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**2020 Healthy Chicago Survey (HCS)  
and  
2021 Healthy Chicago Survey (HCS)  
COVID-19 Social Impact Survey  
(COVID SIS)**

**Methodology Report**

Prepared for

**Chicago Department of Public Health**  
333 S State St Ste 200  
Chicago, IL 60604

Prepared by

**RTI International**  
3040 E. Cornwallis Road  
Research Triangle Park, NC 27709

RTI Project Number 0217366.000

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## **OVERVIEW**

In 2014, the City of Chicago Department of Public Health (CDPH) launched the Healthy Chicago Survey (HCS) as an annual, dual-frame, random-digit dial (DFRDD) telephone survey of adults in Chicago. Since then, five cycles of data collection have been completed using DFRDD computer-assisted telephone interview (CATI), collecting an annual sample size of approximately 2,500–3,000 interviews. Information from the HCS has been used to support the implementation of Healthy Chicago 2.0 and to develop public health interventions and policies to address health inequities.

Like other DFRDD surveys, HCS suffered from declining response rates, leading to increased costs and the threat of bias. HCS also faced underrepresentation by specific demographic groups, including Latinx and Asian American residents, adults under the age of 30, and those with lower educational attainment. Finally, HCS experienced difficulty targeting Chicago's 77 Community Areas (CAs) through a DFRDD sample, and the small number of completed surveys in many CAs annually made it difficult to develop precise estimates.

The 2020 HCS is the first wave of the survey to be fielded using an address-based sampling (ABS) frame. RTI International redesigned the 2020 HCS for self-administration via computer-assisted web interview (CAWI) and paper-and-pencil interview (PAPI). An ABS frame improves coverage and addresses many of the other DFRDD design challenges that have affected administration of the HCS.

A total of 4,517 surveys were collected with adults living in the City of Chicago at an American Association of Public Opinion Research (AAPOR) Response Rate 3 of 38.2%. Interviewing was conducted in English and Spanish from June 24, 2020, through December 4, 2020.

This report describes the methodology and data collection protocols used to administer the 2020 HCS.

## **SAMPLE DESIGN**

### **Sampling Frame**

In 2020, HCS transitioned from an interviewer-administered, DFRDD design to a self-administered, mixed-mode (i.e., CAWI and PAPI) design. A sample of households was first drawn from an ABS frame, with instructions provided in contact materials for the survey to be completed by the adult in the household who was next to celebrate his or her birthday (Olson and Smyth, 2014). As described at <http://abs.rti.org/background>, RTI maintains an ABS frame in-house, which is derived from the United States Postal Services' (USPS's) Computerized Delivery Sequence (CDS) file. Information from private data sources like Acxiom® InfoBase™ and from public sources like the U.S. Census Bureau are appended to increase the frame's utility. The ABS frame is updated monthly. For the HCS 2020 administration, RTI used the version current as of May 2020.

In addition to the advantages of an anticipated higher response rate, reduced cost per complete, and less measurement error for sensitive questions, the self-administered ABS design enabled

utilization of much more precise geographical information. Specifically, a total of  $N = 1,201,979$  addresses on the ABS frame were geocoded and stratified into the  $H = 77$  mutually exclusive CAs designated by the boundaries posted to <https://data.cityofchicago.org/Facilities-Geographic-Boundaries/Boundaries-Community-Areas-current-/cauq-8yn6>.

### Sample Size Determination

The sample design for HCS 2020 called for targeting a minimum of  $n_h = 35$  survey completes within each CA and  $n = 4,500$  survey completes overall. Our strategy to determine the yearly minimum CA target was to iterate over the sequence of potential minima (e.g., 10, 15, ...) and assess the impact on the unequal weighting effect (UWE) (Kish, 1992). We found  $n_h = 35$  to be the largest number of completes we could target in all CAs prior to introducing a substantive UWE increase.

To further validate this particular target minimum, we calculated the anticipated relative standard error (RSE) for each CA based on a subset of four of CDPH's high-priority estimates. For a general population quantity  $\theta$  estimated from a survey and denoted  $\hat{\theta}$ , the RSE is defined as the estimated standard error of the estimate divided by the estimate itself, or  $RSE(\hat{\theta}) = se(\hat{\theta})/\hat{\theta}$ . As is common of other survey data producers, CDPH has established RSE thresholds to determine whether an estimate is sufficiently precise to be published. The specific rules applied are as follows. If  $RSE(\hat{\theta}) > 0.5$ , then the estimate  $\hat{\theta}$  is suppressed. If  $0.3 \leq RSE(\hat{\theta}) \leq 0.5$ , then  $\hat{\theta}$  is flagged to caution data users that the standard error is large relative to the estimate. Estimates with  $RSE(\hat{\theta}) < 0.3$  are also flagged whenever the underlying number of completes is less than 50. All other estimates are published without a flag.

We observed estimates in the subset to be flagged on the Chicago Health Atlas (<https://www.chicagohealthatlas.org/>) about 33% of the time and suppressed about 3% of the time, using data pooled over three consecutive HCS administrations, 2015–2017. With our revised target minimum, and pooling data over only two consecutive HCS administrations, we expected this subset to be flagged only 3% of the time and suppressed less than 1% of the time.

The next step was to calculate the number of addresses to sample,  $n'_h (> n_h)$ , to yield the requisite number of completes after losses attributable because of (1) undeliverable, vacant, or ineligible households; and (2) unit nonresponse. For (1), we assumed a fixed 6% loss. For (2), we imported tract-level information published in the 2019 Census Planning Database (CPD) (<https://www.census.gov/topics/research/guidance/planning-databases.html>)—namely, self-administered response rates observed during the 2013–2017 administrations of the U.S. Census Bureau's American Community Survey (ACS). After merging this information onto our geocoded ABS frame, we assigned an expected probability of response for the  $i^{\text{th}}$  address in the  $h^{\text{th}}$  CA as  $\hat{\varphi}_{hi}$  based on the tract where it resides. The expected response rate for a random sample of addresses taken from a given CA was defined as 100 times the average of these probabilities across all  $N_h$  addresses, or  $RR_h = 100 \times \frac{\sum_{i=1}^{N_h} \hat{\varphi}_{hi}}{N_h}$ . Granted, this empirical estimate is for a survey sponsored by the U.S. Census Bureau, which we assumed would obtain a higher response rate than one sponsored by a local government agency. For this reason, we rescaled these response rates by reducing each by a factor equal to the ratio of our assumed overall

response rate to be achieved in HCS 2020, 34.9%, and the citywide ACS response rate,  $RR = 100 \times \sum_{h=1}^H \left(\frac{N_h}{N}\right) \widehat{\varphi}_{hi} = 51.2\%$ .

The requisite CA-specific sample sizes were found by inflating the targeted number of completes by the product of the reciprocals of rates (1) and (2) defined above, or  $n'_h = n_h \times \frac{100}{94} \times \frac{100}{RR_h \times \frac{34.9}{51.2}}$ .

The excess sample was allocated to CAs using PROC OPTMODEL (SAS Institute Inc., 2014) constraining the total number of survey completes be no less than  $n = 4,500$ , while minimizing the variability in sampling rates across CAs (i.e., to minimize the UWE). A lack of convergence initially encountered was resolved by truncating the HCS-assumed response rate distribution to the 90th and 25th percentiles, respectively.

Exhibit 1 reports the components of these inputs for each CA alongside sampling frame counts and sample sizes. In total,  $n' = 14,799$  addresses were selected from the ABS frame for HCS 2020, representing a net sampling rate of 1.2%. Note that the sample was allocated at rates of approximately 75% and 25% across two releases. Specifically, a total of 11,035 addresses were allocated to the first release (including 200 allocated to a small-scale pilot) and 3,764 to the second release. The allocation of the sample prior to the second release was modified to account for deviations between the assumed yield rates and those observed, and also to increase the representation of Hispanic respondents.

**Exhibit 1. Sampling Frame Counts and Sample Sizes by Community Area for HCS 2020.**

Community Area	$N_h$		Assumed Rate, Percent, %		Sample Size $n'_h$	Sampling Rate, % $n'_h / N_h$
	Unique Addresses	Target Completes	Undeliverables, Ineligibles, and Vacancies	Response		
1 - Rogers Park	27,800	85	6.0	38.0	224	0.8
2 - West Ridge	28,026	72	6.0	34.9	178	0.6
3 - Uptown	33,228	132	6.0	42.7	264	0.8
4 - Lincoln Square	20,182	100	6.0	46.2	185	0.9
5 - North Center	16,152	80	6.0	46.2	147	0.9
6 - Lake View	61,783	306	6.0	46.2	564	0.9
7 - Lincoln Park	38,218	188	6.0	46.2	347	0.9
8 - Near North Side	75,694	375	6.0	46.2	690	0.9
9 - Edison Park	4,981	35	6.0	46.2	94	1.9
10 - Norwood Park	15,670	66	6.0	43.4	129	0.8
11 - Jefferson Park	10,790	35	6.0	39.2	126	1.2
12 - Forest Glen	7,240	36	6.0	46.2	91	1.3
13 - North Park	7,020	35	6.0	34.9	86	1.2
14 - Albany Park	17,885	41	6.0	33.1	181	1.0

(continued)



**Exhibit 1. Sampling Frame Counts and Sample Sizes by Community Area for HCS 2020 (continued)**

Community Area	$N_h$		Assumed Rate, Percent, %		Sample Size $n'_h$	Sampling Rate, % $n'_h / N_h$
	Unique Addresses	Target Completes	Undeliverables, Ineligibles, and Vacancies	Response		
15 - Portage Park	23,806	63	6.0	35.4	205	0.9
16 - Irving Park	22,526	70	6.0	38.3	194	0.9
17 - Dunning	15,783	59	6.0	41.5	133	0.8
18 - Montclare	4,895	35	6.0	33.1	118	2.4
19 - Belmont Cragin	22,427	35	6.0	24.5	195	0.9
20 - Hermosa	7,679	35	6.0	24.5	122	1.6
21 - Avondale	15,336	35	6.0	32.3	146	1.0
22 - Logan Square	33,616	115	6.0	40.0	245	0.7
23 - Humboldt Park	18,748	35	6.0	24.0	173	0.9
24 - West Town	44,947	157	6.0	40.3	385	0.9
25 - Austin	35,718	44	6.0	24.0	255	0.7
26 - West Garfield Park	6,762	35	6.0	24.0	235	3.5
27 - East Garfield Park	8,139	35	6.0	24.0	124	1.5
28 - Near West Side	35,645	138	6.0	42.0	279	0.8
29 - North Lawndale	13,509	35	6.0	24.0	153	1.1
30 - South Lawndale	17,477	35	6.0	24.0	513	2.9
31 - Lower West Side	12,955	35	6.0	24.0	174	1.3
32 - The Loop	28,524	140	6.0	46.2	257	0.9
33 - Near South Side	17,297	72	6.0	43.8	140	0.8
34 - Armour Square	5,525	35	6.0	26.1	114	2.1
35 - Douglas	10,788	35	6.0	28.2	123	1.1
36 - Oakland	3,400	35	6.0	28.7	340	10.0
37 - Fuller Park	1,393	35	6.0	24.7	134	9.6
38 - Grand Boulevard	12,043	35	6.0	24.0	146	1.2
39 - Kenwood	10,092	35	6.0	35.4	113	1.1
40 - Washington Park	5,647	35	6.0	24.0	124	2.2
41 - Hyde Park	16,171	79	6.0	45.7	147	0.9
42 - Woodlawn	11,784	35	6.0	26.3	161	1.4
43 - South Shore	28,640	36	6.0	24.0	201	0.7
44 - Chatham	16,258	35	6.0	26.1	208	1.3

(continued)

**Exhibit 1. Sampling Frame Counts and Sample Sizes by Community Area for HCS 2020 (continued)**

Community Area	$N_h$		Assumed Rate, Percent, %		Sample Size $n'_h$	Sampling Rate, % $n'_h / N_h$
	Unique Addresses	Target Completes	Undeliverables, Ineligibles, and Vacancies	Response		
45 - Avalon Park	4,335	35	6.0	33.2	112	2.6
46 - South Chicago	12,294	35	6.0	24.0	185	1.5
47 - Burnside	1,091	35	6.0	28.8	109	10.0
48 - Calumet Heights	5,832	35	6.0	33.3	103	1.8
49 - Roseland	17,404	35	6.0	24.9	247	1.4
50 - Pullman	3,483	35	6.0	30.4	111	3.2
51 - South Deering	5,671	35	6.0	28.7	104	1.8
52 - East Side	7,007	35	6.0	27.9	144	2.1
53 - West Pullman	11,132	35	6.0	24.4	174	1.6
54 - Riverdale	2,743	35	6.0	24.0	157	5.7
55 - Hegewisch	3,987	35	6.0	40.6	396	9.9
56 - Garfield Ridge	12,465	37	6.0	37.3	164	1.3
57 - Archer Heights	3,982	35	6.0	25.4	117	2.9
58 - Brighton Park	12,331	35	6.0	24.0	562	4.6
59 - McKinley Park	5,472	35	6.0	26.9	111	2.0
60 - Bridgeport	13,095	35	6.0	32.9	103	0.8
61 - New City	12,929	35	6.0	24.0	175	1.4
62 - West Elsdon	5,093	35	6.0	27.1	119	2.3
63 - Gage Park	9,618	35	6.0	24.0	135	1.4
64 - Clearing	8,981	35	6.0	35.2	118	1.3
65 - West Lawn	9,283	35	6.0	25.6	137	1.5
66 - Chicago Lawn	17,207	35	6.0	24.0	180	1.0
67 - West Englewood	11,438	35	6.0	24.0	174	1.5
68 - Englewood	11,927	35	6.0	24.0	191	1.6
69 - Greater Grand Crossing	14,716	35	6.0	24.0	250	1.7
70 - Ashburn	13,177	35	6.0	31.4	151	1.1
71 - Auburn Gresham	19,450	35	6.0	24.0	241	1.2
72 - Beverly	7,982	35	6.0	41.2	93	1.2
73 - Washington Heights	10,177	35	6.0	27.0	144	1.4
74 - Mount Greenwood	7,285	36	6.0	46.1	92	1.3

