**Supplement 1: Study Survey**

**DEMOGRAPHICS**

1. What sex were you assigned at birth, meaning on your original birth certificate (please select only one response)?
2. Male
3. Female
4. What is your current gender identity (please select only one response)?
5. Man
6. Woman
7. Trans man
8. Trans woman
9. Gender queer/ gender non-conforming
10. Different identity (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. What is your age? (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your highest level of education (please only select one response)?
2. Did not complete secondary / high school diploma
3. Secondary (high) school graduation certificate/ diploma or equivalent
4. Post-secondary education (college, trades school, university) certificate or diploma below a bachelor’s level
5. Bachelor’s Degree
6. University certificate or diploma above Bachelor’s level
7. Advanced degree (i.e. Masters, PhD/doctorate, medicine, dentistry)
8. Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. What is your ethnicity (please select all that apply)?
10. Aboriginal
11. White
12. Black
13. European
14. North American
15. Latin American
16. African
17. Arab
18. Filipino
19. Chinese
20. Korean
21. Japanese
22. South East Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
23. South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
24. West Asian (e.g., Iranian, Afghan, etc.)
25. Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
26. What is your marital status (please select only one response)?
27. Never married
28. Married/living with someone/common law
29. Divorced/separated
30. Widowed and not remarried/living with someone
31. Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
32. Do you recall the date of your traumatic brain injury (TBI)?
33. Yes
34. No

**7a.** If yes, what was the date of your TBI?

/ / dd/mm/yy

1. What is the cause of your TBI (please select only one response)?
2. Motor Vehicle Collision (e.g., truck, automobile, motorcycle, bicycle, pedestrian)
3. Fall
4. Explosion or blast
5. Suicide attempt
6. Sports related
7. Gunshot wound
8. Interpersonal violence (other than gunshot)
9. Work related Injury
10. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Cannot recall
12. Please indicate level of loss of consciousness (LOC) (i.e., loss of awareness of self and surrounding) at time of injury (please select only one response):
13. No LOC
14. LOC <30 minutes
15. LOC 30 minutes – 60 minutes, inclusive
16. LOC >1 hour and ≤ 24 hours (specify hours:\_\_\_)
17. LOC >1 day (specify days: \_\_\_)
18. Cannot recall
19. Please indicate level of post-traumatic amnesia (PTA) (i.e., state of confusion or disorientation and memory loss) at time of injury (please select only one response):
20. No PTA
21. PTA <30 minutes
22. PTA 30 minutes – 60 minutes, inclusive
23. PTA >1 hour and ≤ 24 hours (specify hours: \_\_\_)
24. PTA >1 day (specify days: \_\_\_)
25. Cannot recall
26. Do you recall the admission date of your Acquired Brain Injury (ABI) inpatient program?
27. Yes
28. No
29. Not applicable

**11a.** If yes, what was the admission date of your ABI inpatient program?

/ / dd/mm/yy

1. Do you recall the discharge date of your ABI inpatient program?
2. Yes
3. No
4. Not applicable

**12a**. If yes, what was the discharge date of your ABI inpatient program?

/ / dd/mm/yy

1. Do you recall the admission date of your ABI outpatient program?
2. Yes
3. No
4. Not applicable

**13a.** If yes, what was the admission date of your ABI outpatient program?

/ / dd/mm/yy

1. Do you recall the discharge date of your ABI outpatient program?
2. Yes
3. No
4. Not applicable

**14a.** If yes, what was the discharge date of your ABI outpatient program?

/ / dd/mm/yy

**QUALITY OF LIFE AFTER BRAIN INJURY – Overall Scale**

**The following questions ask about your quality of life since your traumatic brain injury.**

We would like to know **how satisfied** you are with different aspects of your life since your brain injury. For each question please choose the answer which is closest to how you feel and mark the box with an “X”.

