

**Supplementary File S1. Independent Variables Included in Initial Multivariable Binary Regression Model**

| <b>Variable</b> | <b>Description</b>  | <b>Response Level</b>         |
|-----------------|---|-------------------------------|
| work_from_home  | During the COVID-19 pandemic, how often have you worked from home?  | 8888:Not Working During COVID |
|                 |   | All of the time               |
|                 |   | Most of the time              |
|                 |   | Not at all                    |
|                 |   | Some of the time              |
|                 |   | Very little of the time       |
| Income          | What is your best estimate of your total household income received by all household members, from all sources, before taxes and deductions, during the year ending December 31, 2020? Note: Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, spousal support (alimony) and rental income. | \$10,000 to \$14,999          |
|                 |   | \$100,000 to \$149,999        |
|                 |   | \$15,000 to \$19,999          |
|                 |   | \$150,000 to \$199,999        |
|                 |   | \$20,000 to \$24,999          |
|                 |   | \$200,000 or more             |
|                 |   | \$25,000 to \$29,999          |
|                 |   | \$30,000 to \$34,999          |
|                 |   | \$35,000 to \$39,999          |
|                 |   | \$40,000 to \$44,999          |
|                 |   | \$45,000 to \$49,999          |
|                 |   | \$5,000 to \$9,999            |
|                 |   | \$50,000 to \$59,999          |
|                 |   | \$60,000 to \$69,999          |
|                 |   | \$70,000 to \$79,999          |
|                 |   | \$80,000 to \$89,999          |
|                 |   | \$90,000 to \$99,999          |
|                 |   | Under \$5,000                 |
| gender          | How do you identify, in terms of gender? - Selected Choice  | Man                           |
|                 |   | Non-binary                    |
|                 |   | Woman                         |
| ethnicity       | Which of the following best describes your race or ethnicity? - Selected Choice   | African, Caribbean, or Black  |
|                 |   | Arab                          |
|                 |   | Chinese                       |
|                 |   | Filipino                      |
|                 |   | Indigenous                    |

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|                        |  | Japanese  |
|                        |  | Korean  |
|                        |  | Latin American  |
|                        |  | None of the above, I identify as  |
|                        |  | South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)                                  |
|                        |  | Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)                            |
|                        |  | West Asian (e.g., Iranian, Afghan, etc.)  |
|                        |  | White   |
| identity_newcomers     | Do you belong to any of the following groups? (Check all that apply) - Newcomers (e.g., Recent immigrants and refugees, i.e. being in Canada for less than 10 years) | 8888: Not Selected  |
|                        |  | Newcomers (e.g., Recent immigrants and refugees, i.e. being in Canada for less than 10 years) |
| age                    | How old are you (in years)?  | --  |
| educational_attainment | Derived Variable: Educational Attainment   | Apprenticeship or trades certificate or diploma   |
|                        |  | Bachelor's degree   |
|                        |  | College, CEGEP or other non-university certificate or diploma                                 |
|                        |  | Degree in medicine, dentistry, veterinary medicine or optometry                               |
|                        |  | Earned doctorate  |
|                        |  | High School Diploma or Lower  |
|                        |  | Master's degree   |
|                        |  | University certificate or diploma above bachelor level  |
|                        |  | University certificate or diploma below bachelor level  |
| money_never_have       | How well do each of the statements describe you? - Because of my money situation, I feel like I will never have the things I want in life.                           | Completely  |
|                        |  | Not at all  |
|                        |  | Somewhat  |
|                        |  | Very Little   |
|                        |  | Very Well   |

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| money_concerned        | How well do each of the statements describe you? - I am concerned that the money I have or will save won't last.                                 | Completely                    |
|                        |  | Not at all                    |
|                        |  | Somewhat                      |
|                        |  | Very Little                   |
|                        |  | Very Well                     |
| money_finances_control | How frequent are each of the statements below true for you? - My finances control my life.   | Always                        |
|                        |  | Never                         |
|                        |  | Often                         |
|                        |  | Rarely                        |
|                        |  | Sometimes                     |
| work_stress            | How frequent are each of the statements below true for you? - I feel stress about my job even when I am not at work.                             | 8888:Not Working During COVID |
|                        |  | Always                        |
|                        |  | Never                         |
|                        |  | Often                         |
|                        |  | Rarely                        |
| work_unsustainable     | How well do each of the statements describe you? - I feel that my work-load is unsustainable.  | 8888:Not Working During COVID |
|                        |  | Completely                    |
|                        |  | Not at all                    |
|                        |  | Somewhat                      |
|                        |  | Very Little                   |
| work_control           | How well do each of the statements describe you? - I have a lot of control over how I do my work.  | 8888:Not Working During COVID |
|                        |  | Completely                    |
|                        |  | Not at all                    |
|                        |  | Somewhat                      |
|                        |  | Very Little                   |
| time_working           | Please rate whether you spend too much time, too little time, or just the right amount of time doing each of the following activities: - working | Just the right amount         |
|                        |  | Too little                    |
|                        |  | Too much                      |
| burnout_helpless       | When you think about your life overall, how  | Almost never                  |
|                        |  | Always                        |
|                        |  | Never                         |