(continued)

**Exhibit 1. Sampling Frame Counts and Sample Sizes by Community Area for HCS 2020 (continued)**

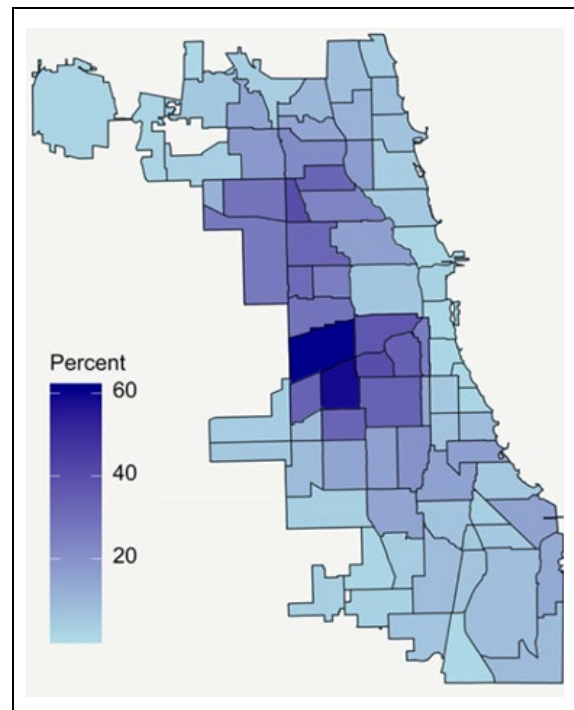
Community Area	$N_h$		Assumed Rate, Percent, %		Sample Size $n'_h$	Sampling Rate, % $n'_h / N_h$
	Unique Addresses	Target Completes	Undeliverables, Ineligibles, and Vacancies	Response		
75 - Morgan Park	8,905	35	6.0	32.6	109	1.2
76 - O'Hare	6,575	35	6.0	39.0	139	2.1
77 - Edgewater	32,713	153	6.0	45.3	289	0.9
<i>Totals</i>	1,201,979	4,500			14,799	1.2

### Handling Drop Points

Most addresses in RTI’s enhanced ABS frame have a one-to-one relationship with a housing unit (HU). Some addresses, however, are associated with multiple HUs. These addresses are referred to as *drop points* (DPs) and the HUs therein are referred to as *drop point units* (DPUs) (Amaya, 2017). Nationwide, approximately 1.5% of addresses are DPUs, but they are concentrated most heavily in New York, New Jersey, Massachusetts, and Illinois. As of May 2020, approximately 14% of all addresses in the 77 CA covered as part of the HCS target population were DPUs. Exhibit 2 illustrates how these are most prevalent in Chicago’s “Bungalow Belt,” the western ring of CAs that encircles the city, which includes a less wealthy and more minority population (Dekker et al., 2012).

DPUs pose a challenge for self-administered surveys because no apartment number or unit designation is available, making it impossible to target correspondence and hindering our ability to randomly select a particular DPU (or set of DPUs) for the survey. For HCS 2020, we excluded DPs with more than four DPUs from the ABS frame. This naturally introduces undercoverage, but we felt the gains from streamlining data collection logistics would outweigh the risk, especially considering that only 7% of DPUs in the greater Chicago area are situated in these types of buildings, and many are out of scope (e.g., group quarters, nonresidential addresses). DPs with 4 or fewer DPUs were retained in the sampling frame, but the 2,171 DPUs therein sampled were substituted with an NDPU from a building of the same size—meaning one with the same number of units, 2, 3, or 4—in nearest possible geographic proximity. A substitute was always identified

**Exhibit 2. Percent of Drop Units by Chicago Community Area**



within the same CA, and very frequently within a block or two. (A small portion of NDPUs, 102, served as substitutes for two or more DPUs. Step 2 of the weighting procedure discussed in the [Weighting Section](#) makes an adjustment to the base weights for this situation.) Note that an analogous approach for handling DPs has been used in the most recent administrations of the nationwide Residential Energy Consumption Survey and the New York State Problem Gambling Prevalence Survey.

Substitution has traditionally been used as a tool to compensate for unit nonresponse (Chapman, 1983). In that context, the notion is to substitute out a nonresponding case in the field and substitute in a similar replacement case. In the present context, substitution of an NDPU for a sampled DPU serves to mitigate the undercoverage bias introduced by foregoing data collection on DPUs altogether. As in the nonresponse context, the key assumption is that the distribution of responses for replacement NDPUs mirrors the distribution of DPUs. To the extent this assumption does not hold, and cannot be corrected for via weighting adjustments, undercoverage bias could still be a factor. Although we have no basis for concern that the magnitude of this bias is appreciable, future research could attempt quantify it, either directly by surveying DPUs that were substituted out or indirectly by comparing distributions of auxiliary variables known for both DPUs and their substitutes.

### **Nonrespondent Follow-Up Sample**

The original sample design proposed for HCS 2020 called for data to be collected in two phases. For each of the two sample releases, we assumed that Phase I would involve active contact attempts for 4 weeks, after which Phase II would be initiated on a subsample of approximately 50% of the Phase I nonrespondents. This subsample would be contacted during weeks 7 through 10 with a higher incentive and shortened survey instrument. Two-phase designs were initially proposed to eliminate nonresponse bias (Cochran, 1977; Hansen and Hurwitz, 1946), as would be the case if a 100% response rate is achieved in Phase II. In practice, that is an unattainable result, but the technique is still believed to be useful in reducing nonresponse bias, provided the distributions of outcome variables for Phase II respondents differ from those of Phase I respondents. For example, a two-phase design has been featured prominently in the National Survey of Family Growth for nearly two decades (Lepkowski et al., 2006, 2013).

A two-phase design was implemented in the first sample release of HCS 2020. Regrettably, only 7.4% of those cases subsampled responded. Such a low rate makes the justification of how these cases could accurately represent the broader pool of nonrespondents somewhat dubious. Moreover, the cost per complete obtaining Phase II respondents proved to be substantially higher than for Phase I respondents. For these reasons, CDPH and RTI decided to abandon the two-phase design in the second sample release and use resources saved to increase the sample sizes for the second release in certain underperforming CAs.

### **SURVEY DESIGN**

RTI initially proposed experimenting with two protocols using the first release of sample. The split design would have randomly assigned half of the sampled addresses to Protocol 1 and the other half to Protocol 2. At the conclusion of the first sample release, RTI would have analyzed

the data and provided to CDPH a recommendation about the superior design to administer for the second sample release.

### **Protocol 1: Sequential Web-then-mail Design**

In the sequential design, there are two phases. In Phase I, an invitation letter is sent to addresses, containing instructions to access the web survey and personalized login credentials and \$2 cash as an incentive. A week later, a reminder postcard is mailed to all addresses encouraging participation online. Two weeks later, nonrespondents receive a full paper questionnaire packet. All contact materials mention a promised incentive of \$10 for completing the survey. In Phase II of the sequential design, a random subsample of nonrespondents is mailed a second, abbreviated questionnaire and offered \$20 to complete the survey.

### **Protocol 2: Choice+, a Concurrent Web-and-mail Design**

The Choice+ design includes the same two phases as the sequential design. The primary difference is that the Choice+ design presents both CAWI and PAPI options to potential respondents from the outset. The invitation letter states the differential incentive amounts that can be earned depending on the mode: \$20 for a CAWI complete and \$10 for a PAPI complete. In Phase II, the incentives increase to \$30 for a CAWI complete and \$20 for a PAPI complete.

CDPH had explicitly requested a sequential design in the 2019 Request for Proposals, but RTI felt strongly about Choice+ being the superior design. After discussions about the advantages and disadvantages of Choice+ versus Sequential, CDPH approved of utilizing the Choice+ design for the 2020 HCS.

Modifications to the Choice+ study design were made during data collection based on the productivity of completed interviews by CA and the demographic composition of completed interviews from the first sample release. CDPH and RTI discussed CDPH's desire to achieve sample representativeness that matches the demography of the City of Chicago in addition to collecting a minimum target of interviews by CA. With those priorities in mind, RTI adjusted the sampling plan for the second release of sample and omitted Phase II (nonresponse follow-up; NRFU) for the second sample release.

## **INSTRUMENTATION**

CDPH provided RTI with the 2020 questionnaire draft, which contained the desired questions for inclusion in the 2020 instrument. Much of the content is consistent with prior waves of HCS and included the following topics:

- ***Section A: General Health***
  - This section asked questions about overall health, having a personal doctor, getting a routine check-up and dental cleaning, satisfaction with health care, possession of health care coverage, and ease of obtaining needed care or treatment.
- ***Section B: Chronic Health Conditions***
  - This section included more specific questions about chronic health conditions, including high blood pressure, high cholesterol, coronary heart disease, diabetes, chronic bronchitis, and asthma.

- ***Section C: Tobacco Use***
  - This section asked questions about tobacco usage, including current smoking practice, frequency of smoking, smoking cessation attempts, and e-cigarette usage.
- ***Section D: Cannabis Use***
  - This section included specific questions about cannabis use, including trying cannabis at all, trying cannabis within the past 30 days, frequency of usage, reasons for usage, and methods of usage.
- ***Section E: Diet & Physical Activity***
  - This section asked about diet and eating habits, including total servings of fruit and vegetables eaten, total number of sweetened drinks consumed, and ease of obtaining fresh produce. The section also included questions about physical activity, such as walking and bicycling. The section concluded with questions to determine the respondent’s height, weight, and gender.
- ***Section F: Alcohol & Prescription Drugs***
  - This section asked about consumption of alcohol, including number of drinks consumed in the past 30 days and number of times binge drinking (based on gender). The section also included questions about prescription drugs and use of them more than prescribed or use of drugs not prescribed to the respondent.
- ***Section G: Cancer Screening***
  - This section asked about screening for various types of cancer, including breast cancer, cervical cancer, and colon cancer.
- ***Section H: Mental Health***
  - This section asked questions to determine the respondent’s level of depression, treatment of a mental health condition, whether mental health treatment was not received, reasons mental health treatment was not received, and the typical amount of sleep the respondent gets.
- ***Section I: Financial Security***
  - This section asked about financial security and stress, including having the ability to pay rent or mortgage, having a checking or savings account, and whether food expenses were put off paying for housing, utilities, medicine, and gas. The section also presented a hypothetical situation about incurring an emergency expense and how the respondent might be able to pay for it.
- ***Section J: Your Neighborhood***
  - This section asked new Chicago residents about reasons they moved and asked all respondents about various conditions in their neighborhood, including sidewalk maintenance, ease of walking to a transit stop, litter, safety, and violence. The section also included questions about the respondent’s relationship to neighbors, local government, whether they had ever been associated with breaking the law, and the respondent’s engagement with community activities, such as voting, visiting a museum, and attending meetings.

- ***Section K: Children and Teens***
  - This section included several questions about health issues that affect children and teens in Chicago, including alcohol abuse, child abuse, childhood obesity, suicide, teen pregnancy, discrimination, gun-related violence, hunger, poverty, and unsafe housing.
- ***Section L: Coronavirus & COVID-19***
  - This section included questions about the COVID-19 pandemic, which began prior to the start of data collection. Questions asked about the impact of COVID-19 on the respondent, such as the ability to buy food, the ability to obtain necessary medical care, the ability to pay for living expenses, and childcare responsibilities. The section also included a question about whether the respondent would be willing to get a COVID-19 vaccine once it became available.
- ***Section M: About You***
  - This section included standard demographic questions about age, ethnicity, Hispanicity, race, sexuality, marital status, education, employment status, home ownership, household composition, and income. For respondents who reported having children under the age of 18 in their household, we asked for the age, gender, health status of each child for a maximum of five children. This roster was only included in the web version of the instrument. The paper mode did not lend well to replicating this roster of questions and ensuring clean, high-quality data.
- ***Section N: Thank You***
  - This section concluded the survey by recording the respondent’s preferred method for receiving their incentive and collecting the necessary contact information to fulfill the incentive promise. The section also included a question about the respondent’s willingness to be recontacted in the future for more questions about COVID-19.

### **Redesign for Self-Administration**

RTI took the draft questionnaire provided by CDPH and redesigned it for self-administration using paper as the target mode. This required omitting all phone screening questions from the historical version of HCS. The household selection question was translated into instructions about who should complete the survey (the adult 18 years of age or older in the household who will have the next birthday). The 2020 HCS did not ask respondents to confirm that they lived in a private residence nor to confirm their residential zip code or city. This was obviated by the sampling design and the use of the ABS frame, which allowed RTI to sample eligible residences at the start.

Redesigning HCS for PAPI also required simplifying the routing, so that respondents would not need to flip several pages when they needed to skip questions to get to the next applicable question. To that end, RTI reorganized the question order of the historic HCS to place questions with skip logic as close to each other as possible. If a respondent needed to skip ahead to the next applicable question, the furthest they needed to go was the next page. The historical HCS asked for the respondent’s gender early in the survey, which allowed the CATI program to ask questions based on the person’s gender and to display the correct threshold number of drinks for binge drinking. RTI determined the best placement of the gender question was in the Cancer Screening section, right before the breast cancer and cervical cancer screening questions. For the

Alcohol & Prescription Drugs section, which is asked before gender is recorded, this meant including two versions of the question about binge drinking and requiring the respondent to choose one.