1. **These questions are about how you feel overall, before COVID-19*.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Questions | Not at all | Slightly | Moderately | Quite | Very |
| **1. Overall**, how satisfied are you with your physical condition? |  |  |  |  |  |
| **2. Overall**, how satisfied are you with how your brain is working, in terms of your concentration, memory, thinking? |  |  |  |  |  |
| **3. Overall**, how satisfied are you with your feelings and emotions? |  |  |  |  |  |
| **4. Overall**, how satisfied are you with your ability to carry out day to day activities? |  |  |  |  |  |
| **5. Overall**, how satisfied are you with your personal and social life? |  |  |  |  |  |
| **6. Overall**, how satisfied are you with your current situation and future prospects? |  |  |  |  |  |

1. **These questions are about how you feel overall now *(including the past week).***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Questions | Not at all | Slightly | Moderately | Quite | Very |
| **1. Overall**, how satisfied are you with your physical condition? |  |  |  |  |  |
| **2. Overall**, how satisfied are you with how your brain is working, in terms of your concentration, memory, thinking? |  |  |  |  |  |
| **3. Overall**, how satisfied are you with your feelings and emotions? |  |  |  |  |  |
| **4. Overall**, how satisfied are you with your ability to carry out day to day activities? |  |  |  |  |  |
| **5. Overall**, how satisfied are you with your personal and social life? |  |  |  |  |  |
| **6. Overall**, how satisfied are you with your current situation and future prospects? |  |  |  |  |  |

**STATISTICS CANADA – CANADIAN SURVEY ON DISABILITY**

**The following sections ask about your general health and use of therapies and social service supports; employment status and transition to work; and employment accommodations, since your traumatic brain injury.**

General Health and Health Care Services

By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

1. **In general**, would you say **your health** is (please select only one response):
2. Excellent
3. Very good
4. Good
5. Fair
6. Poor
7. **Using a scale of 0 to 10**, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now (please select only one response)?
8. 0 Very dissatisfied
9. 1
10. 2
11. 3
12. 4
13. 5
14. 6
15. 7
16. 8
17. 9
18. 10 Very satisfied
19. **In general**, would you say **your mental health** is (please select only one response):
20. Excellent
21. Very good
22. Good
23. Fair
24. Poor
25. **Because of your traumatic brain injury**, do you **need help with any of the following activities** (please select all that apply)?
26. Preparing meals
27. Everyday housework (e.g., dusting or tidying up)
28. Heavy household chores (e.g., yard work, snow removal or spring cleaning)
29. Getting to appointments or running errands (e.g., shopping for groceries or other essential items)
30. Looking after personal finances (e.g., making bank transactions or paying bills)
31. Personal care (e.g., washing, dressing or taking medication)
32. Basic medical care at home (e.g., blood or urine tests, injections, etc.)
33. Moving around inside residence
34. None of the above
35. During the **past 12 months**, did you **receive** any of the **following therapies or services** on a **regular basis** because of your **traumatic brain injury** (please select all that apply)?
36. Physiotherapy, massage therapy or chiropractic treatments
37. Speech therapy
38. Occupational therapy
39. Counselling services from a psychologist, psychiatrist, psychotherapist or social worker
40. Professional nursing care at home (e.g., injections, catheter or colostomy care, wound care or tube feeding)
41. Support group services, drop-in center services or telephone information or support lines
42. Addiction services
43. Tutor
44. Other therapy or service - specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
45. None
46. During the **past 12 months**, which of the following **therapies or services** **did you need** on a regular basis **because of your traumatic brain injury** **but did not receive** (please select all that apply)?
47. Physiotherapy, massage therapy or chiropractic treatments
48. Speech therapy
49. Occupational therapy
50. Counselling services from a psychologist, psychiatrist, psychotherapist or social worker
51. Professional nursing care at home (e.g., injections, catheter or colostomy care, wound care or tube feeding)
52. Support group services, drop-in center services or telephone information or support lines
53. Addiction services
54. Tutor
55. Other therapy or service - specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
56. None
57. Please **describe** what **type of** **therapy(ies)** or **social support services** you **would have liked to receive since your brain injury** to help with **integrating within your community**?
58. Please **describe** what **type of** **therapy(ies) or social support services** you **would have liked to receive since your brain injury** to help with **securing or maintaining employment**?
59. **Please describe** **reasons** as to why you were **unable to participate in this/these therapy(ies) or social support services** that you have described?

Employment Status and Transition to work (e.g., working for the first time, new job, going back to the same or similar job).

