

Hanna Cares Pandemic Survey

General Wellbeing

Government lockdowns, income reductions, isolation, discrimination, fear..... We want to know how the pandemic has had an impact on you!

Please take 10-15 minutes to complete this survey. The information gathered will help us understand and respond to community needs. To complete the survey, visit hanna.ca or pick up a paper version at the Town Office.

Personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to manage and administer Town of Hanna FCSS's service delivery. If you have questions regarding the collection, use or disclosure of this information, contact Town of Hanna at 403-854-4433.

1. How would you say your mental health/personal well-being has changed due to the COVID-19 pandemic? Note multiple choice question

- Significantly worse
- Somewhat worse
- No change
- Somewhat better
- Significantly better
- Unsure

2. How concerned are you about the following impacts of the COVID-19 pandemic?

	Extremely concerned	Very concerned	Somewhat concerned	Not at all concerned
My own physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own mental health and personal well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member's physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member's mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turning to substances to cope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overloading the health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family stress from confinement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in disagreements and conflict in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of routine/disruption of day-to-day life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing the essential goods that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to services and programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of social connection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining or starting friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What other concerns do you have regarding the impact of the COVID-19 pandemic?

4. Thinking about the current situation, have you experienced any of the following? Check as many as apply.

- Feeling helpless about the situation
- Loss of interest and pleasure in your daily activities
- Change in the quality or duration of your sleep
- Feeling more irritable or having moments of anger that you did not have before
- Feeling more tired than usual
- Feeling unable to find something positive that occurred during the day
- Moments of anxiety
- Lack of motivation and/or feeling a desire to stay in bed all day
- Increased use of alcohol and/or drugs
- None of the above

Other? Please explain:

5. How much have the following negatively impacted your state of mind?

	Greatly impacted	Moderately impacted	No impact
The continuous TV and social media coverage of the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying to manage your daily schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of being infected or infecting someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trying to keep up and understand the guidelines or recommendations from the authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandatory restrictions from the provincial government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The need to wear a mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The situation of someone close to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about personal safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What else has had a negative impact your state of mind?

7. How would you describe your sense of belonging and connection to your local community?

- Very strong Somewhat weak
 Somewhat strong Very weak

8. In times of stress and need, who do you turn to for help and support? Please select 3.

- | | |
|---|---|
| <input type="checkbox"/> Local community agencies | <input type="checkbox"/> Neighbours |
| <input type="checkbox"/> Employer | <input type="checkbox"/> School |
| <input type="checkbox"/> Faith groups | <input type="checkbox"/> Online or social media community |
| <input type="checkbox"/> Family | <input type="checkbox"/> I do not have anyone |
| <input type="checkbox"/> Friends | <input type="checkbox"/> If other, please specify: |
| <input type="checkbox"/> Health professionals | |

Other (please specify)

9. Do you have access to technology to connect with family, friends, or other social groups outside of your household?

- Yes No

10. Have you experienced an increase in discrimination since the pandemic began?

- Yes No

11. Do you feel that you have the mental health and personal well-being support you need?

- Yes No

12. Are you aware of the mental health and personal well-being resources in the community?

- Yes No

13. Have you or anyone in your household lost their job or experienced job instability because of the COVID-19 pandemic? (check all that apply)

- Yes, I have
- Yes, someone in my household has
- No, but my hours have been reduced
- Not yet, but I am concerned it might happen
- No, my job and my family income is secure

14. Since the beginning of the COVID-19 pandemic, how has it been for you or your household to meet its financial needs?

- Much more difficult
- Somewhat more difficult
- Neither easy nor difficult
- Somewhat easier
- Much easier
- Unsure

15. If the current public health response to the COVID-19 pandemic does not change for the next few months, what will happen to your financial situation?

- Significantly worse
- Somewhat worse
- No change
- Somewhat better
- Significantly better
- Unsure

16. How likely is it that your household will run out of food before you receive money to buy more?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Unsure

17. How likely is it that your household will be unable to purchase clothing and/or personal hygiene products before you receive money to buy more?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Unsure

18. Can you afford to purchase masks and hand sanitizer?

- Yes
- No

19. Which statement best describes your current housing situation?

- Homeowner
- Rental that is secure
- Live with others and it is a permanent situation
- Staying with family/friends but it isn't permanent
- My housing situation isn't safe or healthy
- Living at a campground or out of my vehicle
- Unsheltered
- Other (please explain)

20. How likely is it that you will need to move within the next 6 months because you can no longer afford your current home?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Unsure

21. What is your outlook on your financial stability after the pandemic?

- Extremely concerned
- Moderately concerned
- Somewhat concerned
- Slightly concerned
- Not at all concerned

22. Have you applied for any of the following financial relief services? (check all that apply)

- I have not needed financial relief services
- Household payment deferrals (mortgage, utility, property tax)
- Credit card payment deferrals
- Employment Insurance (EI)
- Government of Canada COVID-19 Benefits: CRB, CRSB, CRCB and CERB (now closed)
- Government of Alberta Small and Medium Enterprise Relaunch Grant
- Accessed the changes by the Canada Student Loans Program
- Accessed the reduced minimum withdrawal changes to Registered Retirement Income Funds (RRIFs)
- I do not qualify for government financial relief programs

23. Do you feel the businesses, agencies, and organizations in your community are enforcing and following the provincial restrictions and guidelines?