The paper survey was designed using best practices for formatting and readability. RTI chose to print the survey in black and white with a full-color cover page featuring high-quality images that captured the look and feel of the City of Chicago. Instructions at the beginning of the survey informed the respondent how to answer the questions and how to use arrows to navigate the survey. RTI used 12-point Arial font for all text, bolding all questions and skip instructions. Key words were underlined to provide emphasis. Skip instructions were italicized to help alert the respondent that they needed to go somewhere other than the very next question. Questions with additional definitions or instructions were also italicized. Each page formatted questions into two columns and each section included a heading with a gray background so that the respondent could easily follow along to each topic of the survey.

The paper survey was also formatted with the intention of collecting the best quality data possible, with the understanding that paper survey data tends to require some amount of data cleaning during processing. When questions allowed for an open-ended response, boxes were created to indicate how the response should be entered. For example, for the question asking for the respondent's height, there was one box to record the number of feet and two boxes to record the number of inches. For the height and weight questions, RTI recommended collecting only the English units, rather than both English and metric units as in the historic version of HCS. For the question about number of sweetened drinks consumed, RTI and CDPH discussed the best way to collect the respondent's preferred unit of response. The final version of the question recorded the total number of drinks first and then asked for the respondent to indicate the unit of their response (per day, per week, per month).

Although most of the web version of HCS is identical to the paper version and was designed to be so, the CAWI provided the flexibility to design a few series of questions differently than the paper version. In the CAWI version, gender was asked in Section E, which enabled the programming of skip logic to ask the appropriate version of the binge drinking question based on the respondent's gender. For questions that were traditionally asked in a series in the historical HCS, the CAWI version utilized matrices to streamline the respondent's experience of answering them. The Children & Teens section of questions is a particular example of how this customization worked well, even though it did not mirror the formatting of the paper version. The CAWI version of this series broke up the list of questions into three matrices that listed seven or eight items at a time with the response options listed in columns. Thus, whenever possible, the CAWI was designed to match the paper version unless use of a web feature was more beneficial for the respondent's experience.

### **Mailing Materials**

In addition to the paper instrument, RTI designed all materials that were printed and sent to respondents, including:

- Invitation letter
- Reminder letter



- Self-mailer
- Reminder self-mailer
- Envelopes
  - Outer envelopes containing contact materials and paper survey packets
  - Business reply envelopes (BRE), for returning completed paper surveys to RTI

There were two versions of the invitation letter and self-mailer: one for phase 1 and one for phase 2 (NRFU). There were also English and Spanish versions of the invitation letter, reminder letter, and self-mailer. The Spanish version of the self-mailer included both English and Spanish, which meant that if a non-Spanish speaking household erroneously received it, it would be understood by an English speaker/reader. Each letter was printed double-sided with English on one side and Spanish on the other. This meant that if a Spanish survey packet was not sent to a respondent who only speaks or reads Spanish, they could still find directions for accessing the Spanish version of the web survey.

To make it clear how the respondent could complete the survey, RTI designed simple graphics with images of a computer and a smartphone to denote that the survey could be completed on a computer or smartphone via web. Another graphic included an image of an envelope to denote that the respondent could also complete the survey on paper and send it back in the mail. These graphics were placed side by side in the letters and included the amount of the promised incentive in larger, bold red text. Each respondent's personalized login credentials were printed on their letters and self-mailers along with the customized URL to access the survey.

Similar to our approach with the paper survey, RTI designed all of the materials using best practices for formatting and readability. We also designed the contact materials to encourage participation. To that end, CDPH's branding was featured as often as possible. The full-color CDPH logo was used as the letterhead in the invitation and reminder letters. It was also featured in both self-mailers, all envelopes, and on the paper survey cover. The self-mailers were printed in full color and were designed using the CDPH color scheme to complement the colors of the CDPH logo. Dr. Allison Arwady was also featured as part of the CDPH branding, with her permission and approval. Her signature appears in all letters and her photo appears in the self-mailers.

### **Study Post Office Box**

RTI set up a Post Office (PO) box in Chicago to serve as the return address on the outgoing contact materials. Any undeliverable mail received at the PO box was set up to be forwarded twice a week to RTI's Research Operations Center in North Carolina. The PO box was set up and used to aid in proving legitimacy and encouraging participation. The hypothesis is that respondents would question why they were being contacted by "RTI International" in North Carolina if we used RTI's address. Toward the end of data collection, RTI encountered an issue with the USPS not forwarding undeliverable mail according to our schedule. This led to a delay in recording undeliverable mail, which affected our initial calculations of response rates. Given that the BRE listed RTI's North Carolina address and no respondent contacted RTI or CDPH to question why their surveys were being sent outside of Chicago, RTI does not believe that the use of a local Chicago return address is necessary or that seeing RTI's North Carolina address will negatively impact respondents' willingness to participate.

For 2021 HCS data collection, RTI recommends swapping the Chicago PO box for RTI's address in North Carolina, as such:

**Healthy Chicago Survey**  
c/o RTI International  
52652 Capital Boulevard  
Raleigh, NC 27690-1653

### **Study Contact Information**

RTI set up a toll-free phone number to respond to any inquiries from respondents. The phone number was set up to ring the direct line of RTI's assistant data collection task leader. If they were unavailable, the number rang another HCS project staff member. If they were also unavailable, the phone call would be directed to a voicemail recording indicating the caller had reached the HCS study line and asking them to leave a message. The RTI project team monitored the voicemail box every business day, logged each call in a file that resided in our secure network, and responded within 48 hours as necessary.

We drafted a guide that outlined the most common reasons for calling and provided guidance on resolving inquiries. Common reasons for calling included survey access issues, incentive issues, refusals, requests for new surveys, reports of already completing the survey, reports of not being able to complete the survey (because of a disability, death, etc.), suspicion about the cash pre-incentive, survey legitimacy, missing a BRE, address issues, and concerns about COVID-19.

RTI also created an email address specifically for HCS. The email address was set up as a shared account for the project manager, assistant data collection task leader, and project support staff. The inbox was monitored each business day and issues were resolved using the same guidance provided for phone calls. The email address was copied on all emails containing the electronic gift card for respondents who elected to receive that incentive type. This enabled us to more easily troubleshoot issues with electronic gift card incentives. If there were any inquiries that needed to be escalated to CDPH, RTI reported them as per the adverse event protocol.

RTI created a website for HCS that served two purposes. First, if the respondent was intent on completing the survey, the website was the place they needed to enter their personal PIN to access the Voxco survey. Second, if the respondent was unsure they wanted to participate and wanted more information, they could find some general information about the survey and a link to CDPH's web page about HCS. The website URL was set up to be searchable by Google. No one could access the Voxco survey without a valid PIN that matched RTI's sample file. Each PIN was unique to a sample record and could not be used to complete the survey more than once.

### **Usability Testing**

Usability testing is a useful tool for designing survey instruments. It allows researchers to test the respondent's experience of taking our survey, noting where their attention is or where they experience confusion, and ease of using the survey materials and survey program. We can test that respondents can provide answers to our questions accurately and complete the survey with as few steps or clicks as possible. Because web and paper are new modes to HCS, RTI felt usability testing would be an important step in redesigning the survey for self-administration.

Using MTurk and Craigslist, RTI recruited 24 participants living in the Chicago, IL, area to complete usability tests using either a desktop/laptop computer or smartphone (Android/iPhone) to complete either the web or paper survey. Of the 24 participants selected and scheduled for interviews, 23 completed the interview and 1 declined to participate. A total of 14 respondents tested the web survey, and 9 respondents tested the paper survey. A total of 14 interviews were completed by desktop/laptop computer and 9 by Android/iPhone. Recruitment for native Spanish speakers was challenging. Only one interview was completed in Spanish and tested the Spanish paper survey. One of RTI's cross-cultural methodologists recruited for and completed the Spanish usability interview. The other interviews were conducted by the RTI project manager and one of RTI's survey methodologists who specializes in cognitive and usability testing. Interviews were completed between May 7 and May 16, 2020.

Interviews were conducted using Zoom video-conferencing software to perform live video streaming (and recording) of the participant completing the questionnaire online. For the web interviews, we recorded the audio interaction between the participant and interviewer along with the participant's screen displaying the web survey as they worked through the instrument. For the paper interviews, we recorded the telephone interview through Zoom software, but only captured the audio interaction as participants read through and complete the paper survey instrument. The recordings were helpful to ensure that the interviewer notes were accurate when summarizing the results. Videos of respondents' faces were not recorded and if respondents were sharing their web cameras, they were asked to turn them off prior to the start of recording the interview. Interviews ranged from 40 to a maximum of 60 minutes in length. Following each interview, participants were provided a \$60 electronic Visa gift card as a token of appreciation for completing the interview.

Overall, RTI had no major concerns about the usability of the web survey. Participants were able to successfully access the web survey, enter their provided PIN, and navigate the Voxco program. The survey instructions were inconsistently read or followed. For the paper survey, this was true even when respondents read the survey instructions at the beginning of the survey and reported understanding how to follow the skip instructions. For multi-item questions, such as Q45a and Q52, some respondents did not understand that each item in the list needed to be answered. They instead interpreted this as a multiple-choice question and only answered one item. Unfortunately, this is a limitation of administering a paper survey; we cannot control for people who skip an instruction or follow it erroneously. It requires data cleaning during post processing.

CDPH expressed concern during initial testing about the use of soft prompts in the Voxco web survey. The soft prompts displayed an error message if a respondent attempted to skip a question without answering it. If the respondent elects to decline answering and wants to skip the question after the soft prompt, they are able to do so. On other surveys, RTI has found that the use of a soft prompt improves data quality. The prompt was specifically tested during usability testing. Rather than expressing annoyance, respondents said they liked, expected, or were not bothered by the soft prompts when they attempted to skip items.

There were a few item-specific issues encountered during usability testing. RTI recommended and implemented the following changes to the instrument based on these issues:

- Q15a—Respondents who answered that they spent 0 days using marijuana or cannabis had no skip instruction to take them to the next section. They were therefore answering non-applicable questions Q15b through Q15d. RTI recommended adding a new question between Q15 and Q15a to skip out people who did not use marijuana or cannabis in the past 30 days.
- Q16 and Q17—Some respondents attempted to leave the field blank when their answer to the question was 0, believing a blank was equivalent to 0. RTI recommended adding an instruction at both questions to enter 0 if the respondent consumed none and to add this note for all open-ended response boxes.
- Q20—In both modes, respondents experienced trouble answering this question. In the web version, the initial version of the program limited response to a single unit. Once the respondent entered a value into one of the units, the other two options disappeared. This created confusion for respondents who assumed a response was required for each blank field. In the paper version, respondents assumed an answer was required for each unit. RTI recommended changing the way we asked the question by first asking for the number of drinks and then for the unit of the response.
- Q36—Many respondents did not know what a sigmoidoscopy is. The questionnaire initially defined a colonoscopy and sigmoidoscopy in the follow-up question. RTI recommended moving the definition to Q36 so that respondents would be less likely to underreport having had these exams because they did not remember what the exam was called.
- Mental Health section—Repeating the stem for each item in the series created unnecessary redundancy. During testing, respondents often read just the new item after seeing the same stem twice. RTI recommended presenting the question stem at the top of the section and then indicating the new item with an ellipsis to reduce redundancy and timing.
- Children & Teens section—Respondents complained about the redundancy in phrasing, which was a consequence of repeating the question stem at each item. In both modes, some respondents stated that they did not feel informed enough to answer certain items and suggested adding a Not Sure option. RTI recommended displaying the stem at the top of the section and adding a Don't Know/Not Sure option to each item.

In addition to testing the survey instruments, RTI also tested the invitation letter and self-mailer with many respondents, when time permitted. We asked for feedback about the clarity of the text, graphics, colors, use of CDPH's logo, and use of Dr. Allison Arwady's name.

Generally, people commented favorably about the colors, particularly of the CDPH logo. A few people recognized CDPH, while others did not. For those who knew what CDPH represents, they appreciated having the name spelled out. Respondents reported that the CDPH logo added credibility to the survey and made them more inclined to want to complete the survey. All respondents concluded that the language in the letter was clear and that they knew how to complete the survey and how to contact the research team with questions. Some people said that they liked seeing contact information (phone number, email address, website) because it added legitimacy to the survey and convinced them it was not a scam.

Of the respondents who commented on the \$2 pre-incentive, the reactions were split between people who welcomed the gesture and those who were suspicious about why cash was being sent through the mail. A couple of respondents cited concerns about theft, while another person recalled being scared to receive anthrax in the mail.

Respondents were split evenly with regard to recognizing Dr. Arwady's name. Those who recognized her generally said that they associated her with COVID-19 updates on television. Respondents who did not recognize Dr. Arwady's name liked seeing her name and title because it added to the study's credibility.

At the conclusion of usability testing, RTI felt confident about the quality of the instruments and mailing materials.

Copies of the mailing materials are in the Appendix.

## **DATA COLLECTION**

### **Pilot**

The original goal of the pilot test was to assess any issues with the instruments and to correct such issues prior to main fielding. However, changes to the paper instrument specifically would require redesigning and reprinting the paper instrument and delay the start of data collection. Given the cumulative delays in the project schedule and to prevent further delaying the start of data collection, CDPH and RTI agreed to treat the pilot test as a test of RTI's systems and not as an opportunity to make changes to the instrument.