1. Were you **employed at the time** of your **traumatic brain injury**?
2. Yes
3. No (if no, go to question 29)
4. **What was your work** or occupation **at the time of your traumatic brain injury**?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In this work, what were your main activities?  
   ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you **currently employed** in any capacity?
3. Yes
4. No (if no, go to section on employment accommodations)
5. Which **occupation sector** does your **current employment fall within** (please select only one response)?
6. Management occupations (e.g., legislators, senior management, and middle management in retail, wholesale trade, customer services, trades, transportation, production and utilities)
7. Business, finance and administration occupations (e.g., finance, insurance, accounting, office support, and related business administrative occupations)
8. Natural and applied sciences and related occupations (e.g., science, engineering, architecture and information technology)
9. Health occupations (e.g., medical and dental related occupations)
10. Occupations in education, law and social, community and government services (e.g., law, teaching, counselling, social sciences)
11. Occupations in art, culture, recreation and sport (e.g., performing arts, film and video, broadcasting, journalism, writing and creative design)
12. Sales and service occupations (e.g., accommodation and food services, travel, tourism and cleaning services)
13. Trades, transport and equipment operators and related occupations (e.g., trades supervisors and contractors, construction and mechanical tradespersons, operators of transportation, and heavy equipment and trades helpers)
14. Natural resources, agriculture and related production occupations (e.g., supervisors and equipment operators in mining, oil and gas production, forestry and logging, agriculture, horticulture and fishing)
15. Occupations in manufacturing and utilities (e.g., supervisory, production and laboring occupations in manufacturing, processing and utilities)
16. Other - specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. What is your current work or occupation (i.e., job title)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In this work, what are your main activities?  
     
   ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Excluding overtime, on average, **how many hours do you usually work** per week?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Min = 0.0; Max = 168.0

1. If applicable, what is the **main reason** you usually **work less than 30 hours per week** (please select all that apply)?
2. Temporary illness
3. Heath Condition - Traumatic brain injury
4. Other health condition
5. Caring for own children
6. Caring for an adult family member
7. Other personal or family responsibilities
8. Going to school
9. Economic conditions
10. Could not find work with 30 or more hours per week
11. Job is part-time or contract / More hours not available
12. Personal preference (e.g., do not want to work more than 30 hours)
13. Other reason for working less than 30 hours per week - specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Not applicable
15. **Is your job permanent**, or is there some way that it is not permanent?
16. Permanent
17. Not permanent ( e.g., seasonal, temporary, term, casual)
18. If applicable, in what way is your job not permanent?
19. Seasonal job
20. Temporary, term or contract job (non-seasonal)
21. Casual job
22. Work done through a temporary help agency
23. Student job
24. Apprenticeship, internship or articling position
25. Other reason why job is not permanent - specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
26. Not applicable

Employment Accommodation

1. **Because of your traumatic brain injury**, have you ever had to do any of the following (please select all that apply)?
2. Changed the kind of work you do
3. Changed the amount of work you do
4. Changed jobs
5. Began working from home
6. Taken an absence from work of one month or more
7. None of the above
8. Does your **traumatic brain injury** **limit the amount or kind of work** you can do at your present job or business?
9. Yes
10. No
11. Do you believe that your **traumatic brain injury makes it difficult for you to change jobs or to advance** at your present job?
12. Yes, very difficult
13. Yes, difficult
14. No, not difficult
15. If applicable**, why do you believe** that your **traumatic brain injury makes it difficult** for you to **change jobs or advance** at your present job or business (please select all that apply)?
16. Discrimination or stigma because of condition
17. Condition limits number of hours that can be worked
18. Condition limits ability to search for a job
19. Difficult to obtain required supports or accommodations
20. Adapting to a new work environment would be difficult
21. Other reason - specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
22. None of the above
23. Not applicable
24. If applicable**,** have you told your employer about your traumatic brain injury?
25. Yes
26. No
27. Not Applicable