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|                                   | often do you feel the following? - Helpless  | Often   |
|                                   |  | Rarely  |
|                                   |  | Sometimes   |
|                                   |  | Very Often  |
| employment_impact_laid_off        | Did COVID-19 impact your employment in any of the following ways? (Check all that apply) - I was laid off temporarily or permanently               | 8888: Not Selected                                      |
|                                   |  | I was laid off temporarily or permanently               |
| employment_impact_not_employed    | Did COVID-19 impact your employment in any of the following ways? (Check all that apply) - I was not employed or self-employed before the COVID-19 | 8888: Not Selected                                      |
|                                   |  | I was not employed or self-employed before the COVID-19 |
| employment_impact_increased_hours | Did COVID-19 impact your employment in any of the following ways? (Check all that apply) - I had my hours of work increased                        | 8888: Not Selected                                      |
|                                   |  | I had my hours of work increased                        |
| employment_impact_decreased_hours | Did COVID-19 impact your employment in any of the following ways? (Check all that apply) - I had my hours of work reduced                          | 8888: Not Selected                                      |
|                                   |  | I had my hours of work reduced                          |
| employment_impact_new_job         | Did COVID-19 impact your employment in any of the following ways? (Check all that  | 8888: Not Selected                                      |
|                                   |  | I got a new job   |

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|                             | apply) - I got a new job  |   |
| employment_impact_no_change | Did COVID-19 impact your employment in any of the following ways? (Check all that apply) - I have had no change in my hours of work   | 8888: Not Selected  |
|                             |   | I have had no change in my hours of work                                    |
| employment                  | Derived Variable: Employment (based on hours worked)  | Full Time   |
|                             |   | No Work   |
|                             |   | Overtime  |
|                             |   | Part Time   |
| occupation                  | Please use the drop-down menu below to identify the best matching description of your occupation:Note: If you are unemployed due to the pandemic, please indicate the job that you were doing before you became unemployed. | Business, finance and administration occupations                            |
|                             |   | Health occupations  |
|                             |   | Management occupations  |
|                             |   | Natural and applied sciences and related occupations                        |
|                             |   | Natural resources, agriculture and related production occupations           |
|                             |   | Occupations in art, culture, recreation and sport                           |
|                             |   | Occupations in education, law and social, community and government services |
|                             |   | Occupations in manufacturing and utilities                                  |
|                             |   | Sales and service occupations   |
|                             |   | Trades, transport and equipment operators and related occupations           |
| work_dignity                | How well do each of the statements describe you? - I feel that I am treated with dignity and respect in my workplace.   | 8888:Not Working During COVID   |
|                             |   | Completely  |
|                             |   | Not at all  |
|                             |   | Somewhat  |
|                             |   | Very Little   |
|                             |   | Very Well   |
| housing_cost                | How much do you pay for housing each month? Note: Please Include  | --  |
|                             |   | Other   |
|                             |   | Own it outright (including condos)  |
|                             |   | Own it with mortgage or loan (including condos)                             |

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|                      | rent or mortgage payments, strata fees, insurance payments, and, if applicable, property taxes.                    | Part own and part rent (shared ownership such as co-op)   |
|                      |  | Rent at no costs, i.e. rent-free in relative's/friend's property\   |
|                      |  | Rent it with subsidies, i.e. you pay a below-market rate (including rent geared to income, social housing, government assisted housing, housing allowances, etc.) |
|                      |  | Rent it without subsidies, i.e. you pay a market rate   |
| housing_satisfaction | How satisfied or dissatisfied are you with your current living arrangements?                                       | Dissatisfied  |
|                      |  | Satisfied   |
|                      |  | Very Dissatisfied   |
|                      |  | Very Satisfied  |
| commute_time         | How many minutes does it usually take you to get from home to work or school?                                      | 0 minutes, I work from home   |
|                      |  | 15 to 29 minutes  |
|                      |  | 30 to 44 minutes  |
|                      |  | 45 to 59 minutes  |
|                      |  | 60 minutes and over   |
|                      |  | 8888: Only Worked From Home During COVID  |
|                      |  | 8888:Not Working During COVID   |
|                      |  | Less than 15 minutes  |
| commute_mode         | How do you usually get to school or work?  | 8888: Only Worked From Home During COVID  |
|                      |  | 8888:Not Working During COVID   |
|                      |  | Bicycle   |
|                      |  | Bus   |
|                      |  | Car, truck or van - as a driver   |
|                      |  | Car, truck or van - as a passenger  |
|                      |  | Light rail, streetcar or commuter train   |
|                      |  | Motorcycle, scooter or moped  |
|                      |  | Other method  |
|                      |  | Passenger ferry   |
|                      |  | Subway or elevated rail   |
|                      |  | Walked to work  |
| covid_masks          | To what extent are you currently following the COVID-19 prevention practices listed below? - Wear a mask in public | Not at all  |
|                      |  | Somewhat  |
|                      |  | Very Closely  |

|                          |   |                |
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| covid_distancing         | To what extent are you currently following the COVID-19 prevention practices listed below? - Physically distance yourself by 2 metres from others | Not at all     |
|                          |   | Somewhat       |
|                          |   | Very Closely   |
| vaccinated               | Have you received a COVID-19 Vaccine?   | No             |
|                          |   | Yes, one dose  |
|                          |   | Yes, two doses |
| self Rated Mental Health | At the present time, would you say your MENTAL HEALTH is:   | Excellent      |
|                          |   | Very good      |
|                          |   | Good           |
|                          |   | Fair           |
|                          |   | Poor           |