



Canadian Campus
Wellbeing Survey

Bien-être sur les
campus canadiens

Survey Content 2023-2024 Employee Version

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Survey Instructions and Consent

Canadian Campus Wellbeing Survey

SURVEY INSTRUCTIONS

You are invited to complete the Canadian Campus Wellbeing Survey for employees.

This survey asks about different aspects of your wellbeing and health behaviours and will take approximately 15-20 minutes to complete.

The survey is voluntary and your responses are confidential. You may choose whether you would like to participate and skip any questions that you prefer not to answer or stop at any time.

Your answers are valuable and will help to inform policies and practices that support employee health and wellbeing at your institution.

CONSENT TO COLLECT DATA

By completing this survey you are giving your informed consent to the collection of the information in the Canadian Campus Wellbeing Survey. Your data will be anonymously stored in a data registry (H19-01907). The data registry is solely under the custodianship of the CCWS analysts and may only be accessed through case-level datasets prepared by CCWS analysts for approved researchers and third-parties for research purposes.

Data stored as part of the research registry will be encrypted and password-protected and stored on a computer in a secure UBC location. The CCWS is administered via the UBC Survey Tool, a cloud-based service provisioned by Qualtrics. It complies with the BC Freedom of Information and Protection of Privacy Act (FIPPA) as the data are kept secure and is stored and backed up on Canadian servers. Information collected using the Survey Tool is kept secure using measures including data encryption.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.



Workplace Experience

This section will ask you about your experiences and opinions about your post-secondary institution.

Based on your experience at your institution, please rate your level of agreement with the following statements.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
I feel that I belong at my institution.						
At my institution, I am respected regardless of my personal characteristics, identity or background (e.g., gender, ethnicity, international status, disability, etc.).						
My institution is a respectful environment.						
My institution values diversity and inclusion.						
At my institution, I feel that employees' mental and emotional wellbeing is a priority.						
I feel that the climate at my institution encourages free and open discussion about mental and emotional health.						
At my institution, the administration is listening to the concerns of employees when it comes to mental health and wellbeing.						
I have a group, community, or social circle at my workplace where I feel I belong (feel at home, known, connected to, supported in my identity).						

How safe or unsafe do you feel on campus during the day?

- Very safe
- Safe
- Somewhat safe
- Somewhat unsafe
- Unsafe
- Very unsafe
- Not applicable



How safe or unsafe do you feel on campus at night?

- Very safe
- Safe
- Somewhat safe
- Somewhat unsafe
- Unsafe
- Very unsafe
- Not applicable

Mental Health Assets

This section will ask you about your overall wellbeing.

Below are some statements about feelings and thoughts. Please choose the box that best describes your experience of each **over the last 2 weeks**.

	None of the time	Rarely	Some of the time	Often	All of the time
(i) I've been feeling optimistic about the future					
(ii) I've been feeling useful					
(iii) I've been feeling relaxed					
(iv) I've been feeling interested in other people					
(v) I've had energy to spare					
(vi) I've been dealing with problems well					
(vii) I've been thinking clearly					
(viii) I've been feeling good about myself					
(ix) I've been feeling close to other people					
(x) I've been feeling confident					
(xi) I've been able to make up my own mind about things					
(xii) I've been feeling loved					
(xiii) I've been interested in new things					
(xiv) I've been feeling cheerful					

In general, how would you rate ...?

	Poor	Fair	Good	Very good	Excellent
(i) Your ability to handle unexpected and difficult problems (a family or personal crisis)					
(ii) Your ability to handle day-to-day demands in your life (work, family responsibilities)					
(iii) Your development of some reliable ways to deal with the personal stress of challenging events at work					
(iv) Your physical health					
(v) Your mental health					



The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
I have close relationships that provide me with a sense of emotional security and wellbeing.				
There is someone I could talk to about important decisions in my life.				
I have relationships where my competence and skill are recognized.				
I feel part of a group of people who share my attitudes and beliefs.				
There are people I can count on in an emergency.				

Mental Health Deficits

This section will ask you about potential sources of stress for you, and your feelings.

Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have:

- Workload
- Financial concerns
- Family
- Housing concerns
- Time pressures/not enough time
- Health
- Other – specify: _____

These questions concern how you have been feeling over the past 30 days. Choose the answer that best represents how you have been feeling. **During the last 30 days....**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
(i) How often did you feel tired out for no good reason?					
(ii) How often did you feel nervous?					
(iii) How often did you feel so nervous that nothing could calm you down?					
(iv) How often did you feel hopeless?					
(v) How often did you feel restless or fidgety?					
(vi) How often did you feel so restless you could not sit still?					
(vii) How often did you feel depressed?					



