" option is selected) in 5.3, <b>skip to 5.5</b>. Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.4a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><i>Interviewer:</i> If outside of Toronto, indicate the city.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.4b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.5	<p><i><b>Interviewer:</b> Enter date based on what you entered on the calendar.</i></p> <p><i>If need more information say: <b>What was the first night you stayed here?</b></i></p> <p>Start Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.6	<p><i><b>Interviewer:</b> If current residence select N/A and, <b>go to 5.7.</b> Enter date based on what you entered on the calendar.</i></p> <p><i>If need more information say: <b>What was the last night you stayed here?</b></i></p> <p>Stop Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p><input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.7	<p><i><b>Interviewer:</b> Does the participant use this place (Residence 1) as a "Split Residence"? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</i></p> <p><i>If need more information say: <b>Do/did you split your time between this residence and another residence?</b></i></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.8</b>)</p> <p><input type="radio"/> Refused (<b>Skip to 5.8</b>) <input type="radio"/> Don't know (<b>Skip to 5.8</b>)</p>
5.7a	<p><i><b>Interviewer:</b> Record answer if answered, "Yes" to 5.7. Otherwise, <b>skip to 5.8.</b></i></p> <p><i>How many times has the participant <u>moved into</u> Residence 1 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</i></p> <p>Comments: _____</p> <p># of times <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.7b	<p><i><b>Interviewer:</b> Record answer if answered, "Yes" to 5.7. Otherwise, <b>go to 5.8.</b></i></p> <p><i>How many nights has the participant <u>lived at</u> Residence 1 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</i></p> <p>Comments: _____</p> <p># of nights <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.8	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 2</b>)      <input type="radio"/> Shared</p> <p><input type="radio"/> Refused (<b>Skip to Residence 2</b>) <input type="radio"/> Don't know (<b>Skip to Residence 2</b>)</p>

5.8a	<p><b><i>Interviewer:</i></b> Ask if answered, “Shared” to 5.8. Otherwise, <b>go to Residence 2.</b></p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
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### Residence 2

***Interviewer:*** Select the most appropriate option below to continue.

- Record another residence (**Go to 5.9**)
- No other residences to record (**Skip to end of instrument**)

5.9	<p><b>What's the name of the place you are/were staying at?</b></p> <p><b><i>Interviewer:</i></b> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
5.10	<p><b><i>Interviewer:</i></b> Enter residence type code based on what you entered on the calendar. If code “A” (i.e. Homeless shelter), <b>go to 5.10a</b>. If code “B” (i.e. Physical Distancing Hotel), <b>go to 5.10b</b>. Otherwise, <b>skip to 5.11</b>.</p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this (refer to coding list)?</b></p> <p style="text-align: center;">If other (Please specify) _____</p> <p>Type code <input type="text" value=""/> _____</p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
5.10a	<p><b><i>Interviewer:</i></b> If residence type is code “A” in 5.10, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.12</b>. Otherwise, <b>go to 5.10b</b> if residence type is code “B” or, <b>go to 5.11</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at (refer to coding list)?</b></p> <p style="text-align: center;">If other (Please specify) _____</p> <p>Shelter code <input type="text" value=""/> <input type="text" value=""/> _____</p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>
5.10b	<p><b><i>Interviewer:</i></b> If residence type is code “B” in 5.10, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.12</b>. Otherwise, <b>go to 5.11</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at (refer to coding list)?</b></p> <p style="text-align: center;">If other (Please specify) _____</p> <p>Hotel code <input type="text" value=""/> <input type="text" value=""/> _____</p> <p style="text-align: right;"> <input type="radio"/> Refused  <input type="radio"/> Don't know </p>

