

Supplementary Table 1. Questionnaire items collected by study interviewers.

Core Data Elements	
4	Date of interview _____ (DD-MM-YYYY)
5	What is your age? (years) _____ ((YY))
6	What was your assigned sex at birth? <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> PREFER TO SELF-DESCRIBE <input type="radio"/> PREFER NOT TO ANSWER
11	How would you describe your ethnicity or race? [SELECT ALL THAT APPLY] If you are an Indigenous person (answered YES above), select any other that apply. <input type="checkbox"/> WHITE <input type="checkbox"/> SOUTH ASIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> BLACK <input type="checkbox"/> FILIPINO <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> ARAB <input type="checkbox"/> SOUTHEAST ASIAN <input type="checkbox"/> WEST ASIAN <input type="checkbox"/> KOREAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> PREFER TO SELF-DESCRIBE <input type="checkbox"/> PREFER NOT TO ANSWER
13	What is the highest level of education you have completed? <input type="radio"/> LESS THAN HIGH SCHOOL GRADUATION <input type="radio"/> HIGH SCHOOL GRADUATION <input type="radio"/> TRADE CERTIFICATE, VOCATIONAL SCHOOL, OR APPRENTICESHIP TRAINING <input type="radio"/> NON-UNIVERSITY CERTIFICATE OR DIPLOMA FROM A COMMUNITY COLLEGE, CEGEP <input type="radio"/> UNIVERSITY BACHELOR'S DEGREE <input type="radio"/> UNIVERSITY GRADUATE DEGREE (SUCH AS A MASTERS C DOCTORATE) <input type="radio"/> PREFER NOT TO ANSWER
77	Have you been homeless in the last 2 months? <input type="radio"/> YES <input type="radio"/> NO
COVID-19 History	
210	In the last 2 months, do you think you have had COVID-19? <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> DON'T KNOW <input type="radio"/> PREFER NOT TO ANSWER
215	In the last 2 months, have you ever been tested for an active COVID-19 infection (using nasopharyngeal/throat swab, saliva or gargle test)? <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> DON'T KNOW <input type="radio"/> PREFER NOT TO ANSWER
218	In the last 2 months, have you tested positive for COVID-19 on a test (nasopharyngeal/throat swab, saliva or gargle test) <input type="radio"/> NO <input type="radio"/> YES <input type="radio"/> DON'T KNOW

78 What type of place are you living in now? APARTMENT
 ROOM IN HOTEL
 HOUSE
 SHELTER
 NFA/STREET
 TREATMENT/RECOVERY HOUSE
 JAIL
 COVID EMERGENCY HOUSING
 OTHER: _____

90 Have you used any non-injection drugs in the last 2 months? YES
 NO

105 Have you used any injection drugs in the last 2 months? YES
 NO

Indicate if, or how often you have done the following since March 2020 ?

	NEVER (0% OF THE TIME)	OCCASIONALLY (25% OF THE TIME OR LESS)	SOMETIMES (26-74% OF THE TIME)	USUALLY (75% OF THE TIME OR MORE)	ALWAYS (100% OF THE TIME)
136 Worn a mask in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137 Practiced physical distancing in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138 Avoided crowded places/gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139 Avoided common greetings (such as a handshake or a hug)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140 Limited contact with people at higher risk (e.g., an elderly relative)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

150 What are the sources of information you use to make your decision about getting the COVID-19 vaccine? (READ; Check all that apply)

FAMILY MEMBERS
 FRIENDS
 OTHER PEOPLE WHO USE DRUGS (PEERS, DEALERS, ETC)
 MY MD
 NURSES/ SOCIAL WORKER/ PHARMACIST
 HARM REDUCTION WORKER (OPS, SIF, NEP)
 VCH OUTREACH WORKERS
 MEDIA LIKE NEWSPAPERS, TV, RADIO
 SOCIAL MEDIA LIKE FACEBOOK OR INSTA
 YOUTUBE
 OTHER (SPECIFY BELOW)
 OTHER (SPECIFY BELOW)
(Still ask if not wanting to get vax)

157 If you do not plan to get the COVID-19 vaccine, what are the reasons you do not plan to get it? (Do not read; Select all that apply)

- I'M ALLERGIC TO VACCINES
- I DON'T LIKE NEEDLES
- I'M NOT CONCERNED ABOUT GETTING REALLY SICK FROM COVID-19
- I'M CONCERNED ABOUT THE SIDE EFFECTS OF THE VACCINE
- I DON'T THINK VACCINES WORK WELL
- I DON'T TRUST THE VACCINE WILL BE SAFE
- I DON'T TRUST DOCTORS
- I DON'T TRUST THE GOVERNMENT
- I DON'T BELIEVE THE COVID-19 IS AS BAD AS SOME PEOPLE SAY IT IS
- I DON'T KNOW ENOUGH ABOUT HOW WELL A COVID-19 VACCINE WORKS
- I ALREADY HAD COVID-19
- I HAVE BEEN POORLY TREATED BY DOCTORS OR OTHER HEALTHCARE WORKERS
- OTHER (SPECIFY BELOW)

159 If you did get the COVID-19 vaccine, or plan on getting it, what are the reasons why?

- I AM WORRIED ABOUT GETTING COVID-19
- I DO NOT WANT TO PASS COVID TO MY FRIENDS, FAMILY OR PEERS
- I AM CONFIDENT IT IS SAFE
- I AM CONFIDENT IT IS EFFECTIVE
- A DOCTOR/NURSE/HEALTHCARE WORKER TOLD ME TO
- A FRIEND/FAMILY MEMBER/PEER TOLD ME TO
- I HAVE A HEALTH CONDITION THAT COULD CAUSE A SERIOUS CASE OF COVID-19
- I DO NOT LIKE MASKING/SOCIAL DISTANCING OR OTHER COVID-19 PROTECTION MEASURES
- I AM NOT ABLE TO MAKE/SOCIAL DISTANCE OR EMPLOY OTHER COVID-19 PROTECTIVE MEASURES
- OTHER (SPECIFY BELOW)

Notes: column 1 refers to the item number in the interviewer administered questionnaire, column 2 includes the questions asked of the participants and column 3 includes the response options provided by the participants.