(viii) How often did you feel that everything was an effort?					
(ix) How often did you feel so sad that nothing could cheer you up?					
(x) How often did you feel worthless?					

The next questions are about how you feel about different aspects of your life. For each one, select how often you feel that way.

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?			
How often do you feel left out?			
How often do you feel isolated from others?			

Health Service Utilization/Help Seeking

This section will ask you about your knowledge and opinions about health services available to you through your employer and not through your employer.

How much do you agree with the following statements?

If I needed to seek professional help for my mental or emotional health, I would know how to access resources (online or in-person) provided through my employer.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree
- Not applicable

If I needed to seek professional help for my mental or emotional health, I would know where to go for services not offered through my employer.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

If I needed to seek professional help for my physical health, I would know how to access resources (online or in-person) provided through my employer.

- Strongly agree
- Agree
- Somewhat agree



- Somewhat disagree
- Disagree
- Strongly disagree
- Not applicable

If I needed to seek professional help for my physical health, I would know where to go for services not offered through my employer.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

There is a good support system at my institution for employees going through difficult times.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree
- I don't know

My employer offers services or benefits that adequately address my mental health.

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree
- I don't know

Are you aware of mental health outreach efforts at your workplace (such as educational programs, awareness events, anti-stigma campaigns, screening days)?

- Yes
- No

If you were experiencing serious emotional distress, who would you talk to about this? *Select all that apply.*

- Professional clinician (e.g., doctor, psychologist, counsellor, or psychiatrist)
- Roommate
- Friend (who is not a roommate)



- Significant other
- Family member
- Religious counsellor or other religious contact
- Support group (e.g., employee peer support, online support group)
- Supervisor or manager
- Co-worker/colleague
- Other non-clinical source (please specify below): _____
- I don't have anyone to talk to about this
- I prefer not to talk to anyone about this

If you had a serious emotional problem, would you...

- definitely go for professional help
- probably go for professional help
- probably not go for professional help
- definitely not go for professional help

How comfortable would you feel talking about personal problems with a professional?

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not at all comfortable

How embarrassed would you be if your friends knew you were getting professional help for an emotional problem?

- Very embarrassed
- Somewhat embarrassed
- Not very embarrassed
- Not at all embarrassed

Physical Health/Health Behaviours

This section will ask you about your sleep habits and other activities.

Sleep

During the past week, what time have you usually turned out the light and gone to sleep on weekends?

- 24hrs in 30min intervals

During the past week, what time have you usually woken up in the morning on weekends?

- 24hrs in 30min intervals



During the past week, what time have you usually turned out the light and gone to sleep on weekdays?

- 24hrs in 30min intervals

During the past week, what time have you usually woken up in the morning on weekdays?

- 24hrs in 30min intervals

During the past week, how would you rate your sleep quality overall (how well you sleep)?

- Very good
- Fairly good
- Fairly bad
- Very bad

Physical Activities

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. These questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, at home, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you **sweat and breathe much harder** than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, running, or fast bicycling?

- 0 days - I did not do any vigorous physical activities in the last 7 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days (everyday)

→ If answered 1-7 days to above:

How much time did you usually spend doing **vigorous** physical activities on one of those days?

For example: If you did 30 minutes of vigorous physical activity on one of those days, you will need to insert 0 in the hour box and 30 in the minute box.

- # hours per day (0-10 hrs)
- # minutes per day (0-59 mins)



Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** physical activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal, but you are still able to have a conversation. This intensity is like "walking when you're late for a class or meeting". Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace or brisk walking?

- 0 days - I did not do any moderate physical activities in the last 7 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days (everyday)

→ If answered 1-7 days to above:

How much time did you usually spend doing **moderate** physical activities on one of those days?

For example: If you did 1 hour and 50 minutes of moderate physical activity on one of those days, you will need to insert 1 in the hour box and 50 in the minute box.

- # hours per day (0-10 hrs)
- # minutes per day (0-59 mins)

During the **last 7 days**, on how many days did you do physical activities or exercises to strengthen your muscles? *Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like sit-ups or push-ups and those using weight machines, free weights, or elastic bands.*

- 0 days – I did not do any physical activities or exercises to strengthen my muscles
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days (everyday)



Sedentary Behaviour

The following questions are about activities you did in the **last 7 days while sitting, reclining or lying down**. Do not count the time you spent in bed sleeping or napping.