5.11	<p><b>Interviewer:</b> If residence type is code “A” or “B” (unless “Other” option is selected) in 5.10, <b>skip to 5.12.</b> Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.11a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><b>Interviewer:</b> If outside of Toronto, indicate the city.</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.11b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.12	<p><b>Interviewer:</b> Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>first night</u> you stayed here?</b></p> <p>Start Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.13	<p><b>Interviewer:</b> If current residence select N/A and, <b>go to 5.14.</b> Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>last night</u> you stayed here?</b></p> <p>Stop Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p><input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.14	<p><b>Interviewer:</b> Does the participant use this place (Residence 2) as a “Split Residence”? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</p> <p>If need more information say: <b>Do/did you split your time between this residence and another residence?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.15</b>)</p> <p><input type="radio"/> Refused (<b>Skip to 5.15</b>) <input type="radio"/> Don't know (<b>Skip to 5.15</b>)</p>
5.14a	<p><b>Interviewer:</b> Record answer if answered, “Yes” to 5.14. Otherwise, <b>skip to 5.15.</b></p> <p>How many times has the participant <u>moved into</u> Residence 2 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____</p> <p># of times <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.14b	<p><b>Interviewer:</b> Record answer if answered, “Yes” to 5.14. Otherwise, <b>go to 5.15.</b></p> <p>How many nights has the participant <u>lived at</u> Residence 2 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____</p> <p># of nights <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.15	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 3</b>)    <input type="radio"/> Shared    <input type="radio"/> Refused (<b>Skip to Residence 3</b>) <input type="radio"/> Don't know (<b>Skip to Residence 3</b>)</p>
5.15a	<p><b>Interviewer:</b> Ask if answered, “Shared” to 5.15. Otherwise, <b>go to Residence 3.</b></p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

**Residence 3**

**Interviewer:** Select the most appropriate option below to continue.

- Record another residence (**Go to 5.16**)  
 No other residences to record (**Skip to end of instrument**)

5.16	<p><b>What's the name of the place you are/were staying at?</b></p> <p><b>Interviewer:</b> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.17	<p><b>Interviewer:</b> Enter residence type code based on what you entered on the calendar. If code “A” (i.e. Homeless shelter), <b>go to 5.17a</b>. If code “B” (i.e. Physical Distancing Hotel), <b>go to 5.17b</b>. Otherwise, <b>skip to 5.18.</b></p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this (refer to coding list)?</b></p> <p style="text-align: center;">If other (Please specify) _____</p> <p>Type code <input type="text" value=""/> _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.17a	<p><b>Interviewer:</b> If residence type is code “A” in 5.17, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.19</b>. Otherwise, <b>go to 5.17b</b> if residence type is code “B” or, <b>go to 5.18</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at (refer to coding list)?</b></p> <p style="text-align: center;">If other (Please specify) _____</p> <p>Shelter code <input type="text" value=""/> <input type="text" value=""/> _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.17b	<p><b>Interviewer:</b> If residence type is code “B” in 5.17, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.19</b>. Otherwise, <b>go to 5.18</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Hotel code <input type="text"/> <input type="text"/> <input type="text"/> _____ _____</p>
5.18	<p><b>Interviewer:</b> If residence type is code “A” or “B” (unless “Other” option is selected) in 5.17, <b>skip to 5.19</b>. Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p>_____ _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.18a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><b>Interviewer:</b> If outside of Toronto, indicate the city.</p> <p>_____ _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.18b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p>_____ _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.19	<p><b>Interviewer:</b> Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>first night</u> you stayed here?</b></p> <p>Start Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.20	<p><b>Interviewer:</b> If current residence select N/A and, <b>go to 5.21</b>. Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>last night</u> you stayed here?</b></p> <p>Stop Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;"><input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.21	<p><b>Interviewer:</b> Does the participant use this place (Residence 3) as a “Split Residence”? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</p> <p>If need more information say: <b>Do/did you split your time between this residence and another residence?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.22</b>)</p> <p style="text-align: right;"><input type="radio"/> Refused (<b>Skip to 5.22</b>) <input type="radio"/> Don't know (<b>Skip to 5.22</b>)</p>

5.21a	<p><b>Interviewer:</b> Record answer if answered, “Yes” to 5.21. Otherwise, <b>skip to 5.22.</b></p> <p>How many times has the participant <u>moved into</u> Residence 3 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____</p> <p># of times <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.21b	<p><b>Interviewer:</b> Record answer if answered, “Yes” to 5.21. Otherwise, <b>go to 5.22.</b></p> <p>How many nights has the participant <u>lived at</u> Residence 3 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____</p> <p># of nights <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.22	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 4</b>)    <input type="radio"/> Shared    <input type="radio"/> Refused (<b>Skip to Residence 4</b>) <input type="radio"/> Don't know (<b>Skip to Residence 4</b>)</p>
5.22a	<p><b>Interviewer:</b> Ask if answered, “Shared” to 5.22. Otherwise, <b>go to Residence 4.</b></p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

**Residence 4**

**Interviewer:** Select the most appropriate option below to continue.

- Record another residence (**Go to 5.23**)
- No other residences to record (**Skip to end of instrument**)