RTI's systems tests during the pilot included the following systems, processes, and applications:

- **TeleForm**—TeleForm is the software RTI uses to program the HCS paper survey. It uses Optical Character Recognition to electronically convert scanned images of text (handwritten, typewritten, and printed) into machine-encoded text. It requires coding and formatting to ensure that scanned paper surveys correctly read all data.
- **Voxco**—Voxco is the software RTI uses to program the HCS web survey. It is a multimode data collection system that tracks survey activities and sample cases across modes and provides a centralized survey management portal to manage survey progress. It requires coding. Although RTI conducted usability testing using the Voxco CAWI program, the pilot test enabled us to collect data using the actual data collection protocol rather than a simulated environment.
- **Symphony**—Symphony serves as the database management system for projects that use mailings, like the HCS. All mailings must be logged into the system to enable tracking of all sample records. All returns are receipted and coded as “stages” and “events,” such as “undeliverable” and “completed survey.”
- **Mail receipting/Data Capture**—RTI has a team of data capture clerks who open all returned mail for the HCS project and sort the mail based on their stage. All paper surveys are batched and scanned. Scanned data are then committed into the survey dataset on RTI's secure network, which merges both web and paper survey data. All

paper data are verified using a two-step process, where one clerk enters data and a senior clerk verifies and makes necessary corrections.

- ATD Dashboard—RTI is using its Adaptive Total Design (ATD) Dashboard to monitor data collection during fielding. The ATD Dashboard uses inputs from Voxco, TeleForm and Symphony to display outcomes and data points of interest to the project team. The Dashboard is updated daily, which enables the team to introduce interventions faster during data collection.

The pilot sample consisted of 200 records from the first sample release. Approximately 15% of the sample was flagged as belonging to a Hispanic residence. We omitted DPUs from the sample to increase the likelihood of collecting the desired number of 20 completed interviews for the pilot.

Because the pilot test was designed to test RTI’s systems, only the first mailing of the Choice+ protocol was sent on June 24, 2020. The mailing was a survey packet, which included an invitation letter with CAWI login credentials, the paper survey, and a BRE. The sample flagged as Hispanic received both an English and Spanish paper survey.

By July 10, 2020, the pilot collected a total of 26 interviews: 23 web completes and 3 paper completes. All surveys were completed in English. The average completion time of CAWI was 23 minutes. There were no cases that dropped out or suspended, meaning 100% of the respondents who accessed the CAWI and started the survey also completed the survey.

RTI also conducted a check of the pilot test data for the following potential issues:

- Frequencies—RTI examined frequencies of all variables, including free response text.
- Skip patterns—RTI created flags to check all skips.
- Out-of-range or invalid values—RTI created a flag for all applicable questions.
- Other-specify fields—RTI checked that the field only had an answer when the respondent chose the “other-specify” option.
- Dataset completeness—RTI checked that all questions in the questionnaire were also in the dataset and vice versa.

After completing all systems tests and checking pilot test data, RTI confirmed that CDPH had no further revisions to the survey instruments and proceeded with main data collection, which started on July 17, 2020.

### ***Mailing Schedule***

Grace Printing & Mailing, RTI’s Minority Business Enterprise subcontractor, provided all printing and mailing services for the 2020 HCS from within the City of Chicago. RTI received, receipted, and scanned all returned mailing, including undeliverable mail and paper surveys. RTI was also responsible for fulfilling check incentives, which were mailed to respondents on a weekly basis.

The 2020 HCS was scheduled to be fielded in two sample releases using the following Choice+ protocol:

### *Phase I*

Day 0 – Mailing 1 = Survey Packet 1  
Day 7 – Mailing 2 = Reminder self-mailer 1  
Day 21 – Mailing 3 = Survey Packet 2  
Day 28 – Mailing 4 = Reminder self-mailer 2

### *Phase II*

Day 56 – Mailing 1 = Survey Packet  
Day 63 – Mailing 2 = Reminder self-mailer

The two sample releases were scheduled to overlap, with the start of Phase I for the second release beginning before the start of Phase II for the first release.

A few of the mailings deviated from the original schedule for a few reasons:

- Phase I, Mailing 3 for the first release was delayed because of funding issues. RTI agreed to work at-risk for several months while waiting for execution of our contract. Mailing 3 was delayed by 1 week while additional at-risk funding was approved. This pushed the remainder of the schedule for the first release by 1 week.
- Phase II, Mailing 1 for the first release was delayed while RTI and CDPH had necessary discussions about the sampling plan for release 2. The discussions were informed by preliminary analysis of the demographic composition of completes collected by that point and the number of interviews collected by each CA. Once CDPH was comfortable with RTI's revisions to the sampling plan, RTI continued fielding the first release. The mailing was delayed by approximately 2.5 weeks.
- Phase II, Mailing 2 for the first release was delayed by 6 days because of delays resulting from work volume of the printing vendor.
- Phase I, Mailing 1 for the second release was delayed by 10 days because of the time needed to prepare the sample. This pushed the remainder of the schedule for the second release by 10 days.
- Phase I, Mailing 2 for the second release was delayed by 11 days while RTI reviewed proofs and sent revisions to the printing vendor.
- Phase I, Mailing 3 for the second release was delayed by 3 days because of the printing vendor's work volume, which included Election Day work.

With the revisions to RTI's sampling plan for the second sample release, RTI and CDPH collectively agreed to abbreviate the schedule by omitting Phase II, NRFU. Instead, the sample size for the second release was increased. This also helped ensure that data collection could close by the beginning of December to provide ample time to process and weight the final data.

Given the aforementioned events, the final 2020 mailing schedule below does not match the intended protocol:

### *Release 1*

#### Phase I

7/17/20 – Mailing 1 = Survey Packet 1

7/24/20 – Mailing 2 = Reminder self-mailer 1  
 8/14/20 – Mailing 3 = Survey Packet 2  
 8/21/20 – Mailing 4 = Reminder self-mailer 2

Phase II

10/13/20 – Mailing 1 = Survey Packet  
 10/26/20 – Mailing 2 = Reminder self-mailer

*Release 2*

Phase 1

9/28/20 – Mailing 1 = Survey Packet 1  
 10/16/20 – Mailing 2 = Reminder self-mailer 1  
 11/2/20 – Mailing 3 = Survey Packet 2  
 11/11/20 – Mailing 4 = Reminder self-mailer 2

With the 2021 HCS, RTI will endeavor to adhere to the mailing schedule.

**Survey Languages**

We administered the 2020 HCS survey in both English and Spanish. Metaphrasis Language & Cultural Solutions, RTI’s Women’s Business Enterprise subcontractor, translated the Spanish instrument for both survey modes. Based in Chicago, Metaphrasis was able to provide a quality translation appropriate for the dialect of Spanish spoken in Chicago. RTI’s cross-cultural methodologist, a native Spanish speaker, reviewed the translation prior to programming.

All recipients were sent survey contact materials (i.e., cover letters and reminder postcards) that had both English and Spanish text. All recipients were sent an English version of the PAPI instrument, and recipients who lived in areas with a high rate of Spanish-speaking residents were also sent a Spanish PAPI instrument, up to 15% of the total sample. We also mailed a Spanish PAPI instrument to any recipients who requested one. When completing the CAWI instrument, respondents could select either English or Spanish.

Exhibit 3 is a breakdown of completed interviews by language and survey mode for 2020 HCS.

**Exhibit 3. Completed Interviews by Language and Mode**

<b>Mode</b>	<b>Language</b>	<b>Frequency</b>	<b>Percent, %</b>
CAWI	English	3,596	79.61
PAPI	English	864	19.13
CAWI	Spanish	55	1.22
PAPI	Spanish	2	0.04
Total		4,517	

**Incentives**

To encourage response to the survey, we sent all 2020 HCS survey recipients a \$2 cash pre-incentive with the first survey packet mailing. Respondents who completed the CAWI



instrument received \$20 in the mode of their choice—an electronic gift card or a paper check. Respondents who completed the PAPI instrument received an electronic gift card or paper check for \$10. For the NRFU mailings, the incentives were increased to \$30 for CAWI completes and \$20 for PAPI completes, and we included an additional \$2 pre-incentive with the first NRFU mailing.

RTI responded to all requests received by respondents reporting any issues with their incentive and resolved them as quickly as possible.

### **Mail Receipting**

All PAPI surveys were received at RTI’s Research Operations Center in Raleigh, North Carolina, and undeliverable mail went to a Chicago PO box and was then sent to RTI in batches. Returns were sorted, categorized by mailing, and then opened. Further sorting took place after opening (completed questionnaire, refusal, etc.). Following mail sorting, the data capture team receipted the returns in RTI’s Symphony Control System. Mailing stages that correspond to each mail-out were set for the receipt of undeliverable mail. The undeliverable mail return type was also captured.

Data (or stage outcome, if refusal) were scanned and entered into the dataset only for first received surveys in duplicate cases. Once batches were receipted, the completed PAPI instruments were scanned into TeleForm. The scanned images were accepted and went through a classification and OCR process in TeleForm.

A data capture clerk (verifier) performed verification of all cases in a batch. The verifier reviewed all constrained print fields and made changes as needed, keyed data in open-ended fields, and reviewed any closed in fields (bubbles, check boxes) that TeleForm populated for review. Once the data review was finalized, a designated data capture clerk committed the data to the dataset.

### **Adverse Event Protocol**

The 2020 HCS was redesigned as a self-administered survey, omitting the interviewer from data collection and delaying the research team’s ability to address potential adverse events. The research team had a protocol in place to detect and address any adverse events. For the CAWI survey, the research team regularly reviewed all open-ended variables that allowed respondents to enter their own text. We reviewed for any potential adverse events, such as suicidal thoughts and domestic abuse. For the PAPI survey, upon which respondents could write anything they want on the pages, RTI has a process for scanning these data and flagging them for manual review. This is referred to as a “Too Many Marks” log and the research team reviewed it for potential adverse events.

Any adverse events detected from returned materials or during phone or email communications with respondents would have been escalated to CDPH for review. CDPH could have then chosen to follow up directly with respondents themselves or advised RTI on the appropriate follow-up.

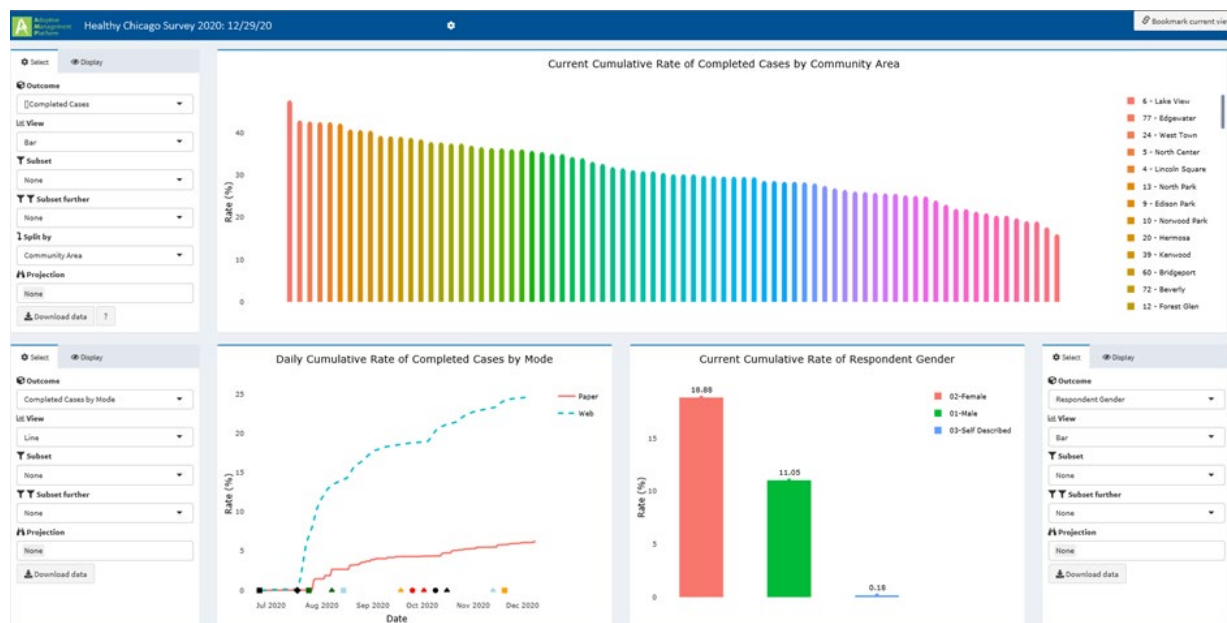
There were no potential adverse events encountered during 2020 HCS fielding.

## Monitoring

RTI created a custom ATD dashboard for monitoring HCS that was updated daily to assist the project team in monitoring data collection. CDPH could track fielding progress every day of data collection using the dashboard, viewing the data according to metrics customized for the project, including completes by mode, completes by CA, and completes by selected demographics.

Using various data sources, including sample flags, case dispositions, and web paradata, the ATD dashboard presented the most important metrics while minimizing superfluous information to enable timely decision-making. Key information included number of CAWI interviews completed, number of undeliverable mailings, and respondent demographics (income, education, gender, race/ethnicity). A sample of the customized ATD dashboard for HCS is shown in Exhibit 4.