On a typical **weekday** in the past week, how much time did you spend...

(i) sitting, reclining or lying down and watching TV or using a computer, tablet or smartphone **during your free time?**

- Include time spent texting, watching DVDs, videos, playing computer games, Xbox, PlayStation, iPod, YouTube, Facebook or other social networking tools, emailing and using the Internet.

- Do not include time spent on a computer for work or at school.

For example: If you typically used your computer for 6.5 hours on the weekdays, you will need to insert 6 in the hour box and 30 in the minute box.

- # hours per day (0-24 hrs)
- # minutes per day (0-59 mins)

(ii) Sitting while driving in a car, bus, or train?

For example: If you typically sat on the bus for 45 minutes on the weekdays, you will need to insert 0 in the hour box and 45 in the minute box.

- # hours per day (0-24 hrs)
- # minutes per day (0-59 mins)

During the last 7 days, how much time did you usually spend sitting **during the full day?**

- Include time spent at school or work, at home, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

For example: If you typically sat for 9 hours each day, you will need to insert 9 in the hour box and 0 in the minute box.

- # hours per day (0-24 hrs)
- # minutes per day (0-59 mins)

Food Security

These next questions are about the food eaten in the last 12 months, and whether you were able to afford the food you need. For these statements, please select whether the statement was often true, sometimes true, or never true for you in the **last 12 months**. If you are in your first year of employment at your institution, please only think about the time you have been working at your current post-secondary institution.

Q1. (I/we) worried that food would run out before (I/we) got money to buy more.

1. Often true
2. Sometimes true
3. Never true
4. I don't know
5. I prefer not to answer



Q2. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.

1. Often true
2. Sometimes true
3. Never true
4. I don't know
5. I prefer not to answer

Q3. I couldn't afford to eat balanced meals.

1. Often true
2. Sometimes true
3. Never true
4. I don't know
5. I prefer not to answer

Are there children under the age of 18 currently living with you?

1. Yes
2. No

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q5 AND Q6; OTHERWISE, SKIP TO FIRST LEVEL SCREEN

Q4. (I/we) relied on only a few kinds of low-cost food to feed the child(ren) because (I/we) were running out of money to buy food.

1. Often true
2. Sometimes true
3. Never true
4. I don't know
5. I prefer not to answer

Q5. (I/we) couldn't feed the child(ren) a balanced meal, because (I/we) couldn't afford it.

1. Often true
2. Sometimes true
3. Never true
4. I don't know
5. I prefer not to answer

FIRST LEVEL SCREEN (screener for Stage 2): If AFFIRMATIVE RESPONSE to ANY ONE of Q1-Q5 (i.e., "often true" or "sometimes true"), then continue to STAGE 2; otherwise, skip to end.

STAGE 2: Questions 6-10 - ask households passing the First Level Screen

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q6; OTHERWISE SKIP TO Q7



Q6. The child(ren) were not eating enough because (I/we) just couldn't afford enough food.

1. Often true
2. Sometimes true
3. Never true
4. I don't know
5. I prefer not to answer

The following few questions are about the food situation in the past 12 months.

Q7. Did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes
2. No (Go to Q8)

Q7b. How often did this happen?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months
4. I don't know
5. I prefer not to answer

Q8. Did you ever eat less than you felt you should because there wasn't enough money for food?

1. Yes
2. No
3. I don't know

Q9. Were you ever hungry but didn't eat because you couldn't afford enough food?

1. Yes
2. No
3. I don't know

Q10. Did you lose weight because you didn't have enough money for food?

1. Yes
2. No
3. I don't know

SECOND LEVEL SCREEN (screener for Stage 3): If AFFIRMATIVE RESPONSE to ANY ONE of Q6-Q10, then continue to STAGE 3; otherwise, skip to end.



STAGE 3: Questions 11-15 - ask households passing the Second Level Screen

Q11. Did you not eat for a whole day because there wasn't enough money for food?

1. Yes
2. No (IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q12; OTHERWISE SKIP TO END)
3. I don't know
4. I prefer not to answer

Q11b. How often did this happen?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months
4. I don't know
5. I prefer not to answer

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q13-16; OTHERWISE SKIP TO END

Now, a few questions on the food experiences for children in your household.

Q12. In the past 12 months, did you or other adults in your household ever cut the size of any of the children's meals because there wasn't enough money for food?