5.23	<p><b>What's the name of the place you are/were staying at?</b></p> <p><b>Interviewer:</b> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.24	<p><b>Interviewer:</b> Enter residence type code based on what you entered on the calendar. If code “A” (i.e. Homeless shelter), <b>go to 5.24a</b>. If code “B” (i.e. Physical Distancing Hotel), <b>go to 5.24b</b>. Otherwise, <b>skip to 5.25.</b></p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this (refer to coding list)?</b></p> <p>If other (Please specify) _____</p> <p>Type code <input type="text" value=""/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.24a	<p><b>Interviewer:</b> If residence type is code “A” in 5.24, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.26</b>. Otherwise, <b>go to 5.24b</b> if residence type is code “B” or, <b>go to 5.25</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Shelter code <input type="text"/> <input type="text"/> <input type="text"/> _____ _____</p>
5.24b	<p><b>Interviewer:</b> If residence type is code “B” in 5.24, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.26</b>. Otherwise, <b>go to 5.25</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Hotel code <input type="text"/> <input type="text"/> <input type="text"/> _____ _____</p>
5.25	<p><b>Interviewer:</b> If residence type is code “A” or “B” (unless “Other” option is selected) in 5.24, <b>skip to 5.26</b>. Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>_____ _____</p>
5.25a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><b>Interviewer:</b> If outside of Toronto, indicate the city.</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>_____ _____</p>
5.25b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>_____ _____</p>
5.26	<p><b>Interviewer:</b> Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>first night</u> you stayed here?</b></p> <p>Start Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.27	<p><b>Interviewer:</b> If current residence select N/A and, <b>go to 5.28</b>. Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>last night</u> you stayed here?</b></p> <p>Stop Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;"><input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know</p>



5.28	<p><i>Interviewer:</i> Does the participant use this place (Residence 4) as a “Split Residence”? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</p> <p>If need more information say: <b>Do/did you split your time between this residence and another residence?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.29</b>)</p> <p style="text-align: right;"><input type="radio"/> Refused (<b>Skip to 5.29</b>) <input type="radio"/> Don't know (<b>Skip to 5.29</b>)</p>
5.28a	<p><i>Interviewer:</i> Record answer if answered, “Yes” to 5.28. Otherwise, <b>skip to 5.29</b>.</p> <p>How many times has the participant <u>moved into</u> Residence 4 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p># of times <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
5.28b	<p><i>Interviewer:</i> Record answer if answered, “Yes” to 5.28. Otherwise, <b>go to 5.29</b>.</p> <p>How many nights has the participant <u>lived at</u> Residence 4 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p># of nights <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
5.29	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 5</b>)      <input type="radio"/> Shared</p> <p style="text-align: right;"><input type="radio"/> Refused (<b>Skip to Residence 5</b>) <input type="radio"/> Don't know (<b>Skip to Residence 5</b>)</p>
5.29a	<p><i>Interviewer:</i> Ask if answered, “Shared” to 5.29. Otherwise, <b>go to Residence 5</b>.</p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

**Residence 5**

*Interviewer:* Select the most appropriate option below to continue.

- Record another residence (**Go to 5.30**)
- No other residences to record (**Skip to end of instrument**)