**41a**. If yes, please clarify if it was verbally, written, or other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Because of your traumatic brain injury**, [**do/would**] you **require any of the following** to be able to work (please select all that apply)?
2. Modified or different duties
3. Working from home
4. Modified hours or days or reduced work hours
5. Human support (e.g., reader, sign language interpreter, job coach or personal assistant)
6. Technical aids (e.g., voice synthesizer, text telephone, infrared system or portable note-taker)
7. Computer, laptop or tablet with specialized software or other adaptations (e.g., Braille, screen magnification software, voice recognition software or a screen reader)
8. Communication aids (e.g., Braille or large print reading material or recording equipment)
9. Modified or ergonomic workstation
10. Special chair or back support
11. Handrails, ramps, widened doorways or hallways
12. Adapted or accessible parking
13. Accessible elevators
14. Adapted washrooms
15. Specialized transportation
16. Other equipment, help or work arrangement - specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. None of the above
18. **Because of your traumatic brain injury,** which of the following **have been made available** to you (please select all that apply)?
19. Modified or different duties
20. Working from home
21. Modified hours or days or reduced work hours
22. Human support (e.g., reader, sign language interpreter, job coach or personal assistant)
23. Technical aids (e.g., voice synthesizer, text telephone, infrared system or portable note-taker)
24. Computer, laptop or tablet with specialized software or other adaptations (e.g., Braille, screen magnification software, voice recognition software or screen reader)
25. Communication aids (e.g., Braille or large print reading material or recording equipment)
26. Modified or ergonomic workstation
27. Special chair or back support
28. Handrails, ramps, widened doorways or hallways
29. Adapted or accessible parking
30. Accessible elevators
31. Adapted washrooms
32. Specialized transportation
33. Other equipment, help or work arrangement- specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
34. None of the above
35. If applicable**, did you ask your employer** for the **workplace accommodations** that **have not** been **made available** to you?
36. Yes
37. No
38. Not applicable
39. If applicable, **why have you not received the workplace accommodations** that you need (please select only one response)?
40. Too expensive ( e.g., purchase, maintenance or repair)
41. Employer or supervisor refused request
42. On a waiting list
43. Not available locally
44. Other reason - specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
45. Not applicable
46. If applicable, is your **employer aware** that you **need** **workplace accommodation(s)**?
47. Yes
48. No
49. I don’t know
50. Not applicable
51. If applicable, why have you **not asked for the workplace accommodations** needed (please select all that apply)?
52. Uncomfortable asking
53. Did not want to cause difficulty for employer
54. Did not think employer could afford or find proper accommodations
55. Did not want to disclose the need for accommodation
56. Concerned about reaction of co-workers
57. Fear of negative outcomes
58. Condition is not severe enough
59. Lack of awareness or understanding by employer with respect to accommodation requests
60. Other reason - specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
61. Not applicable
62. **Please describe** what **type of accommodations** you **would have liked to receive** to help with **transitioning to work** (e.g., working for the first time, new job, going back to the same or similar job), since your traumatic brain injury?
63. **Please describe** why **you were not provided** with the **accommodations** you needed **to transition to work** (e.g., working for the first time, new job, going back to the same or similar job)?

**STATISTICS CANADA – IMPACTS OF COVID-19**

**The following questions ask about the impact of COVID-19 on your employment and mental health.**

1. At the **beginning of March 2020** (before pandemic), were you employed?
2. Yes
3. No
4. At the **beginning of March 2020** (before pandemic), which of the following best described your employment (please select only one response)?
5. Planned to continue with my current employment
6. Had a job with a confirmed start date
7. Had employment prospects (e.g., an interview scheduled or completed, employment offer)
8. Looking for work, but had no employment or prospects lined up
9. Not looking for work
10. As a **result of the COVID-19 pandemic, has your employment situation changed** in any of the following ways (please select only one response)?
11. Still working, but working less (e.g., lost one of my jobs, reduced hours)
12. Not working, I have lost my job or jobs
13. Temporarily laid-off
14. Start date has been delayed
15. Lost a job that I was supposed to start in the future
16. No longer have employment prospects
17. Currently looking for work
18. No longer looking for work
19. No change
20. In the last week, how often did you do travel for work (please select only one response)?
21. Daily or more
22. 4 or 5 times
23. 1 to 3 times
24. Never
25. Not applicable
26. How concerned are you about the following potential impacts of the COVID-19 pandemic for yourself?

**I will not be able to pay for living accommodations next term**

1. Not at all concerned
2. Somewhat concerned
3. Very concerned
4. Extremely concerned
5. Not applicable

**I will not be able to keep up with other bills and payments**

1. Not at all concerned
2. Somewhat concerned
3. Very concerned
4. Extremely concerned
5. Not applicable

**I will use up my savings**

1. Not at all concerned
2. Somewhat concerned
3. Very concerned
4. Extremely concerned
5. Not applicable

**I will lose my job or jobs**

1. Not at all concerned
2. Somewhat concerned
3. Very concerned
4. Extremely concerned
5. Not applicable

**I will not have prospects for a job in the near future**

1. Not at all concerned
2. Somewhat concerned
3. Very concerned
4. Extremely concerned
5. Not applicable

**Your mental health**

1. Not at all concerned
2. Somewhat concerned
3. Very concerned
4. Extremely concerned
5. Not applicable
6. **In general**, how would you describe your **mental health since COVID-19**?
7. Excellent
8. Very good
9. Good
10. Fair
11. Poor
12. **Compared to before COVID-19 began**, how would you say your mental health is now?
13. Much better now
14. Somewhat better now
15. About the same
16. Somewhat worse now
17. Much worse now