1. Yes
2. No
3. I don't know
4. I prefer not to answer

Q13. In the past 12 months, did any of the children ever skip meals because there wasn't enough money for food?

1. Yes
2. No
3. I don't know
4. I prefer not to answer

Q13b. How often did this happen?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months
4. I don't know
5. I prefer not to answer



Q14. In the past 12 months, were any of the children ever hungry but you just couldn't afford more food?

1. Yes
2. No
3. I don't know
4. I prefer not to answer

Q15. In the past 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food?

1. Yes
2. No
3. I don't know
4. I prefer not to answer

Demographics

This section will ask you some questions about your background and identity. By learning more about employees' backgrounds and identities, we are able to gain a broader understanding of the employee experience from a variety of perspectives. *Your responses will be kept confidential. Results will be grouped without identifying individual respondents. No part of your responses to this survey will become part of your employment record.*

How old are you?

- Less than 20 years old
- 20-25 years old
- 26-30 years old
- 31-35 years old
- 36-40 years old
- 41-45 years old
- 46-50 years old
- 51-55 years old
- 56-60 years old
- 61-65 years old
- 65 or more years old

Do you identify as an Indigenous person?

For the purpose of this survey, Indigenous peoples include treaty, status/non-status, registered/non-registered North American Indians and/or members of First Nations, Métis or Inuit.

- Yes
- No
- Prefer not to answer



Do you identify as someone who is racialized, a visible minority, person of colour, or an analogous term?

The term “racialized” is used as a more current term than “visible minority” from the Employment Equity Act (1995). For the purposes of this survey, members of racialized groups are persons who do not identify as Indigenous peoples (as defined in the previous question), and who do not identify as primarily European and/or White in race, ethnicity, origin, and/or colour, regardless of their birthplace or citizenship.

- Yes
- No
- Prefer not to answer

How do you identify your ancestry?

For the purpose of this survey, this self-identification is intended to capture your ancestry, which may be different from your citizenship, birthplace, language, or culture. If you are of mixed descent, please indicate this by checking off all that apply. If your self-identification (or parts of it) do not appear in this list, please specify under “Prefer to self-identify as”.

- Arab
- Black
- Chinese
- Filipino
- Indigenous from within North America (please select here if you answered “yes” to Indigenous in the earlier question)
- Japanese
- Korean
- Latin American
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai, etc.)
- West Asian (e.g. Iranian, Afghan, etc.)
- White
- Prefer to self-identify as: _____
- Prefer not to disclose

Were you born in Canada?

- Yes
- No
- I prefer not to answer

Were either of your parents/guardians born outside of Canada?

- Yes
- No
- I prefer not to answer



Where do you currently live?

- On-campus housing
- Off-campus – rental property (Rented, even if no cash rent is paid)
- Off-campus – owned property (Owned by you or a member of this household, even if it is still being paid for)
- I do not have stable housing (e.g., couch-surfing, living in a vehicle, facing eviction)
- I prefer not to answer

→ If answered off-campus, no stable housing, or prefer not to answer to above:

How do you commute to work? *Select the mode of transport you spend the most time doing.*

- Vehicle (alone)
- Vehicle (with others/carpool)
- Walk
- Bicycle
- Public transit
- Working remotely
- Other (please specify) _____

How long is your commute to work (one-way)?

- 0-30 minutes
- 31-60 minutes
- Over 60 minutes
- Not applicable

I am able to reasonably balance my work and personal life.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

To what extent, if at all, have you experienced financial stress due to your living expenses while working at your current post-secondary institution?

- A great deal of financial stress
- Quite a bit of financial stress
- Some financial stress
- Very little financial stress
- No financial stress at all

What is your gender identity?

- Woman
- Non-binary person



- Two-Spirit *[option only shown when participant identifies them self as Indigenous]*
- Man
- I prefer not to answer

Are you someone with trans experience (meaning that your gender identity does not align with your sex assigned at birth)? *Select one.*

- Yes
- No
- I prefer not to answer

Do you identify as:

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual
- Pansexual
- Asexual
- Queer
- Two-Spirit *[option only shown when participant identifies them self as Indigenous]*
- Questioning/Unsure
- If none of the above, please specify: _____
- I prefer not to answer

How would you characterize your current relationship status?

- Single
- In a relationship
- Married, in a domestic partnership, or engaged
- Divorced or separated
- Widowed
- Other, please specify: _____

How many children under the age of 18 live in your household?

- #

Do you have elder care responsibilities?