5.30	<p><b>What's the name of the place you are/were staying at?</b></p> <p><i>Interviewer:</i> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
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5.31	<p><b>Interviewer:</b> Enter residence type code based on what you entered on the calendar. If code “A” (i.e. Homeless shelter), <b>go to 5.31a</b>. If code “B” (i.e. Physical Distancing Hotel), <b>go to 5.31b</b>. Otherwise, <b>skip to 5.32</b>.</p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Type code <input type="text"/> <input type="text"/> _____ _____</p>
5.31a	<p><b>Interviewer:</b> If residence type is code “A” in 5.31, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.33</b>. Otherwise, <b>go to 5.31b</b> if residence type is code “B” or, <b>go to 5.32</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Shelter code <input type="text"/> <input type="text"/> <input type="text"/> _____ _____</p>
5.31b	<p><b>Interviewer:</b> If residence type is code “B” in 5.31, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.33</b>. Otherwise, <b>go to 5.32</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Hotel code <input type="text"/> <input type="text"/> <input type="text"/> _____ _____</p>
5.32	<p><b>Interviewer:</b> If residence type is code “A” or “B” (unless “Other” option is selected) in 5.31, <b>skip to 5.33</b>. Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p>_____ <input type="radio"/> Refused _____ <input type="radio"/> Don't know</p>
5.32a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><b>Interviewer:</b> If outside of Toronto, indicate the city.</p> <p>_____ <input type="radio"/> Refused _____ <input type="radio"/> Don't know</p>
5.32b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p>_____ <input type="radio"/> Refused _____ <input type="radio"/> Don't know</p>
5.33	<p><b>Interviewer:</b> Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>first night</u> you stayed here?</b></p> <p>Start Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.34	<p><b>Interviewer:</b> If current residence select N/A and, <b>go to 5.35</b>. Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the last night you stayed here?</b></p> <p>Stop Date <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p><input type="radio"/> N/A (Current residence)  <input type="radio"/> Refused  <input type="radio"/> Don't know</p>
5.35	<p><b>Interviewer:</b> Does the participant use this place (Residence 5) as a "Split Residence"? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</p> <p>If need more information say: <b>Do/did you split your time between this residence and another residence?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.36</b>)</p> <p><input type="radio"/> Refused (<b>Skip to 5.36</b>)  <input type="radio"/> Don't know (<b>Skip to 5.36</b>)</p>
5.35a	<p><b>Interviewer:</b> Record answer if answered, "Yes" to 5.35. Otherwise, <b>skip to 5.36</b>.</p> <p>How many times has the participant <u>moved into</u> Residence 5 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p># of times <input type="text" value="#"/><input type="text" value="#"/><input type="text" value="#"/></p>
5.35b	<p><b>Interviewer:</b> Record answer if answered, "Yes" to 5.35. Otherwise, <b>go to 5.36</b>.</p> <p>How many nights has the participant <u>lived at</u> Residence 5 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p># of nights <input type="text" value="#"/><input type="text" value="#"/><input type="text" value="#"/></p>
5.36	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 6</b>)      <input type="radio"/> Shared</p> <p><input type="radio"/> Refused (<b>Skip to Residence 6</b>)  <input type="radio"/> Don't know (<b>Skip to Residence 6</b>)</p>
5.36a	<p><b>Interviewer:</b> Ask if answered, "Shared" to 5.36. Otherwise, <b>go to Residence 6</b>.</p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/><input type="text" value="#"/><input type="text" value="#"/></p> <p><input type="radio"/> Refused  <input type="radio"/> Don't know</p>

### Residence 6

**Interviewer:** Select the most appropriate option below to continue.

- Record another residence (**Go to 5.37**)
- No other residences to record (**Skip to end of instrument**)

5.37	<p><b>What's the name of the place you are/were staying at?</b></p> <p><i>Interviewer:</i> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.38	<p><i>Interviewer:</i> Enter residence type code based on what you entered on the calendar. If code "A" (i.e. Homeless shelter), <b>go to 5.38a</b>. If code "B" (i.e. Physical Distancing Hotel), <b>go to 5.38b</b>. Otherwise, <b>skip to 5.39</b>.</p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Type code <input type="text"/> _____</p>
5.38a	<p><i>Interviewer:</i> If residence type is code "A" in 5.38, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.40</b>. Otherwise, <b>go to 5.38b</b> if residence type is code "B" or, <b>go to 5.39</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Shelter code <input type="text"/> _____</p>
5.38b	<p><i>Interviewer:</i> If residence type is code "B" in 5.38, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.40</b>. Otherwise, <b>go to 5.39</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Hotel code <input type="text"/> _____</p>
5.39	<p><i>Interviewer:</i> If residence type is code "A" or "B" (unless "Other" option is selected) in 5.38, <b>skip to 5.40</b>. Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.39a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><i>Interviewer:</i> If outside of Toronto, indicate the city.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.39b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.40	<p><i>Interviewer:</i> Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>first night</u> you stayed here?</b></p> <p>Start Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.41	<p><i>Interviewer:</i> If current residence select N/A and, <b>go to 5.42</b>. Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>last night</u> you stayed here?</b></p> <p>Stop Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p><input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.42	<p><i>Interviewer:</i> Does the participant use this place (Residence 6) as a "Split Residence"? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</p> <p>If need more information say: <b>Do/did you split your time between this residence and another residence?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.43</b>)</p> <p><input type="radio"/> Refused (<b>Skip to 5.43</b>) <input type="radio"/> Don't know (<b>Skip to 5.43</b>)</p>
5.42a	<p><i>Interviewer:</i> Record answer if answered, "Yes" to 5.42. Otherwise, <b>skip to 5.43</b>.</p> <p>How many times has the participant <u>moved into</u> Residence 6 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____</p> <p># of times <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.42b	<p><i>Interviewer:</i> Record answer if answered, "Yes" to 5.42. Otherwise, <b>go to 5.43</b>.</p> <p>How many nights has the participant <u>lived at</u> Residence 6 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____</p> <p># of nights <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.43	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 7</b>)      <input type="radio"/> Shared</p> <p><input type="radio"/> Refused (<b>Skip to Residence 7</b>) <input type="radio"/> Don't know (<b>Skip to Residence 7</b>)</p>
5.43a	<p><i>Interviewer:</i> Ask if answered, "Shared" to 5.43. Otherwise, <b>go to Residence 7</b>.</p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>

Residence 7Interviewer: Select the most appropriate option below to continue.