**Supplement 2: Statistical Analysis**

***Mann-Whitney U test for dependent variables by sex and gender***

1. Quality of Life after Brain Injury *–* Overall Scale

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality of Health Domain** | **Overall Mean Value (SD)** | **Male Mean Value (SD)** | **Female Mean Value (SD)** | ***p*-value** |
| Physical health | 2.7 (1.0) | 2.8 (1.2) | 2.6 (0.9) | 0.775 |
| Mental health | 2.6 (1.0) | 3.0 (1.0) | 2.4 (0.9) | 0.151 |
| Emotional health | 2.5 (1.0) | 2.3 (1.1) | 2.6 (1.0) | 0.501 |
| Daily activities | 2.8 (1.0) | 3.3 (0.9) | 2.5 (0.9) | **0.0195\*** |
| Social health | 2.3 (1.0) | 2.1 (0.9) | 2.4 (1.1) | 0.540 |
| Current and future prospects | 2.3 (0.9) | 2.4 (0.9) | 2.3 (0.9) | 0.565 |

Abbreviation: SD – standard deviation.

\**p* <0.05

1. Support Services Needed but Not Received

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Overall n = 32, N (%)** | **Male n = 12, n (%)** | **Female n = 20, n (%)** | ***p*-value** |
| Physiotherapy, massage therapy or chiropractic treatments | 10 (31.3) | 2 (16.7) | 8 (40.0) | 0.175 |
| Occupational therapy | 8 (25.0) | 2 (16.7) | 6 (30.0) | 0.407 |
| Counselling services from a psychologist, psychiatrist, psychotherapist, or social worker | 10 (31.3) | 4 (33.3) | 6 (30.0) | 0.846 |
| Speech therapy | 3 (9.4) | 1 (8.3) | 2 (10.0) | 0.878 |
| Support group services, drop-in center services or telephone information or support lines | 6 (18.8) | 2 (16.7) | 4 (20.0) | 0.818 |
| Tutor | 1 (3.1) | 0 (0.0) | 1 (5.0) | 0.439 |
| None | 15 (46.9) | 8 (66.7) | 7 (35.0) | 0.0872 |

Abbreviation: N – number.

\**p* <0.05

1. Support Services Received

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Overall n = 32, N (%)** | **Male n = 12, n (%)** | **Female n = 20, n (%)** | ***p*-value** |
| Physiotherapy, massage therapy or chiropractic treatments | 20 (62.5) | 6 (50.0) | 14 (70.0) | 0.266 |
| Occupational therapy | 6 (18.8) | 2 (16.7) | 4 (20.0) | 0.818 |
| Counselling services from a psychologist, psychiatrist, psychotherapist, or social worker | 17 (53.1) | 7 (58.3) | 10 (50.0) | 0.653 |
| Speech therapy | 1 (3.1) | 1 (8.3) | 0 (0.0) | 0.197 |
| Support group services, drop-in center services or telephone information or support lines | 8 (25.0) | 4 (33.3) | 4 (20.0) | 1 |
| Tutor | 0 (0.0) | 0 (0.0) | 0 (0.0) | NA |
| None | 5 (15.6) | 2 (16.7) | 3 (15.0) | 0.902 |

Abbreviation: N – number.