**Exhibit 4. Sample of Custom Adaptive Total Design Dashboard for HCS**



## DISPOSITION CODES AND OUTCOME RATES

Once the data collection period had closed, all  $n = 14,799$  sampled cases (i.e., addresses) were assigned one of seven possible disposition codes. Exhibit 5 provides a description of these seven along with the associated case counts. To be defined as a complete case, at least four variables on the survey instrument used in weighting must have been answered. A total of 4,517 completes obtained: 3,651 (80.8%) by web and 866 (19.2%) by paper. Cases answering one or more question, but fewer than four weighting variables, were considered partial completes. There were only 163 of these cases across both modes. Information on undeliverable status was extracted from the Symphony software discussed in the Data Collection section above. Any case not already coded as a complete, partial complete, or refusal was assigned the undeliverable disposition code if one or more mailings were returned by the USPS. The observed undeliverable rate came in at 8.0%, slightly higher than the 6.0% anticipated. Cases without any kind of reply

and where no supplementary information was received accounted for 8,914, or 60.2%, of all sampled cases. These cases were considered nonrespondents with eligibility status unknown.

**Exhibit 5. Summary of Disposition Codes and Counts in 2020 HCS.**

Code	Meaning	Description	Count	Percent of Cases
CW	Web Complete	Answered by web with at least 4 weighting variables	3,651	24.7
CP	Paper Complete	Answered by paper with at least 4 weighting variables	866	5.9
PW	Web Partial Complete	Answered by web with at least 1, but fewer than 4, weighting variables	134	0.9
PP	Paper Partial Complete	Answered by paper with at least 1, but fewer than 4, weighting variables	29	0.2
UD	Undeliverable	Mail correspondence returned by USPS (and not a complete or partial complete)	1,186	8.0
RF	Known Eligibility Nonrespondent	Explicit refusal or blank questionnaire returned	19	0.1
NR	Unknown Eligibility Nonrespondent	All other cases not assigned one of the other codes	8,914	60.2
			14,799	100.0

With respect to standards set forth by AAPOR (2016), the eligibility rate for addresses sampled for 2020 HCS was estimated as  $e = (CW + PW + CP + PP + RF) / (CW + CP + PW + PP + RF + UD) = 79.8\%$ , corresponding to an AAPOR RR3 (excluding partial completes) of  $(CW + CP) / (CW + CP + PW + PP + RF + e*NR) = 38.2\%$ .

Exhibit 6 compares the expected yield rate with the actual yield rate by CA, alongside counts of target completes versus the actual completes obtained. Deviations observed in the complete counts are not strictly attributable to deviations in assumed versus actual yield rates. Yield rates observed in the first release supplanted the CPD-derived yield rates when planning for the second release. Another factor is that sample reallocation efforts were made after the first sample release in an effort to increase the representation of Hispanic respondents. For purposes of planning for 2021 HCS, the yield rates observed in 2020 HCS will be utilized, and any CA where the targeted minimum of 35 completes was not reached in 2020 HCS will be sampled at a higher rate in 2021 HCS. This will be done to increase the chances that a minimum of 70 completes will be available when data from the two survey administrations are combined to derive CA-specific estimates.

**Exhibit 6. Comparison of Assumed vs. Actual Yield Rates and Complete Counts**

Community Area	Yield Rate, %		Completes	
	Assumed	Actual	Target	Actual
1 - Rogers Park	35.8	36.6	85	82
2 - West Ridge	32.8	24.7	72	44
3 - Uptown	40.1	36.7	132	97
4 - Lincoln Square	43.4	42.7	100	79
5 - North Center	43.4	42.2	80	62
6 - Lake View	43.4	47.5	306	268
7 - Lincoln Park	43.4	37.5	188	130
8 - Near North Side	43.4	36.1	375	249
9 - Edison Park	43.4	39.4	35	37
10 - Norwood Park	40.8	39.5	66	51
11 - Jefferson Park	36.9	38.1	35	48
12 - Forest Glen	43.4	38.5	36	35
13 - North Park	32.8	41.9	35	36
14 - Albany Park	31.1	35.4	41	64
15 - Portage Park	33.3	35.1	63	72
16 - Irving Park	36.0	38.1	70	74
17 - Dunning	39.0	27.8	59	37
18 - Montclare	31.2	28.0	35	33
19 - Belmont Cragin	23.0	26.7	35	52
20 - Hermosa	23.1	38.5	35	47
21 - Avondale	30.3	30.8	35	45
22 - Logan Square	37.6	35.1	115	86
23 - Humboldt Park	22.6	25.4	35	44
24 - West Town	37.8	42.6	157	164
25 - Austin	22.6	20.0	44	51
26 - West Garfield Park	22.6	18.3	35	43
27 - East Garfield Park	22.6	26.6	35	33
28 - Near West Side	39.5	32.3	138	90
29 - North Lawndale	22.6	25.5	35	39
30 - South Lawndale	22.6	22.2	35	114
31 - Lower West Side	22.6	36.8	35	64
32 - The Loop	43.4	33.1	140	85

(continued)

**Exhibit 6. Comparison of Assumed vs. Actual Yield Rates and Complete Counts  
(continued)**

Community Area	Yield Rate, %		Completes	
	Assumed	Actual	Target	Actual
33 - Near South Side	41.1	36.4	72	51
34 - Armour Square	24.5	28.1	35	32
35 - Douglas	26.5	29.3	35	36
36 - Oakland	27.0	27.1	35	92
37 - Fuller Park	23.2	23.1	35	31
38 - Grand Boulevard	22.6	29.5	35	43
39 - Kenwood	33.3	38.9	35	44
40 - Washington Park	22.6	29.8	35	37
41 - Hyde Park	43.0	34.7	79	51
42 - Woodlawn	24.8	22.4	35	36
43 - South Shore	22.6	19.4	36	39
44 - Chatham	24.5	28.4	35	59
45 - Avalon Park	31.2	32.1	35	36
46 - South Chicago	22.6	20.5	35	38
47 - Burnside	27.0	35.8	35	39
48 - Calumet Heights	31.3	29.1	35	30
49 - Roseland	23.4	17.8	35	44
50 - Pullman	28.6	27.9	35	31
51 - South Deering	27.0	31.7	35	33
52 - East Side	26.2	27.8	35	40
53 - West Pullman	22.9	24.1	35	42
54 - Riverdale	22.6	28.0	35	44
55 - Hegewisch	38.2	28.5	35	113
56 - Garfield Ridge	35.1	36.6	37	60
57 - Archer Heights	23.9	27.4	35	32
58 - Brighton Park	22.6	25.1	35	141
59 - McKinley Park	25.3	35.1	35	39
60 - Bridgeport	30.9	37.9	35	39
61 - New City	22.6	20.6	35	36
62 - West Elsdon	25.5	28.6	35	34
63 - Gage Park	22.6	25.2	35	34

(continued)

**Exhibit 6. Comparison of Assumed vs. Actual Yield Rates and Complete Counts  
(continued)**

Community Area	Yield Rate, %		Completes	
	Assumed	Actual	Target	Actual
64 - Clearing	33.1	24.6	35	29
65 - West Lawn	24.1	27.7	35	38
66 - Chicago Lawn	22.6	20.6	35	37
67 - West Englewood	22.6	17.2	35	30
68 - Englewood	22.6	21.5	35	41
69 - Greater Grand Crossing	22.6	15.6	35	39
70 - Ashburn	29.5	25.8	35	39
71 - Auburn Gresham	22.6	25.3	35	61
72 - Beverly	38.7	38.7	35	36
73 - Washington Heights	25.3	28.5	35	41
74 - Mount Greenwood	43.3	31.5	36	29
75 - Morgan Park	30.7	29.4	35	32
76 - O'Hare	36.6	22.3	35	31
77 - Edgewater	42.6	42.6	153	123
<i>Totals</i>			4,500	4,517

**WEIGHTING**

This section describes the six sequential steps carried out to produce a single set of weights permitting analysts to use the 4,517 respondents who completed 2020 HCS to make inferences on the target population, Chicagoans aged 18 or older at the time the survey was administered.

***Step 1: Assigning a Base Weight***

The first step in the weighting process was to define a base weight equal to the inverse of the selection probability. For the  $i^{\text{th}}$  address in the  $h^{\text{th}}$  CA, this weight was assigned as  $w_{1hi} = N_h/n'_h$ , where  $N_h$  is the total number of addresses in the CA, and  $n'_h$  is the number of addresses in stratum  $h$  sampled as part of either of the two releases.

***Step 2: Adjusting for Previously Sampled Drop Point Substitutes***

The second step in the weighting process was to make an adjustment for the fact that a portion of the NDPUs were substituted for two or more sampled DPUs. Of the 2,171 substitutions that took place, this only occurred 102 times, and in all by 9 instances within two CAs, South Lawndale and Brighton Park. These two CAs had DPU rates exceeding 50% and a low expected yield rate rendering the need for a larger sampling rate. If we let  $k_{hi} (\geq 1)$  be an integer representing the

number of times the  $i^{\text{th}}$  NDPU sampled address in the  $h^{\text{th}}$  CA served as a substitute, the base weight assigned in Step 1 was modified to become  $w_{2hi} = w_{1hi} * k_{hi}$ .

### ***Step 3: Adjusting for Address-Level Unknown Eligibility***

The third step in the weighting process was to make an adjustment for the likelihood that a portion of the addresses where eligibility status was never determined are ineligible. A uniform adjustment factor across all CAs was computed as the base-weighted eligibility rate for the subset of addresses where eligibility status could be determined. This value came out to  $e_w = 0.814$ . Note how this is simply the base-weighted version of the term  $e = 0.798$  that feeds into the AAPOR RR3 formulas discussed previously in this report. For the 8,914 addresses with disposition code NR (see Exhibit 3), the unknown eligibility-adjusted weight was defined as  $w_{3hi} = w_{2hi} * e_w$ . For all other addresses, the unknown eligibility-adjusted weight was defined as  $w_{3hi} = w_{2hi}$ .

### ***Step 4: Adjusting for Address-Level Nonresponse***

The fourth step in the weighting process was to make an adjustment for unit nonresponse at the address level. The notion here was to shift the weights produced in Step 3 from nonresponding addresses to responding addresses within groupings that have similar estimated response propensities (Little and Rubin, 2019). To identify these groupings, we fitted a regression tree model (Breiman et al., 1984) with predictor variables drawn from the enhanced ABS frame and the response indicator as the outcome variable. As described in Buskirk (2018), the notion behind the regression tree methodology is to exploit available covariates to recursively partition a data set into groupings referred to as *nodes*, or *leaves*, by making a hierarchical sequence of binary splits that best explain residual variation in the outcome variable. This is an example of an implicit response propensity modeling strategy, one that has certain advantages over explicit models such as those fit via logistic regression (Phipps and Toth, 2012). Key among them is the ability to identify only the most important relationships—ones that may involve complex, higher order interactions—from a potentially large set of potential covariates.

For the 2020 HCS sample, we employed PROC HPSPLIT in SAS® (SAS Institute Inc., 2015) to identify a total of 22 nodes, each of which was defined to contain at least 500 sampled cases, based on a battery of approximately 30 covariates. Covariates included the CA identification variable, CDS variables such as address type (high-rise vs. street-level) and delivery point type (residential curbside vs. other arrangements), and descriptive statistics estimated for the Census block group within which the address resides, such as the percent of renter-occupied households, the median home value, the percent of individuals without health insurance, or the percent of individuals living below the poverty level.

Across the 22 nodes, unweighted response rates ranged from 18.6% to 52.8%, but weighted response rates were used in the adjustment factors to ensure that the sum of weights before and after adjustment remained the same. If we denote these weighted response rates as  $RR_{wc}$  ( $c = 1, 2, \dots, 22$ ), then the weight for the  $i^{\text{th}}$  responding address in the  $h^{\text{th}}$  CA partitioned into the  $c^{\text{th}}$  node was inflated to become  $w_{4hi} = w_{3hi} * (1/RR_{wc})$ . All other nonresponding addresses (i.e., those where disposition code was not equal to CW or CP) were assigned weights of 0.

### Step 5: Adjusting for Within-Household Selection

The fifth step in the weighting process was to make an adjustment for households consisting of two or more adults, within which a single adult was (self-)selected to participate in HCS 2020. If we denote  $1 \leq f_{hi} \leq 4$  as the number of age-eligible household members associated with the  $i^{\text{th}}$  address in the  $h^{\text{th}}$  CA (capping the approximately 2% of households reporting  $f_{hi} > 4$  to mitigate the risk of exorbitant weight variability), then the new weight for this responding case was defined as  $w_{5hi} = w_{4hi} * f_{hi}$ .

### Step 6: Calibration to Individual-Level Population Totals

The sixth and final step in the weighting process was to calibrate the weights produced from Step 5 such that the sum of weights for groupings of various respondent dimensions simultaneously match control totals captured from official statistics. We implemented the calibration step by way of the *generalized exponential model* approach (Folsom and Singh, 2000) built into the SUDAAN<sup>®</sup> WTADJUST procedure (RTI International, 2012). Exhibit 7 lists the specific dimensions for which control totals were established. All control totals were derived from the 2014–2018 ACS summary file. Aside from the first and last dimension listed in Exhibit 7, these totals were calculated after collapsing CAs into one of 10 public use microdata areas (PUMAs) (<https://www.census.gov/programs-surveys/geography/guidance/geo-areas/pumas.html>). To get totals for the first dimension, the 77 CA-specific totals were collapsed into 19 groupings of neighboring CAs. Totals for the final dimension were derived by cross-classifying age categories and gender for the entire target population, not for the population partitioned by CAs or PUMAs.