- Record another residence (**Go to 5.44**)
- No other residences to record (**Skip to end of instrument**)

5.44	<p><b>What's the name of the place you are/were staying at?</b></p> <p><u>Interviewer:</u> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.45	<p><u>Interviewer:</u> Enter residence type code based on what you entered on the calendar. If code "A" (i.e. Homeless shelter), <b>go to 5.45a</b>. If code "B" (i.e. Physical Distancing Hotel), <b>go to 5.45b</b>. Otherwise, <b>skip to 5.46</b>.</p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this</b> (refer to coding list)?</p> <p style="text-align: right;">If other (Please specify) _____</p> <p>Type code <input type="text"/> _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.45a	<p><u>Interviewer:</u> If residence type is code "A" in 5.45, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.47</b>. Otherwise, <b>go to 5.45b</b> if residence type is code "B" or, <b>go to 5.46</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at</b> (refer to coding list)?</p> <p style="text-align: right;">If other (Please specify) _____</p> <p>Shelter code <input type="text"/> <input type="text"/> _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.45b	<p><u>Interviewer:</u> If residence type is code "B" in 5.45, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.47</b>. Otherwise, <b>go to 5.46</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at</b> (refer to coding list)?</p> <p style="text-align: right;">If other (Please specify) _____</p> <p>Hotel code <input type="text"/> <input type="text"/> _____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.46	<p><u>Interviewer:</u> If residence type is code "A" or "B" (unless "Other" option is selected) in 5.45, <b>skip to 5.47</b>. Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.46a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><i>Interviewer: If outside of Toronto, indicate the city.</i></p> <p>_____</p> <p>_____</p>	<input type="radio"/> Refused <input type="radio"/> Don't know
5.46b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p>_____</p> <p>_____</p>	<input type="radio"/> Refused <input type="radio"/> Don't know
5.47	<p><i>Interviewer: Enter date based on what you entered on the calendar.</i></p> <p><i>If need more information say: What was the <u>first night</u> you stayed here?</i></p> <p>Start Date <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p>	<input type="radio"/> Refused <input type="radio"/> Don't know
5.48	<p><i>Interviewer: If current residence select N/A and, <b>go to 5.49</b>. Enter date based on what you entered on the calendar.</i></p> <p><i>If need more information say: What was the <u>last night</u> you stayed here?</i></p> <p>Stop Date <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="-"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="-"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p>	<input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know
5.49	<p><i>Interviewer: Does the participant use this place (Residence 7) as a "Split Residence"? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</i></p> <p><i>If need more information say: Do/did you split your time between this residence and another residence?</i></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.50</b>)</p>	<input type="radio"/> Refused ( <b>Skip to 5.50</b> ) <input type="radio"/> Don't know ( <b>Skip to 5.50</b> )
5.49a	<p><i>Interviewer: Record answer if answered, "Yes" to 5.49. Otherwise, <b>skip to 5.50</b>.</i></p> <p><i>How many times has the participant <u>moved into</u> Residence 7 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</i></p> <p>Comments: _____</p> <p># of times <input type="text" value="#"/><input type="text" value="#"/><input type="text" value="#"/></p>	<input type="radio"/> Refused <input type="radio"/> Don't know
5.49b	<p><i>Interviewer: Record answer if answered, "Yes" to 5.49. Otherwise, <b>go to 5.50</b>.</i></p> <p><i>How many nights has the participant <u>lived at</u> Residence 7 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</i></p> <p>Comments: _____</p> <p># of nights <input type="text" value="#"/><input type="text" value="#"/><input type="text" value="#"/></p>	<input type="radio"/> Refused <input type="radio"/> Don't know

5.50	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 8</b>)    <input type="radio"/> Shared    <input type="radio"/> Refused (<b>Skip to Residence 8</b>)  <input type="radio"/> Don't know (<b>Skip to Residence 8</b>)</p>
5.50a	<p><i>Interviewer: Ask if answered, "Shared" to 5.50. Otherwise, go to Residence 8.</i></p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused  <input type="radio"/> Don't know</p>