- Yes
- No
- I prefer not to answer

Do you have any of the following disabilities or ongoing medical conditions that have affected your everyday functioning? *Select all that apply.*

- Physical disability
- Blind/Visually impaired



- Deaf/Hard of Hearing
- Mental Health Condition
- Neurological (learning disability, ASD, Traumatic Brain Injury, ADHD, etc.)
- Chronic Health Condition (Crohn's, HIV, etc.)
- Another condition not listed above
- Not applicable - I don't have a disability or ongoing medical condition
- I prefer not to answer

→ If selected at least one disability or other above:

Do you currently receive accommodation for this disability or ongoing medical condition at your institution?

- Yes
- No
- I prefer not to answer

What is the highest level of formal education that **you** have obtained?

- High school or less (e.g. GED, high school diploma, primary or elementary completion, etc.)
- Completed a college program (e.g. Apprenticeship, certificate or college diploma, etc.)
- Completed a university degree (e.g. Bachelor)
- Completed a graduate or other professional degree (e.g. Master, PhD)
- I don't know
- I prefer not to answer
- Not applicable

Are you:

- Faculty
- Staff [skip to "primary work location" question]
- Postdoctoral fellow [skip to "primary work location" question]

What is your employment category?

[Note: these responses will be specific to your institution. The responses below are provided as an example.]

- Academic Leader (Dean, Associate Dean, Department Head, etc.)
- Research and teaching, tenure-stream
- Teaching, tenure stream
- Clinical Faculty
- Lecturer and Sessional Lecturer
- Non-Tenure Stream Professors and Instructors
- Research Associate
- Adjunct Professor
- Program Director
- Librarian



- Other faculty appointments (e.g. Emeriti, Visiting, etc.)
- Decline to answer

What is your primary work location?

[Note: these responses will be specific to your institution. The responses below are provided as an example.]

- Vancouver – Point Grey
- Vancouver – Hospital Site (other than Point Grey)
- Vancouver – Robson Square
- Greater Vancouver – Other locations
- Okanagan Campus
- Other: _____

Please choose the option that best describes your current work arrangement:

- Full-time onsite
- A combination of onsite and remote
- Full-time remote

How long have you worked at your institution?

- Less than 90 days
- 90 days to 1 year
- 1 to 2 years
- 2 to 3 years
- 3 to 5 years
- 5 to 7 years
- 7 to 10 years
- 10 to 20 years
- Over 20 years
- Decline to answer

Is your appointment full-time or part-time?

- Full-Time
- Part-Time
- Decline to answer

Is your current position ongoing?

- Yes, I am in an ongoing position
- No, I am on a term assignment/temporary assignment
- Decline to answer

Do you have faculty or staff reporting to you?

- Yes
- No
- Decline to answer



Which employment group are you part of? *[Staff only]*

[Note: these responses will be specific to your institution. The responses below are provided as an example.]

- BCGEU – Okanagan
- BCGEU (Childcare) – Vancouver
- CUPE 116
- English as an additional language instructor
- CUPE 2950
- Excluded Management & Professional
- Executive Administrative Staff
- International Union of Operating Engineers
- Management & Professional (AAPS)
- Non-Union Technician and Research Assistant
- Senior Executive
- Service Unit Director
- Decline to answer
- Other (please specify)

Institution-specific Questions

The following question(s) were selected by your institution to inform current or planned initiatives.

[Up to 5 additional questions may be added by the institution. For more details, see the Technical Documentation and Implementation Checklist]



Optional Core Module 1: Suicidal Ideation

You have completed the first section of the survey. Your responses are valuable. We remind you that your responses will be kept confidential. Responses to this survey will not identify any individual respondent and will not be linked in any way to your employment records.

In the past 12 months, have you ever seriously contemplated suicide?

- Yes
- No
- I prefer not to answer

→ If answered yes to above:

In the past 12 months, have you ever made a plan to seriously attempt suicide?

- Yes
- No
- I prefer not to answer

If you need support, you can reach out to Crisis Services Canada (<http://www.crisisservicescanada.ca>) and connect with someone Toll-Free, 24 hours a day, 7 days a week at 1-833-456-4566



Option Core Module 2: Substance Use

The following questions will ask about your experience with alcohol and cannabis use. Your responses will help us understand baseline substance use rates for employees, and in turn will inform policies and programs related to alcohol, tobacco, and cannabis at your institution. All the information that you provide will remain strictly confidential.