**Exhibit 7. Summary of Calibration Dimensions and Categories for Final Step in Weighting Process**

Dimension	Description	Source (Frame / PAPI Question Number)	Categories		Number of Values Requiring Imputation	ACS Summary Table Name
			Original	Collapsed		
1	Community Area	Frame	Total adult population across 77 CAs	19 Groupings of CAs	0	B01001
2	Gender	31	Male Female	Same	63	B01001
3	Age	98	18-24 25-29 30-44 45-64 65 or older	1. 18-29 2. 30-44 3. 45-64 4. 65 or older	6	B01001

(continued)



**Exhibit 7. Summary of Calibration Dimensions and Categories for Final Step in Weighting Process (continued)**

Dimension	Description	Source (Frame / PAPI Question Number)	Categories		Number of Values Requiring Imputation	ACS Summary Table Name
			Original	Collapsed		
4	Race/Ethnicity	101	White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Other	1. Non-Hispanic White 2. Non-Hispanic Black 3. Non-Hispanic Other 4. Hispanic	123	B03002
		100	Hispanic = Yes Hispanic = No			
5	Marital Status	104	Married Divorced Widowed Separated Never married A member of an unmarried couple A member of a civil union	1. Married/part of a couple 2. Divorced or separated 3. Widowed 4. Single	14	B12001
6	Educational Attainment	105	Less than high school graduation High school graduation (Grade 12 or GED) Some college or technical school Associate degree Bachelor's degree Graduate or professional degree	1. HS or below 2. Some college 3. Bachelors or above	34	B15003
7	Owner/renter	107	Own Rent Some other arrangement	1. Own 2. Other	30	B25008
8	Age by Gender	31/98	Cross-classification of age and gender	Same collapsed age categories shown for second dimension above	69	B01001

As reflected in Exhibit 7, certain categories within dimensions required collapsing. In some instances, this was because there was a need to harmonize categorizations between the survey instrument and the applicable 2014–2018 ACS summary file. In other instances, collapsing was necessary to bypass calibration convergence failures or to voluntarily constrain resultant weight variability. Lastly, note that the ACS summary files occasionally provide tabulations for a universe that did not precisely coincide with the 2020 HCS target population (e.g., educational attainment for adults 25 and older). In those situations, a crude ratio adjustment was applied to the control totals as a workaround.

Exhibit 8 summarizes the counts and distribution of weights across the six weighting steps. The UWE (Kish, 1992) reported is defined as 1 plus the relative variance of the given set of weights, meaning 1 plus the quotient of the element variance of the weight values divided by the squared mean of the weight values. This is an indirect approximation of the precision loss attributable to variable weights relative to the gold standard of equal weights (i.e., what would result from equal sampling rates and response rates across CAs). A smaller UWE measure is generally considered more desirable.

**Exhibit 8. Distribution of Weights Following Each Step of the Weighting Procedure**

Weighting Step	Count of Weights > 0	Minimum	Percentile		Maximum	UWE
			5th	95th		
1. Base Weight	14,799	9.99	10.01	137.21	157.45	1.22
2. Drop Point Substitution	14,799	9.99	10.01	137.21	157.45	1.22
3. Unknown Eligibility	14,799	8.13	9.99	124.11	157.45	1.24
4. Address-Level Nonresponse	4,517	22.02	34.49	391.60	683.14	1.22
5. Within-Household Selection	4,517	22.02	68.61	922.94	2,686.21	1.49
6. Individual-Level Calibration	4,517	48.98	72.15	1,635.55	4,513.16	2.38

Steps 2 and 3 have little impact on the distribution of weights. Step 4 naturally increases the values of the weights to compensate for unit nonrespondents whose weights were set to 0, yet actually leads to a slight UWE reduction. The range of the weights increases after Step 5, which accounts for the within-household selection of an individual to complete the survey, and again after Step 6, individual-level calibration. Step 6 also sees a marked increase in the UWE, which goes from 1.49 to 2.36. A UWE of 2.36 for the final set of weights is larger than what was observed in recent HCS administrations, where the magnitude was closer to 1.5. One driver of this increase is the higher sampling rates in smaller CAs relative to larger CAs, yet Exhibit 8 indicates the primary driver is Step 6. This is to be expected considering the calibration step is currently being performed at a more granular level than in prior administrations, where virtually all control totals were tabulated for the city of Chicago as a whole.

## FINAL DATA PREPARATION

### Data Processing and Cleaning

As previously noted, the Voxco survey management system was used to track and process CAWI responses received for 2020 HCS . PAPI responses were physically inspected by dedicated mail receiving personnel and scanned into electronic format using the aforementioned TeleForm software. Both systems produced daily extracts of the accumulating survey microdata in SAS and CSV formats.

Prior to launching the survey, data consistency and skip logic checks were programmed into the CAWI instrument from within the Voxco software to correct for erroneous data entries in real time. An analogous series of edits were coded in the PAPI during data processing stage. Most of these edits involved deleting values for items that should have been skipped (e.g., an individual indicating not trying marijuana in last 30 days despite answering “no” to the immediately preceding filter question asking about trying marijuana at least once).

Two other types of survey questions in both the CAWI/PAPI modes required a modest amount of cleaning: numeric open-ends and other/specify open-ended responses. Following the range specifications that were included in CATI interviewer scripts produced for 2018 HCS , the numeric open-ends were bottom- and top-coded according to the following rules:

- Servings of fruit (Q16) and vegetables (Q17) eaten yesterday were limited to a range of 0-50.
- Sweetened drink consumption (Q20) was limited to the following ranges:
  - 0-9 if provided as drinks per day
  - 0-69 if provided as drinks per week
  - 0-300 if provided as drinks per month
- Height (Q25) was bottom-coded to at least 4 feet.
- Weight in pounds (Q26) was limited to a range of 50-600.
- Number of days in past 30 days having one or more alcoholic beverage (Q27) was limited to a range of 0-30, and the number of days men/women having 5+/4+ (Q28a/Q28b) limited to a range between 0 and recoded Q27.
- Average hours of sleep in a 24-hour period (Q46) was limited to a range of 0-24.

The survey instrument contained the following six survey questions with a listing of options and an open-ended option at the end for respondents to provide a response that was not part of the listing:

- Marijuana usage type in past 30 days (Q15e).
- Self-described gender (Q31)
- Reason for not getting mental health treatment/counseling (Q45a)
- Methods to handle an unexpected emergency expense (Q52)
- Reason for most recent housing move (Q55)
- Self-described sexual orientation (Q102)

Where unequivocal, RTI staff recategorized open-ended responses by either “upcoding” to a category already present or creating a new category for any open-ended response given by three or more respondents.

Data extracts for CAWI/PAPI responses were coalesced into a single SAS file. Three interim files were produced with the accumulating survey completes obtained by August 21, October 14, and November 30, respectively. These files were accompanied by syntax to assign labels to the variables and format values, a contents file in Word and Excel formats, and a codebook in Word format including frequencies for categorical variables and distributional summaries for numeric variables. At the request of CDPH, where an applicable trend in the instrument existed, variable names from the CATI administrations’ analysis data sets were maintained.

A final version of the coalesced CAWI/PAPI SAS data set with 4,517 observations (i.e., rows) and 278 variables was produced on December 30. Note that there were 63 instances of duplicate PAPI responses that were discarded because a CAWI response had already been received. Also note that the total variable count includes not only information captured as part of HCS 2020 instrument, but also a stratum identifier (i.e., CA identifier), base weights, final weights, and two derived variables for the K6 psychological distress scale (Kessler et al., 2002) and body mass index.

## **2021 Healthy Chicago Survey (HCS) COVID-19 Social Impact Survey (COVID SIS)**

### ***Introduction***

In early 2020, a pandemic of a novel coronavirus disease, referred to as COVID-19, broke out around the world. The pandemic has resulted in millions of confirmed cases of infection around the world and hundreds of thousands of deaths in the United States alone. In the fall of 2020, CDPH and RTI discussed the possibility of conducting a follow-up survey of respondents who completed the 2020 HCS to collect data about the impact of COVID-19 on their physical health, emotional well-being, and financial status. This follow-up survey is the 2021 Healthy Chicago Survey COVID-19 Social Impact Survey (2021 HCS COVID SIS).

Surveys were collected between April 9, 2021, and May 31, 2021. A total of 2,198 interviews were collected in English and Spanish. Of these, 2,047 were CAWI surveys and 151 were PAPI surveys. The mode for 2021 HCS COVID SIS was the same as the mode for 2020 HCS in all but 173 instances. A total of 2,153 interviews were conducted in English; a total of 45 were conducted in Spanish.

### ***Sampling***

The 2020 HCS included a question at the end of the survey asking for permission to recontact the respondent with additional questions related to COVID-19. CDPH and RTI decided to only contact respondents who answered yes to this question and invite them to complete 2021 HCS COVID SIS. To determine the sampling frame for 2021 HCS COVID SIS, RTI examined the responses to Q112, which asked for permission to recontact, and crossed these data by the contact information provided. Of these, approximately 28% either did not provide consent or did provide consent but provided insufficient contact information. After omitting these cases, the total sample size for 2021 HCS COVID SIS was 3,293 cases.

## ***Data Collection***

The fielding period for 2021 HCS COVID SIS was approximately 2 months: April 9, 2021 – May 31, 2021. The time frame was determined in part by the time period needed to develop the questionnaire and program the survey, while ensuring that data could be processed and weighted in time for use by CDPH for active COVID-19 policy work. The subsections below provide greater detail on the various aspects of collecting 2021 HCS COVID SIS surveys.

## ***Survey Design***

For 2021 HCS COVID SIS, RTI conducted a mixed-mode survey with contacts by mail, text, and email. The contact protocol was designed to push respondents to the CAWI instrument.

## ***Instrumentation***

The 2021 HCS COVID SIS instrument included two categories of questions: (1) questions from 2020 HCS for which CDPH wished to compare data across time, and (2) specific questions assessing the impact of COVID-19. Some questions developed for 2021 HCS COVID SIS were also included in the 2021 HCS instrument and RTI ensured as much as possible that these questions were identical.

The final instrument included the following topics:

- ***Section A: General Health***
  - This section included questions about overall health, having a personal doctor, possession of health care coverage, and ease of obtaining needed care or treatment.
- ***Section B: Access to Care***
  - This section included questions about access to health care, missed or postponed medical appointments, and telehealth appointments with a health care provider during the COVID-19 pandemic.
- ***Section C: Coronavirus & COVID-19***
  - This section included questions about receiving a positive COVID-19 test, impacts of COVID-19 on work hours or pay, and likeliness of getting the COVID-19 vaccine.
- ***Section D: Financial Security***
  - This section asked about financial security and stress, including having the ability to pay for housing and whether food expenses were put off paying for housing, utilities, medicine, and gas.
- ***Section E: Employment Status***
  - This section asked about employment status before and during the COVID-19 pandemic, impacts of COVID-19 on work hours or pay, and whether current work is done remotely or in person.
- ***Section F: Housing Security***
  - This section asked about evictions or having to “double up” since the start of the COVID-19 pandemic and number of people and bedrooms in the household.

- ***Section G: Food Security***
  - This section had questions about having enough money to buy food or eat balanced meals.
- ***Section H: Child Care and Child Education***
  - This section asked about child care and child care changes during COVID-19 and about remote learning and school meals for children.
- ***Section I: Experience of Violence***
  - This section included questions about experiencing or witnessing violence in the respondents' neighborhood, including violence experienced first-hand and in the respondents' family or network of friends.
- ***Section J: Mental Health***
  - This section asked questions to determine the respondent's level of depression and treatment of a mental health conditions.
- ***Section K: Cannabis Use***
  - This section included questions about cannabis use, including trying cannabis within the past 30 days, frequency of usage, reasons for usage and using cannabis to cope with stress or emotions related to COVID-19.
- ***Section L: Alcohol***
  - This section asked about consumption of alcohol, including number of drinks consumed in the past 30 days and number of times binge drinking (based on gender) and using alcohol to cope with stress or emotions related to COVID-19.
- ***Section M: Sources of Public Health Information***
  - This section included a question about the most reliable sources of information about COVID-19.
- ***Section N: Thank You***
  - This section concluded the survey by recording the respondent's preferred method for receiving their incentive and collecting the necessary contact information to fulfill the incentive promise. The section also included a question about the respondent's willingness to be recontacted in the future.

### ***Mailing Materials***

In addition to the paper instrument, RTI designed all materials that were printed and mailed and emailed and texted to respondents, including:

- Invitation letter
- Text/Email invitation
- Text/Email reminder 1
- Text/Email reminder 2
- PAPI packet letter
- Reminder self-mailer

- Envelopes
  - Outer envelopes containing contact materials and paper survey packets
  - BRE, for returning completed paper surveys to RTI

There were English and Spanish versions of the invitation letter, PAPI packet letter and reminder self-mailer. The Spanish version of the self-mailer included both English and Spanish, which meant that if a non-Spanish speaking household erroneously received it, it would be understood by an English speaker/reader. Each letter was printed double-sided with English on one side and Spanish on the other. This meant that if a Spanish survey packet was not sent to a respondent who only speaks or reads Spanish, they could still find directions for accessing the Spanish version of the web survey.

To make it clear how the respondent could complete the survey, RTI designed simple graphics with images of a computer and a smartphone to denote that the survey could be completed on a computer or smartphone via web. Another graphic included an image of an envelope to denote that the respondent could also complete the survey on paper and send it back in the mail. These graphics were placed side by side in the letters and included the amount of the promised incentive in larger, bold red text. Each respondent's personalized login credentials were printed on their letters and self-mailers along with the customized URL to access the survey.

Similar to our approach with the paper survey, RTI designed all of the materials using best practices for formatting and readability. We also designed the contact materials to encourage participation. To that end, CDPH's branding was featured as often as possible. The full-color CDPH logo was used as the letterhead in the invitation and reminder letters. It was also featured in both self-mailers, all envelopes, and on the paper survey cover. The self-mailers were printed in full color and were designed using the CDPH color scheme to complement the colors of the CDPH logo. Dr. Allison Arwady was also featured as part of the CDPH branding, with her permission and approval. Her signature appears in all letters and her photo appears in the self-mailers.