**Residence 8**

*Interviewer: Select the most appropriate option below to continue.*

- Record another residence (**Go to 5.51**)  
 No other residences to record (**Skip to end of instrument**)

5.51	<p><b>What's the name of the place you are/were staying at?</b></p> <p><i>Interviewer: Record description according to what they tell you, prompt if necessary to get as specific as possible.</i></p> <p>_____ <input type="radio"/> Refused  _____ <input type="radio"/> Don't know</p>
5.52	<p><i>Interviewer: Enter residence type code based on what you entered on the calendar. If code "A" (i.e. Homeless shelter), go to 5.52a. If code "B" (i.e. Physical Distancing Hotel), go to 5.52b. Otherwise, skip to 5.53.</i></p> <p><i>If need more information say: Where are/were you staying? What sort of residence is this (refer to coding list)?</i></p> <p>If other (Please specify) _____ <input type="radio"/> Refused  _____ <input type="radio"/> Don't know</p> <p>Type code <input type="text" value=""/> _____</p>
5.52a	<p><i>Interviewer: If residence type is code "A" in 5.52, enter the appropriate shelter code based on what you recorded on the calendar then skip to 5.54. Otherwise, go to 5.52b if residence type is code "B" or, go to 5.53 for all other residence types.</i></p> <p><i>If need more information say: Which shelter are/were you staying at (refer to coding list)?</i></p> <p>If other (Please specify) _____ <input type="radio"/> Refused  _____ <input type="radio"/> Don't know</p> <p>Shelter code <input type="text" value=""/> <input type="text" value=""/> _____</p>
5.52b	<p><i>Interviewer: If residence type is code "B" in 5.52, enter the appropriate hotel code based on what you recorded on the calendar then skip to 5.54. Otherwise, go to 5.53.</i></p> <p><i>If need more information say: Which physical distancing hotel are/were you staying at (refer to coding list)?</i></p> <p>If other (Please specify) _____ <input type="radio"/> Refused  _____ <input type="radio"/> Don't know</p> <p>Hotel code <input type="text" value=""/> <input type="text" value=""/> _____</p>



5.53	<p><i>Interviewer: If residence type is code "A" or "B" (unless "Other" option is selected) in 5.52, skip to 5.54. Otherwise, ask:</i></p> <p><b>What is/was the address of the residence?</b></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.53a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><i>Interviewer: If outside of Toronto, indicate the city.</i></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.53b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.54	<p><i>Interviewer: Enter date based on what you entered on the calendar.</i></p> <p><i>If need more information say: What was the <b>first night</b> you stayed here?</i></p> <p>Start Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.55	<p><i>Interviewer: If current residence select N/A and, go to 5.56. Enter date based on what you entered on the calendar.</i></p> <p><i>If need more information say: What was the <b>last night</b> you stayed here?</i></p> <p>Stop Date <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></p> <p style="text-align: right;"><input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.56	<p><i>Interviewer: Does the participant use this place (Residence 8) as a "Split Residence"? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between this place and 1 or more other locations. Refer to QxQ.</i></p> <p><i>If need more information say: Do/did you split your time between this residence and another residence?</i></p> <p><input type="radio"/> Yes      <input type="radio"/> No (Skip to 5.57)</p> <p style="text-align: right;"><input type="radio"/> Refused (Skip to 5.57) <input type="radio"/> Don't know (Skip to 5.57)</p>
5.56a	<p><i>Interviewer: Record answer if answered, "Yes" to 5.56. Otherwise, skip to 5.57.</i></p> <p><i>How many times has the participant <u>moved into</u> Residence 8 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</i></p> <p>Comments: _____</p> <p># of times <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.56b	<p><b>Interviewer:</b> Record answer if answered, “Yes” to 5.56. Otherwise, <b>go to 5.57.</b></p> <p>How many nights has the participant <u>lived at</u> Residence 8 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____</p> <p># of nights <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>	<input type="radio"/> Refused <input type="radio"/> Don't know
5.57	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 9</b>)    <input type="radio"/> Shared    <input type="radio"/> Refused (<b>Skip to Residence 9</b>)  <input type="radio"/> Don't know (<b>Skip to Residence 9</b>)</p>	
5.57a	<p><b>Interviewer:</b> Ask if answered, “Shared” to 5.57. Otherwise, <b>go to Residence 9.</b></p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>	<input type="radio"/> Refused <input type="radio"/> Don't know