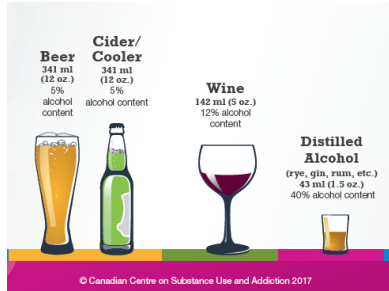
2a: Alcohol Use

For the purpose of this survey, a **drink** means:

- 341 ml or 12 oz. of beer or cooler (bottle, can, or draft)
- 142 ml or 5 oz. of wine
- 43 ml or 1.5 oz. of liquor or spirit (straight or mixed)

Include light beer.

Exclude de-alcoholised beer or coolers (0.5% alcohol) or cocktails such as a Virgin Mary or Shirley Temple.



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The physiological effects of alcohol vary by biological sex. For this question, refer to the number of drinks that corresponds with your biological sex at birth.

During the **past 30 days**, how often have you had *4 or more drinks (female sex)* OR *5 or more drinks (male sex)* on one occasion?

“On one occasion” means at the same time or within a couple of hours of each other.

- Daily or almost daily
- 2 to 5 times a week
- Once a week
- 2 to 3 times in the past 30 days
- Once in the past 30 days
- Not in the past 30 days
- I do not drink alcohol → *if selected, skip next question*
- I don't know
- I prefer not to answer

In the following questions, we are asking you to report the number of drinks you consumed each day during the past 7 days, starting with yesterday.



During the past 7 days, how many drinks did you have each day?

For each day, you should be counting up to 4am in the morning of the following day, e.g., Monday up to 4am of Tuesday.

Select the actual number of drinks for each day, not an average.

Select "0" if you had no drinks on a given day.

- One day ago: [0-30, 31 or more]
- Two days ago: [0-30, 31 or more]
- Three days ago: [0-30, 31 or more]
- Four days ago: [0-30, 31 or more]
- Five days ago: [0-30, 31 or more]
- Six days ago: [0-30, 31 or more]
- Seven days ago: [0-30, 31 or more]

2b: Cannabis Use

The next questions are about **cannabis**. In this survey when we use the term **cannabis**, this includes marijuana (e.g., weed, pot), hashish, hash oil or any other products made from the cannabis plant, but not synthetic cannabinoids.

When we ask about use, this includes using cannabis in its dry form or when mixed or processed into another product such as an edible, an extract, a concentrate, including hashish, a liquid, or other product.

Cannabis use may include use for medical and/or non-medical purposes.

In the **past 12 months**, have you used cannabis?

- Yes
- No
- I don't know
- I prefer not to answer

→ If answered yes to above:

In the **past 30 days**, how often did you use cannabis?

- Not in the past 30 days
- 1 day in the past 30 days
- 2 or 3 days in the past 30 days
- 1 or 2 day(s) per week
- 3 or 4 days per week
- 5 or 6 days per week
- Daily
- I don't know
- I prefer not to answer



2c: Tobacco Use

The following section is about smoking commercial tobacco. This does not include using tobacco for traditional or cultural reasons.

Which of the following best applies to you?

- I smoke cigarettes (including hand-rolled) every day
- I smoke cigarettes (including hand-rolled), but not every day
- I do not smoke cigarettes at all, but I do smoke tobacco of some kind (e.g. Pipe, cigar or shisha)
- I have stopped smoking completely in the last year
- I stopped smoking completely more than a year ago
- I have never been a smoker (i.e. smoked for a year or more)
- I don't know
- I prefer not to answer

During the past 30 days, how often did you use an e-cigarette or vaping device?

- Daily or almost daily
- Less than daily, but at least once a week
- Less than weekly, but at least once in the past 30 days
- Not in the past 30 days, but from time to time
- Never
- I don't know
- I prefer not to answer

→ If answered daily, less than daily or less than weekly to above:

On how many of the past 30 days did you vape an e-liquid with nicotine?

- 0-30
- I don't know
- I prefer not to answer

On how many of the past 30 days did you vape cannabis/marijuana?

- 0-30
- I don't know
- I prefer not to answer

On how many of the past 30 days, did you vape just flavouring (without nicotine)?

- 0-30
- I don't know
- I prefer not to answer



Optional Additional Module 1: Eco-anxiety

Please rate how often the following statements are true for you.

	Never	Rarely	Someti mes	Often	Almost always
Thinking about climate change makes it difficult for me to sleep					
My concerns about climate change interfere with my ability to get work done					
I try to reduce my behaviors that contribute to climate change					
I believe I can do something to help address the problem of climate change					

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