### ***Study Contact Information***

RTI set up a toll-free phone number to respond to any inquiries from respondents. The phone number was set up to ring the direct line of RTI's data collection task leader. If they were unavailable, the phone call would be directed to a voicemail recording indicating the caller had reached the HCS study line and asking them to leave a message. The RTI project team monitored the voicemail box every business day, logged each call in a file that resided in our secure network, and responded within 48 hours as necessary.

We drafted a guide that outlined the most common reasons for calling and provided guidance on resolving inquiries. Common reasons for calling included survey access issues, incentive issues, refusals, requests for new surveys, reports of already completing the survey, reports of not being able to complete the survey (because of a disability, death, etc.), suspicion about the cash pre-incentive, survey legitimacy, missing a BRE, address issues, and concerns about COVID-19.

RTI used an email address specifically for HCS surveys. The email address was set up as a shared account for the project manager, assistant data collection task leader, and project support staff. The inbox was monitored each business day and issues were resolved using the same

guidance provided for phone calls. The email address was copied on all emails containing the electronic gift card for respondents who elected to receive that incentive type. This enabled us to more easily troubleshoot issues with electronic gift card incentives. If there were any inquiries that needed to be escalated CDPH, RTI would have reported them as per the adverse event protocol.

RTI created a website for HCS that served two purposes. First, if the respondent was intent on completing the survey, the website was the place they needed to enter their personal PIN to access the Voxco survey. Second, if the respondent was unsure they wanted to participate and wanted more information, they could find some general information about the survey and a link to CDPH’s web page about the HCS. The website URL was set up to be searchable by Google. No one could access the Voxco survey without a valid PIN that matched RTI’s sample file. Each PIN was unique to a sample record and could not be used to complete the survey more than once.

***Mailing Schedule***

RTI used a protocol for 2021 HCS COVID SIS with contacts by mail, text, and email (Exhibit 9).

**Exhibit 9. 2021 HCS COVID SIS Data Collection Schedule**

<b>Contact</b>	<b>Description</b>	<b>Date</b>
1	Invitation letter mailing	4/9/21
2	Text/Email invitation	4/19/21
3	Text/Email reminder	4/26/21
4	PAPI packet (to 2020 PAPI respondents)/Reminder self-mailer (to 2020 HCS CAWI respondents)	5/4/21

RTI targeted a response rate of 60% for 2021 HCS COVID SIS. The total sample size was 3,293, which meant targeting 1,976 completes. After the first text message/email invitation, RTI had reached an estimated 41% response rate. Given the productivity of the invitation letter and electronic reminders, CDPH and RTI decided to revise the proposed data collection protocol by combining the last two contacts into a single mailing. Instead of mailing a PAPI survey packet and then a reminder self-mailer, RTI sent a PAPI survey packet only to the sample members who completed the 2020 HCS on paper. The rest of the nonrespondents were sent a reminder self-mailer. This adjustment to the protocol allowed for an effective reallocation of resources that ensured that respondents who were most likely to complete 2021 HCS COVID SIS on paper received a paper survey.

Grace Printing & Mailing, RTI’s Minority Business Enterprise subcontractor, provided all printing and mailing services for the 2021 HCS COVID SIS from within the City of Chicago. RTI received, receipted, and scanned all returned mailing, including undeliverable mail and paper surveys. RTI was also responsible for fulfilling check incentives, which were mailed to respondents on a weekly basis. RTI sent all text and email contacts.



### ***Survey Languages***

We administered the 2021 HCS COVID SIS survey in both English and Spanish. Metaphrasis Language & Cultural Solutions, RTI's Women's Business Enterprise subcontractor, translated the Spanish instrument for both survey modes. Based in Chicago, Metaphrasis was able to provide a quality translation appropriate for the dialect of Spanish spoken in Chicago. RTI's bilingual staff reviewed the translation prior to programming.

All mailed survey contact materials (i.e., cover letters and reminder postcards) had both English and Spanish text, while all text and email messages were in English. All recipients who were sent an English version of the PAPI instrument (those who responded to 2020 HCS with a PAPI survey), while PAPI recipients who lived in areas with a high rate of Spanish-speaking residents were also sent a Spanish PAPI instrument. We also mailed a Spanish PAPI instrument to any recipients who requested one. When completing the CAWI instrument, respondents could select either English or Spanish.

### ***Incentives***

To encourage response to the survey, we sent all 2021 HCS COVID SIS survey recipients a \$2 cash pre-incentive with the survey invitation mailing. Respondents who completed the CAWI or PAPI instrument received \$10 in the mode of their choice—an electronic gift card or a paper check.

RTI responded to all requests received by respondents reporting any issues with their incentive and resolved them as quickly as possible.

### ***Mail Receipting***

All PAPI surveys and undeliverable mail were received at RTI's Research Operations Center in Raleigh, North Carolina. Returns were sorted, categorized by mailing, and then opened. Further sorting took place after opening (completed questionnaire, refusal, etc.). Following mail sorting, the data capture team receipted the returns in RTI's Symphony Control System. Mailing stages that correspond to each mail-out were set for the receipt of undeliverable mail. The undeliverable mail return type was also captured.

Data (or stage outcome, if refusal) were scanned and entered into the dataset only for first received surveys in duplicate cases. Once batches were receipted, the completed PAPI instruments were scanned into TeleForm. The scanned images were accepted and went through a classification and OCR process in TeleForm.

A data capture clerk (verifier) performed verification of all cases in a batch. The verifier reviewed all constrained print fields and made changes as needed, keyed data in open-ended fields, and reviewed any closed in fields (bubbles, check boxes) that TeleForm populated for review. Once the data review was finalized, a designated data capture clerk committed the data to the dataset.

### ***Adverse Event Protocol***

The 2021 HCS COVID SIS research team had a protocol in place to detect and address any adverse events. For the CAWI survey, the research team regularly reviewed all open-ended variables that allowed respondents to enter their own text. We reviewed for any potential adverse events, such as suicidal thoughts and domestic abuse. For the PAPI survey, upon which respondents could write anything they want on the pages, RTI has a process for scanning these data and flagging them for manual review. This is referred to as a “Too Many Marks” log and the research team reviewed it for potential adverse events.

Any adverse events detected from returned materials or during phone or email communications with respondents would have been escalated to CDPH for review. CDPH could have then chosen to follow up directly with respondents themselves or advised RTI on the appropriate follow-up.

There were no potentially adverse events encountered during 2021 HCS COVID SIS survey fielding.

### ***Disposition Codes and Outcome Rates***

Once the data collection period had closed, all 4,517 2020 HCS respondents were assigned one of seven possible 2021 HCS COVID SIS disposition codes. Exhibit 10 provides a description of these seven along with the associated case counts. A total of 1,222 of the 4,517 2020 HCS respondents (27.1%) did not explicitly answer “Yes” to Q112 and were thus considered ineligible for the 2021 HCS COVID SIS. A small portion of 52 cases (1.2%) consented but failed to provide complete contact information or provided contact information that resulted in undeliverable contact attempts. As a verification that the 2021 HCS COVID SIS was completed by the same individual as had completed the 2020 HCS , we compared answers to the gender question, the only demographic appearing on both instruments, and flagged 39 instances of a mismatch with disposition code DD. These cases were still treated as completes for response rate calculation purposes, however, and were assigned a non-zero weight for potential use in 2021 HCS COVID SIS cross-sectional analyses (it is assumed these cases would be excluded for longitudinal analyses).

**Exhibit 10. 2021 HCS COVID SIS Summary of Disposition Codes and Counts**

<b>Code</b>	<b>Meaning</b>	<b>Description</b>	<b>Counts</b>	<b>Percent of Cases</b>
NC	Did Not Consent	Did not answer “Yes” to Q112 on 2020 HCS	1,222	27.1
CW	Complete by Web	Answered at least one item on the Web survey	2,016	44.6
CP	Complete by Paper	Answered at least one item on the paper survey	143	3.2
RF	Refusal	Refusal or blank questionnaire returned	18	0.4
UD	Undeliverable	Consented to the 2021 HCS COVID SIS, but no valid contact information or mail returned by USPS	52	1.2
DD	Different Demographics	Gender in 2020 HCS different from gender in 2021 HCS COVID SIS	39	0.9
NR	Eligible Nonrespondent	All other cases not assigned one of the codes above	1,027	22.7
			4,517	100.0

Because of the extremely low rate of drop-off and the large amount of information already known for the respondent from the 2020 HCS instrument, we established a rule defining complete cases as those with one or more 2021 HCS COVID SIS survey items answered. Hence, there are no formal disposition codes denoting a partial complete to the 2021 HCS COVID SIS. In all, 2,198 completes were obtained: the 39 DD cases (8 of which were paper), plus 2,016 cases with matching gender by web and 143 by paper. With respect to standards set forth by AAPOR (2016), we assumed an eligibility rate for 100% for those consenting to the 2021 HCS COVID SIS follow-up. Note that our mailing vendor identified individuals from the National Change of Address database who had moved either within or outside of Chicago, but these individuals were still considered eligible for 2021 HCS COVID SIS, and all mail correspondence was sent to the new address. Without partial completes, the most fitting response rate formula is AAPOR RR1, which we calculated as  $(CW + CP + DD) / (CW + CP + RF + UD + DD + NR) = 66.7\%$ .

### ***Weighting***

Two steps were carried out sequentially to produce a single set of weights permitting analysts to use data from the 2,198 2021 HCS COVID SIS respondents to make inferences on the target population, Chicagoans aged 18 or older at the time the survey was administered.

#### *Step 1: Adjusting for 2021 HCS COVID SIS Nonconsent and Nonresponse*

The first step in the weighting process was to adjust the final 2020 HCS respondent weights for both nonconsent and 2021 HCS COVID SIS nonresponse. Both types of missing data were accounted for in a single step by fitting a logistic regression model with an outcome variable defined as the dichotomy of being a 2021 HCS COVID SIS respondent and all the same predictor variables listed in Exhibit 7. The lone exception was CA\_ID, which was excluded for model parsimony and because there were no plans to report out 2021 HCS COVID SIS results by CA. 2021 HCS COVID SIS response propensities (i.e., response probabilities) were extracted from the model and grouped into five cells based on quintiles of their distribution. If we denote the weighted (using  $w_{6hi}$ ) average response propensity within each as  $RP_{wc}$  ( $c = 1, 2, \dots, 5$ ), then the weight for the  $i^{\text{th}}$  responding individual to 2021 HCS COVID SIS in the  $h^{\text{th}}$  CA partitioned into the  $c^{\text{th}}$  response propensity cell was inflated to become  $w_{7hi} = w_{6hi} * (1/RP_{wc})$ . All other cases that did not respond to 2021 HCS COVID SIS were assigned weights of 0.

#### *Step 2: Weight Trimming*

The second and final step in the weighting process was to trim the largest values of weights. This was done to reduce the relative impact of certain extremely large values of  $w_{7hi}$  and to reduce the magnitude the resultant UWE measure. This involved capping the largest values of  $w_{7hi}$  at their 95<sup>th</sup> percentile and then rescaling all weights proportionally such that they sum to the pretrimmed sum of  $w_{7hi}$ . The final, trimmed adjusted weight, which we can denote  $w_{8hi}$ , is labeled WEIGHT\_FINAL\_SIS on the data set described in the next section.

### ***Final Data Preparation***

As with the 2020 HCS, the Voxco survey management system was used to track and process CAWI responses received. PAPI responses were physically inspected by dedicated mail

receiving personnel and scanned into electronic format using the aforementioned TeleForm software.

The survey instrument contained the following three survey questions with a listing of options and an open-ended option at the end for respondents to provide a response that was not part of the listing:

- Type of childcare center or school closed (Q38)
- Self-described gender (Q60)
- Most reliable sources of COVID-19 information (Q64)

Where unequivocal, RTI staff recategorized open-ended responses by either “upcoding” to a category already present or creating a new category for any open-ended response given by three or more respondents.

Data extracts for CAWI/PAPI responses were coalesced into a single SAS file with 4,517 observations and 429 variables accompanied by syntax to assign labels to the variables and format values, a contents file in Word and Excel formats, and a codebook in Word format including frequencies for categorical variables and distributional summaries for numeric variables. Variables applicable to 2020 HCS were retained as is, while like variables applicable to or appearing in both surveys were suffixed with “\_sis” to distinguish the 2021 HCS COVID SIS version. Variables specific to 2021 HCS COVID SIS variables were prefixed with “sis\_”.

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**Appendix A: 2020 Healthy Chicago Survey CAWI  
Specifications—English**

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**2020 Healthy Chicago Survey**  
**CAWI Specifications**  
Version 13  
Last edited: 7/17/2020

CAWI PROGRAMMING NOTES

- Each question should be on a separate screen unless otherwise noted.
- Each close-ended question should only allow selection of one response unless otherwise noted.
- Match the text formatting (i.e., **bold**, underline, *italics*).
- Banner title should list the survey name: Healthy Chicago Survey
- Display a progress bar on each screen.
- For each section heading, only display the capitalized text and make text larger than other text and left align.
- No question should be mandatory to answer before proceeding to the next.
- Each section should have a start and end time stamp.
- Each section should include a flag that indicates whether the respondent has started a section (meaning they have been shown the first question that they should receive in that section) and finished that section (meaning that they have clicked 'next' on the last question that they should be delivered in that section).
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.
- The footer should read: "Questions? Contact us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org) or 866-784-7723."
- Enable the bolded "Save and Continue" feature only for non-completes. People who reach the end of the survey and submit their response should not be allowed to re-access their survey.
- Enable a soft prompt at each question and display: "Please enter a complete response.". If a respondent attempts to proceed without answering the question after the prompt, allow the respondent to continue.