### Residence 9

**Interviewer:** Select the most appropriate option below to continue.

- Record another residence (**Go to 5.58**)  
 No other residences to record (**Skip to end of instrument**)

5.58	<p><b>What's the name of the place you are/were staying at?</b></p> <p><b>Interviewer:</b> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____</p> <p>_____</p>	<input type="radio"/> Refused <input type="radio"/> Don't know
5.59	<p><b>Interviewer:</b> Enter residence type code based on what you entered on the calendar. If code “A” (i.e. Homeless shelter), <b>go to 5.59a</b>. If code “B” (i.e. Physical Distancing Hotel), <b>go to 5.59b</b>. Otherwise, <b>skip to 5.60</b>.</p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this (refer to coding list)?</b></p> <p>If other (Please specify) _____</p> <p>Type code <input type="text" value=""/> _____</p>	<input type="radio"/> Refused <input type="radio"/> Don't know
5.59a	<p><b>Interviewer:</b> If residence type is code “A” in 5.59, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.61</b>. Otherwise, <b>go to 5.59b</b> if residence type is code “B” or, <b>go to 5.60</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at (refer to coding list)?</b></p> <p>If other (Please specify) _____</p> <p>Shelter code <input type="text" value=""/> <input type="text" value=""/> _____</p>	<input type="radio"/> Refused <input type="radio"/> Don't know

5.59b	<p><i>Interviewer:</i> If residence type is code “B” in 5.59, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.61</b>. Otherwise, <b>go to 5.60</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at (refer to coding list)?</b></p> <p>Hotel code <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>If other (Please specify) _____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.60	<p><i>Interviewer:</i> If residence type is code “A” or “B” (unless “Other” option is selected) in 5.59, <b>skip to 5.61</b>. Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.60a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><i>Interviewer:</i> If outside of Toronto, indicate the city.</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.60b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p>_____</p> <p>_____</p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.61	<p><i>Interviewer:</i> Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>first night</u> you stayed here?</b></p> <p>Start Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.62	<p><i>Interviewer:</i> If current residence select N/A and, <b>go to 5.63</b>. Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>last night</u> you stayed here?</b></p> <p>Stop Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.63	<p><i>Interviewer:</i> Does the participant use this place (Residence 9) as a “Split Residence”? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</p> <p>If need more information say: <b>Do/did you split your time between this residence and another residence?</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.64</b>)</p> <p><input type="radio"/> Refused (<b>Skip to 5.64</b>) <input type="radio"/> Don't know (<b>Skip to 5.64</b>)</p>

5.63a	<p><b>Interviewer:</b> Record answer if answered, “Yes” to 5.63. Otherwise, <b>skip to 5.64.</b></p> <p>How many times has the participant <u>moved into</u> Residence 9 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____ <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p># of times <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
5.63b	<p><b>Interviewer:</b> Record answer if answered, “Yes” to 5.63. Otherwise, <b>go to 5.64.</b></p> <p>How many nights has the participant <u>lived at</u> Residence 9 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</p> <p>Comments: _____ <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p># of nights <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
5.64	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to Residence 10</b>)    <input type="radio"/> Shared    <input type="radio"/> Refused (<b>Skip to Residence 10</b>)  <input type="radio"/> Don't know (<b>Skip to Residence 10</b>)</p>
5.64a	<p><b>Interviewer:</b> Ask if answered, “Shared” to 5.64. Otherwise, <b>go to Residence 10.</b></p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused  <input type="radio"/> Don't know</p>

**Residence 10**

**Interviewer:** Select the most appropriate option below to continue.

- Record another residence (**Go to 5.65**)  
 No other residences to record (**Skip to end of instrument**)

5.65	<p><b>What's the name of the place you are/were staying at?</b></p> <p><b>Interviewer:</b> Record description according to what they tell you, prompt if necessary to get as specific as possible.</p> <p>_____  _____</p> <p><input type="radio"/> Refused  <input type="radio"/> Don't know</p>
5.66	<p><b>Interviewer:</b> Enter residence type code based on what you entered on the calendar. If code “A” (i.e. Homeless shelter), <b>go to 5.66a</b>. If code “B” (i.e. Physical Distancing Hotel), <b>go to 5.66b</b>. Otherwise, <b>skip to 5.67.</b></p> <p>If need more information say: <b>Where are/were you staying? What sort of residence is this (refer to coding list)?</b></p> <p>If other (Please specify) _____ <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p>Type code <input type="text" value=""/></p>