\**p* <0.05

1. Accommodation Needed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Overall n = 32, N (%)** | **Male n = 12, n (%)** | **Female n = 20, n (%)** | ***p*-value** |
| Modified/different duties | 22 (68.8) | 8 (66.7) | 14 (70.0) | 0.846 |
| Working from home | 8 (25.0) | 3 (25.0) | 5 (25.0) | 1 |
| Modified hours or days or reduced work hours | 24 (75.0) | 8 (66.7) | 16 (80.0) | 0.407 |
| Human support | 3 (9.4) | 2 (16.7) | 1 (5.0) | 0.281 |
| Technical aids | 4 (12.5) | 1 (8.3) | 3 (15.0) | 0.878 |
| Computer/laptop/tablet with specialized software or other adaptations | 6 (18.8) | 1 (8.3) | 5 (25.0) | 0.250 |
| Communication aids | 1 (3.1) | 0 (0.0) | 1 (5.0) | 0.439 |
| Modified or ergonomic workstation | 16 (50.0) | 5 (41.7) | 11 (55.0) | 0.242 |
| Special chair or back support | 11 (34.4) | 3 (25.0) | 8 (40.0) | 0.395 |
| Specialized transportation | 0 (0.0) | 0 (0.0) | 0 (0.0) | NA |
| None | 4 (12.5) | 2 (16.7) | 2 (10.0) | 0.587 |

Abbreviation: N – number.

\**p* <0.05

1. Accommodation Received

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Overall n = 32, N (%)** | **Male n = 12, n (%)** | **Female n = 20, n (%)** | ***p*-value** |
| Modified/different duties | 14 (43.8) | 5 (41.7) | 9 (45.0) | 0.856 |
| Working from home | 8 (25.0) | 2 (16.7) | 6 (30.0) | 0.407 |
| Modified hours or days or reduced work hours | 17 (53.1) | 6 (50.0) | 11 (55.0) | 0.787 |
| Human support | 2 (6.3) | 1 (8.3) | 1 (5.0) | 0.711 |
| Technical aids | 1 (3.1) | 1 (8.3) | 0 (0.0) | 0.197 |
| Computer/laptop/tablet with specialized software or other adaptations | 4 (12.5) | 1 (8.3) | 3 (15.0) | 0.587 |
| Communication aids | 0 (0.0) | 0 (0.0) | 0 (0.0) | NA |
| Modified or ergonomic workstation | 8 (25.0) | 3 (25.0) | 5 (25.0) | 1 |
| Special chair or back support | 5 (15.6) | 2 (16.7) | 3 (15.0) | 0.902 |
| Specialized transportation | 1 (3.1) | 1 (8.3) | 0 (0.0) | 0.439 |
| None | 9 (28.1) | 5 (41.7) | 4 (20.0) | 0.194 |

Abbreviation: N – number.

\**p* <0.05

***Quasi-Poisson regression analyses on effect of sex and gender, age, and education on number of accommodations needed and received***

(A) Effect on Number of Accommodations Needed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variable** | **Coefficient** | **Std. error** | **t-value** | ***p*-value** | **Antilog of coefficient** |
| Intercept | 0.06455 | 0.70971 | 0.091 | 0.928 | 1.067 |
| Sex and gender (male) | -0.04232 | 0.25276 | -0.167 | 0.868 | 0.959 |
| Age | 0.01132 | 0.01006 | 1.125 | 0.270 | 1.011 |
| Education | 0.15786 | 0.09617 | 1.641 | 0.112 | 1.171 |

\**p* <0.05

(B) Effect on Number of Accommodations Received

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variable** | **Coefficient** | **Std. error** | **t-value** | ***p*-value** | **Antilog of coefficient** |
| Intercept | -1.73737 | 0.99799 | -1.741 | 0.093 | 0.176 |
| Sex and gender (male) | 0.16942 | 0.34153 | 0.496 | 0.624 | 1.185 |
| Age | 0.02371 | 0.01381 | 1.717 | 0.0971 | 1.024 |
| Education | 0.33250 | 0.12882 | 2.581 | **0.0154 \*** | 1.394 |

\**p* <0.05

***Binary logistic regression analysis on effect of sex and gender, age, and education on changes in work status during the COVID-19 pandemic***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variable** | **Coefficient** | **Std. error** | **t-value** | ***p*-value** | **Antilog of coefficient** |
| Intercept | 0.84530 | 0.50287 | 1.681 | 0.104 | 2.329 |
| Sex and gender (male) | -0.45724 | 0.18223 | -2.509 | **0.0182\*** | 0.633 |
| Age | 0.002609 | 0.007240 | 0.360 | 0.721 | 1.003 |
| Education | -0.021946 | 0.072785 | -0.302 | 0.765 | 0.978 |

\**p* <0.05

**Supplement 3**

**Figure 1.** The types of support services (a) needed but not received and (b) received as indicated by participants and by sex and gender

1. Support Services Needed but Not Received

Chart, bar chart

Description automatically generated

1. Support Services Received

**Chart, bar chart

Description automatically generated**