- Yes
- No

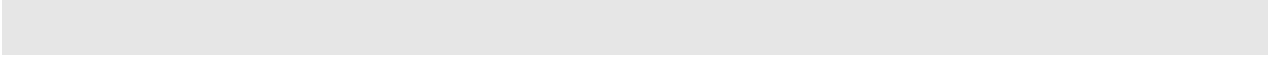
24. What would help you feel safer when accessing businesses, agencies, and organizations in your community?

25. Do you have ideas or suggestions on programs that could be offered to keep your spirits up during the COVID-19 pandemic?

26. How do you prefer to participate in programs?

In-person Virtually

Other



27. Is transportation an issue for you?

Yes No

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Transportation

28. What do you require transportation for?

	Within the community	Outside of the community	Not required
Medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Errands such as paying bills, banking and going to the post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socializing or visiting family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

29. How much are you willing to pay to use a service that provides the vehicle, the driver, and insurance?

- Travel within Town limits. Flat fee of \$5
- Travel within Town limits. Flat fee of \$10
- Travel within Town limits. Free of charge
- Travel outside Town limits. Flat fee of \$50 per 100 km
- Travel outside Town limits. Flat fee of \$100 per 100 km
- Travel outside Town limits \$0.10 per km
- Travel outside Town limits \$0.15 per km.

Other (please specify)

30. Are you 65 years or older?

- Yes No

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Questions for age 65+

This next section is for those who are 65 years and older

31. Do you feel you are able to manage your basic physical, emotional, and financial needs?

Yes No

32. What needs do you require assistance with?

Accessing government supports

Food security

Social support

Home visitation

Basic housekeeping support

None

Other (please specify)

33. What services/programs do you feel are needed for seniors in the community?

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Community Wellness

The Hanna Wellness Network (HWN) was formed in 2018 with the support of Alberta Health Services. The HWN was created by local groups and individuals whose goal is to assist with providing an active, healthy, and connected community.

34. Given the current restrictions impacting recreation facilities and opportunities, have you accessed any of the following outdoor activities?

	Used Once	Used more than once	Never used
Croki curl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hector King-Hunter Park Light Tour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winkler Park Snow Hill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Former Primary School Grounds Snow Hill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fox Lake Park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross Country Ski Trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JCC Outdoor Gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elks Outdoor Rink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Has this had a positive impact for you and/or your family?

- Extremely Somewhat Not at all

36. Please check any of the following that you feel are valuable in the community.

- Access to existing outdoor assets such as walking trails, tennis courts, ball diamonds, etc.
- Fitness in the park
- Outdoor events or gatherings
- Enhancement of existing facilities such as seasonal lighting and displays when appropriate
- Other (please specify)

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Classification Questions

37. Overall, how do you feel about the long-term future of Hanna's social wellbeing?

- Positive Neutral Negative

38. What has changed for the BETTER for you since the COVID-19 pandemic?

39. What has changed for the WORSE for you since the COVID-19 pandemic?

40. Would you be interested in having more information about where to find help? If yes, what would you like to have?

41. Your age:

- Over 65 46-64 31-45 19-30 18 or under

42. How would you describe your gender?

- Male Female Prefer not to say

- Prefer to self describe as:

43. Your citizenship/immigration status is:

- Canadian citizen
- Work visa (Temporary foreign worker)
- Refugee
- Permanent resident/landed immigrant
- Student visa
- Temporary resident
- Visitor visa
- Other (please specify)

44. Which of the following best describes where you live?

- In Hanna Rural (surrounding area) I'm not from the area

45. How many people live in your household including you?

	Select
How many children 0-6 reside in your household?	<input type="text"/>
How many children 7-12 reside in your household?	<input type="text"/>
How many children 13-18 reside in your household?	<input type="text"/>
How many adult children over 19 years of age reside in your household?	<input type="text"/>

46. How many adults over 65 years old reside in your household?

- 0 1 2 3 4 5+

47. Can you estimate your household income, before taxes and deductions, for 2020?
Household refers to all family members of your household (excludes roommates).

- | | |
|--|--|
| <input type="radio"/> Under \$20,000 | <input type="radio"/> \$120,000 to \$139,999 |
| <input type="radio"/> \$20,000 to \$39,999 | <input type="radio"/> \$140,000 to \$159,999 |
| <input type="radio"/> \$40,000 to \$59,999 | <input type="radio"/> \$160,000 to \$179,999 |
| <input type="radio"/> \$60,000 to \$79,999 | <input type="radio"/> \$180,000 to \$199,999 |
| <input type="radio"/> \$80,000 to \$99,999 | <input type="radio"/> \$200,000 and over |
| <input type="radio"/> \$100,000 to \$119,999 | <input type="radio"/> Prefer not to say |

48. How do you find out information regarding services, programs, and events? (check all that apply)

- Town of Hanna Website
- Newspaper – Hanna Herald, Coffee Break, East Central Review, etc.
- Radio
- Social Media
- Word of Mouth
- HLC Program Guide
- Billboards, signs, and posters
- Other (please specify)

49. Please provide any other feedback or comments:

If you would like to be entered into the draw for one of 10 prizes of \$25 Hanna Chamber Bucks, please provide your name and phone number where you may be reached:

If you'd like to receive the Town of Hanna news and information by email, please provide your email address as well.

50. Contact Information

Name:

Phone Number:

Email:

If you need help or would like to lend a hand, sign up for [Hanna Cares](#) today.

<https://hanna.ca/help>