5.66a	<p><b>Interviewer:</b> If residence type is code “A” in 5.66, enter the appropriate shelter code based on what you recorded on the calendar then <b>skip to 5.68</b>. Otherwise, <b>go to 5.66b</b> if residence type is code “B” or, <b>go to 5.67</b> for all other residence types.</p> <p>If need more information say: <b>Which shelter are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Shelter code <input type="text"/> <input type="text"/> <input type="text"/> _____ _____</p>
5.66b	<p><b>Interviewer:</b> If residence type is code “B” in 5.66, enter the appropriate hotel code based on what you recorded on the calendar then <b>skip to 5.68</b>. Otherwise, <b>go to 5.67</b>.</p> <p>If need more information say: <b>Which physical distancing hotel are/were you staying at (refer to coding list)?</b></p> <p style="text-align: right;">If other (Please specify) <input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>Hotel code <input type="text"/> <input type="text"/> <input type="text"/> _____ _____</p>
5.67	<p><b>Interviewer:</b> If residence type is code “A” or “B” (unless “Other” option is selected) in 5.66, <b>skip to 5.68</b>. Otherwise, ask:</p> <p><b>What is/was the address of the residence?</b></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>_____ _____</p>
5.67a	<p><b>Do you know the <u>closest</u> major intersection?</b></p> <p><b>Interviewer:</b> If outside of Toronto, indicate the city.</p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>_____ _____</p>
5.67b	<p><b>Do you know the neighbourhood where the site/building is located?</b></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p> <p>_____ _____</p>
5.68	<p><b>Interviewer:</b> Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>first night</u> you stayed here?</b></p> <p>Start Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;"><input type="radio"/> Refused <input type="radio"/> Don't know</p>
5.69	<p><b>Interviewer:</b> If current residence select N/A and, <b>go to 5.70</b>. Enter date based on what you entered on the calendar.</p> <p>If need more information say: <b>What was the <u>last night</u> you stayed here?</b></p> <p>Stop Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;"><input type="radio"/> N/A (Current residence) <input type="radio"/> Refused <input type="radio"/> Don't know</p>

5.70	<p><i>Interviewer: Does the participant use this place (Residence 10) as a “Split Residence”? Refers to stays where moving to and from this location are not considered true moves because the participant is splitting time between <u>this place and 1 or more other locations</u>. Refer to QxQ.</i></p> <p><i>If need more information say: Do/did you split your time between this residence and another residence?</i></p> <p><input type="radio"/> Yes      <input type="radio"/> No (<b>Skip to 5.71</b>)      <input type="radio"/> Refused (<b>Skip to 5.71</b>)  <input type="radio"/> Don't know (<b>Skip to 5.71</b>)</p>
5.70a	<p><i>Interviewer: Record answer if answered, “Yes” to 5.70. Otherwise, <b>skip to 5.71</b>.</i></p> <p><i>How many times has the participant <u>moved into</u> Residence 10 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</i></p> <p>Comments: <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p># of times <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
5.70b	<p><i>Interviewer: Record answer if answered, “Yes” to 5.70. Otherwise, <b>go to 5.71</b>.</i></p> <p><i>How many nights has the participant <u>lived at</u> Residence 10 over the measurement period? Remember that the measurement period is <u>past 3 months</u> (if baseline)/since the last interview date (if follow-up).</i></p> <p>Comments: <input type="radio"/> Refused  <input type="radio"/> Don't know</p> <p># of nights <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p>
5.71	<p><b>Are/were you sharing a living space with anyone while staying here?</b></p> <p><input type="radio"/> Alone (<b>Skip to end of instrument</b>)    <input type="radio"/> Shared      <input type="radio"/> Refused (<b>Skip to end of instrument</b>)  <input type="radio"/> Don't know (<b>Skip to end of instrument</b>)</p>
5.71a	<p><i>Interviewer: Ask if answered, “Shared” to 5.71. Otherwise, <b>go to end of instrument</b>.</i></p> <p><b>If yes, how many people are/were you sharing your living space with?</b></p> <p># of people <input type="text" value="#"/> <input type="text" value="#"/> <input type="text" value="#"/></p> <p><input type="radio"/> Refused  <input type="radio"/> Don't know</p>

Thank you for answering all of our questions. We will now collect the blood and saliva samples.

**END OF SURVEY INSTRUMENT**