QUESTIONNAIRE

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**INTRODUCTION**

**Thank you for completing this survey! It is being conducted on behalf of the Chicago Department of Public Health (CDPH). Information you provide will help CDPH learn about the health of people in your neighborhood and how to make things better. For example, your information will help the CDPH create programs to reduce smoking, improve access to health services, and ensure all Chicagoans can get healthy food.**

**Completing this survey takes about 20 minutes, and any information you provide will be confidential. Participation is voluntary.**

**If you have any questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at 1-866-784-7723 or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).**



We'll ask questions about your health and things that can influence your health, like your neighborhood and whether you have access to health services.

This survey should be completed by the adult (must be at least 18 years of age or older) in the household who will have the next birthday. This helps ensure a representative study of Chicago residents.

CAWI: PUT A "START SURVEY" BUTTON BELOW INTRODUCTION TEXT.

**Section A: GENERAL HEALTH**

CAWI: LARGER TEXT FOR THIS AND OTHER SECTION HEADLINES THAN THE REST OF THE TEXT. LEFT ALIGN HEADING.

**A1**

**Would you say that in general your health is...?**

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor

**C6**

**Do you have at least one person you think of as your personal doctor or health care provider?**

- 01 Yes
- 02 No

**C7**

**A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor or health care provider for a routine checkup?**

- 01 Within the past year
- 02 One or more years ago
- 03 Never

**C10**

**In general, how satisfied are you with the health care you received in the past 12 months?**

- 01 Very satisfied
- 02 Somewhat satisfied
- 03 Not at all satisfied
- 04 I did not receive any health care in the past 12 months

**D2**

**How long has it been since you had your teeth cleaned by a dentist or dental hygienist?**

- 01 6 months or less
- 02 More than 6 months, but not more than one year ago
- 03 More than one year ago
- 04 Never

**C1**

**Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Services?**

- 01 Yes
- 02 No

CAWI: IF C1=01, THEN GO TO C2a

CAWI: IF C1=02 OR MISSING, THEN GO TO C11

**C2a**

**What is the primary source of your health care coverage?**

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source

**C11**

**In the past 12 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?**

- 01 Never
- 02 Sometimes
- 03 Usually
- 04 Always
- 05 I didn't need care, tests, or treatment in the past 12 months

**Section B: CHRONIC HEALTH CONDITIONS**

CAWI: DISPLAY THE TEXT BELOW AND Q7 ON A SINGLE SCREEN.

*The next questions ask whether a doctor, nurse, or other health professional ever told you that you had any of the following health conditions.*

By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

**E1**

Has a doctor, nurse, or other health professional ever told you that you had high blood pressure?

- 01 Yes
- 02 Yes, but only while I was pregnant
- 03 No

**F3**

Has a doctor, nurse, or other health professional ever told you that you had high cholesterol?

- 01 Yes
- 02 No

**G2**

Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease?

- 01 Yes
- 02 No

**G7**

Has a doctor, nurse, or other health professional ever told you that you had diabetes?

- 01 Yes
- 02 Yes, but only while I was pregnant
- 03 No

**G8**

Has a doctor, nurse, or other health professional ever told you that you had chronic obstructive pulmonary disease, COPD, emphysema, or chronic bronchitis?

- 01 Yes
- 02 No

**G4**

Has a doctor, nurse, or other health professional ever told you that you had asthma?

- 01 Yes
- 02 No

CAWI: IF G4=01, THEN GO TO G5

CAWI: IF G4=02 OR MISSING, THEN GO TO J1

**G5**

Do you still have asthma?

- 01 Yes
- 02 No

**Section C: TOBACCO USE**

**J1**

**Have you smoked at least 100 cigarettes (approximately 5 packs) in your entire life?**

- 01 Yes
- 02 No

CAWI: IF J1=01, THEN GO TO J2

CAWI: IF J1=02 OR MISSING, THEN GO TO J5

**J2**

**Do you now smoke cigarettes every day, some days, or not at all?**

- 01 Every day
- 02 Some days
- 03 Not at all

CAWI: IF J2=01 OR 02, THEN GO TO J2a

CAWI: IF J2=03 OR MISSING, THEN GO TO J4

**J2a**

**Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes?**

- 01 All of the time
- 02 Most of the time
- 03 Some of the time
- 04 None of the time

**J3**

**During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

- 01 Yes
- 02 No

CAWI: IF J2=03 OR MISSING, THEN GO TO J4

CAWI: IF J2=01 OR 02, THEN GO TO Q14

**J4**

**How long has it been since you last smoked a cigarette, even one or two puffs?**

- 01 Less than 1 year ago

- 02 More than 1 year but less than 5 years ago
- 03 More than 5 years but less than 10 years ago
- 04 10 years or more
- 05 Never smoked regularly

#### J5

**Have you ever tried an e-cigarette or vaped, even one or two puffs? This would include products like JUUL, Blu, and NJOY.**

*Do not include using electronic vaping products with marijuana or cannabis.*

- 01 Yes
- 02 No

CAWI: IF J5=01, THEN GO TO J5a

CAWI: IF J5=02 OR MISSING, THEN GO TO Q15

#### J5a

**How often do you use e-cigarettes or vape now?**

- 01 Every day
- 02 Some days
- 03 Not at all

### Section D: CANNABIS USE

CAWI: DISPLAY THE TEXT BELOW AND Q15 ON A SINGLE SCREEN.

*The next questions are about marijuana or cannabis, which became legal in Illinois on January 1, 2020. These questions do not refer to CBD or other non-THC products. Your answers are strictly confidential.*

#### Q15

**Have you ever, even once, tried marijuana or cannabis?**

- 01 Yes
- 02 No

CAWI: IF Q15=01, THEN GO TO Q15a

CAWI: IF Q15=02 OR MISSING, THEN GO TO L1

#### Q15a

**Have you used marijuana or cannabis during the past 30 days?**

- 01 Yes
- 02 No

CAWI: IF Q15a=01, THEN GO TO JJ1

CAWI: IF Q15a=02 OR MISSING, THEN GO TO L1

### JJ1

**During the past 30 days, on how many days did you use marijuana or cannabis?**

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 – 30.

\_\_\_ Days

CAWI: IF JJ1≥1, THEN GO TO JJ4

CAWI: IF JJ1=0 OR MISSING, THEN GO TO L1

### JJ4

**On days that you used marijuana, how many times per day did you use on average?**

CAWI: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 – 9.

\_\_\_ Times per day

### JJ2

**When you used marijuana or cannabis during the past 30 days, was it usually for...?**

- 01 Medical reasons (like to treat or decrease symptoms or health conditions)
- 02 Non-medical reasons (like to have fun or fit in)
- 03 Both medical and non-medical reasons

### JJ3

**During the past 30 days, how did you use marijuana? Did you ...?**

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE Q15d SERIES ON A SINGLE SCREEN.

01 Yes

02 No

#### JJ3\_1

Smoke it (like in a joint, bong, pipe or blunt)

#### JJ3\_2

Eat it (like in brownies, cakes, cookies or candy)

#### JJ3\_3

Drink it (like in tea, cola or alcohol)

#### JJ3\_4

Vape it (like in an e-cigarette-like vaporizer)

#### JJ3\_5

Dab it (like using butane hash oil, wax or concentrates)

JJ3\_6

Other (please specify):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**Section E: DIET & PHYSICAL ACTIVITY**

**L1**

**How many total servings of fruit did you eat yesterday?**

*A serving would equal one medium apple or a handful of grapes. Please think about all forms of fruits including cooked or raw, fresh, frozen, or canned.*

*Please think about all meals, snacks, and food consumed at home and away from home. If none, please enter 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 99.

\_\_\_ Servings

**L2**

**How many total servings of vegetables did you eat yesterday?**

*A serving would equal a handful of broccoli or a cup of carrots. Please think about all forms of vegetables including cooked or raw, fresh, frozen, or canned.*

*Please think about all meals, snacks, and food consumed at home and away from home. If none, please enter 0.*

CAWI: TWO DIGIT NUMERIC RESPONSE. SET RANGE TO 0 – 99.

\_\_\_ Servings

**L3**

**How easy or difficult is it for you to get fresh produce (fruits and vegetables)?**

- 01 Very difficult
- 02 Somewhat difficult
- 03 Somewhat easy
- 04 Very easy

**L14**

**How true is the following statement: “In the past 12 months, we worried whether our food would run out before we got money to buy more.”**

- 01 Often true
- 02 Sometimes true
- 03 Never true

## L6

During the past 30 days, how many regular soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks have you had?

Do not include diet soda, sugar free drinks, or 100% juice. If none, please enter 0.

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 99. DISPLAY ALL OF L6 ON A SINGLE SCREEN.

\_\_\_\_ Drinks

Select the period of time (per day/week/month):

- 01 Drinks per day
- 02 Drinks per week
- 03 Drinks per month

## M1

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, dance, playing basketball, taking an exercise class, gardening, or walking for exercise?

- 01 Yes
- 02 No

## Q22

In the past 12 months, how often did you or someone in your household use the parks, playgrounds, and sport fields in your neighborhood?

- 01 Once a week or more
- 02 Several times a month
- 03 At least once a month
- 04 A few times a year
- 05 Never

## Q23

In the past 12 months, how often have you ridden a bicycle in Chicago?

- 01 Once a week or more
- 02 Several times a month
- 03 At least once a month
- 04 A few times a year
- 05 Never
- 06 I am not physically able to ride a bike

## Q24

During the past 7 days, did you ever walk or use a wheelchair to get to and from places such as work, shopping or other activities?



- 01 Yes
- 02 No
- 03 I am not physically able to walk or use a wheelchair

**K15**

**About how tall are you without shoes?**

CAWI: FEET: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 3 – 7. INCHES: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 –12.

\_\_\_ Feet     \_\_\_ Inches

**K16**

**About how much do you weigh without shoes?**

*If you are currently pregnant, how much did you weigh before your pregnancy?*

CAWI: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 50 – 999.

\_\_\_ Pounds

**K1**

**What is your gender?**

- 01 Male
- 02 Female
- 03 Prefer to self-describe CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**Section F: ALCOHOL & PRESCRIPTION DRUGS**

**W1**

**During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?**

*One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. If none, please enter 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 30.

\_\_\_ Days

CAWI: IF W1=0 OR MISSING, THEN GO TO W5.

CAWI: IF K1=01 THEN GO TO W3\_M.

CAWI: IF K1=02 OR 03 OR MISSING THEN GO TO W3\_F.

**W3\_M**

**Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?**

*One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. If none, please enter 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 30.

\_\_\_ Times

CAWI: GO TO W5

### W3\_F

**Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on one occasion?**

*One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. If none, please enter 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 30.

\_\_\_ Times

CAWI: DISPLAY THE TEXT BELOW AND W5 ON A SINGLE SCREEN.

*The next few questions are about medications that require a prescription. Do not include 'over the counter' medications such as aspirin, Tylenol, or Advil which can be bought in drug stores without a doctor's prescription. Your answers are strictly confidential.*

### W5

**In the past 12 months, have you ever taken a prescription pain reliever such as oxycodone or hydrocodone that was prescribed to you?**

- 01 Yes
- 02 No

CAWI: IF W5=01, THEN GO TO W5a

CAWI: IF W5=02 OR MISSING, THEN GO TO W6

### W5a

**When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.**

- 01 Yes
- 02 No

## W6

In the past 12 months, have you ever, even once, taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

- 01 Yes
- 02 No

## Section G: CANCER SCREENING

CAWI: IF K1=01, THEN GO TO P1

CAWI: IF K1=02 OR 03 OR MISSING, THEN GO TO N1.

## N1

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 01 Yes
- 02 No

CAWI: IF N1=01, THEN GO TO N2

CAWI: IF N1=02 OR MISSING, THEN GO TO N3

## N2

How long has it been since you had your last mammogram?

- 01 Less than 12 months ago
- 02 At least 1 year ago but less than 2 years ago
- 03 At least 2 years ago but less than 3 years ago
- 04 At least 3 years ago but less than 5 years ago
- 05 5 or more years ago

## N3

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 01 Yes
- 02 No

CAWI: IF N3=01, THEN GO TO N4

CAWI: IF N3=02 OR MISSING, THEN GO TO N5

## N4

How long has it been since your last Pap test?

- 01 Less than 12 months ago
- 02 At least 1 year ago but less than 2 years ago
- 03 At least 2 years ago but less than 3 years ago

- 04 At least 3 years ago but less than 5 years ago
- 05 5 or more years ago

#### N5

**Have you had a hysterectomy?**

- 01 Yes
- 02 No

#### P1

**A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

- 01 Yes
- 02 No

CAWI: IF P1=01, THEN GO TO P2

CAWI: IF P1=02 OR MISSING, THEN GO TO P3

#### P2

**How long has it been since you had your last blood stool test using a home kit?**

- 01 Less than 12 months ago
- 02 At least 1 year ago but less than 2 years ago
- 03 At least 2 years ago but less than 3 years ago
- 04 At least 3 years ago but less than 5 years ago
- 05 5 or more years ago

#### P3

**Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.**

*For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems.*

*A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.*

**Have you ever had either of these exams?**

- 01 Yes
- 02 No

CAWI: IF P3=01, THEN GO TO P3a

CAWI: IF P3=02 OR MISSING, THEN GO TO S1

#### P3a

**Was your most recent exam a sigmoidoscopy or a colonoscopy?**

- 01 Sigmoidoscopy
- 02 Colonoscopy

**P4**

**How long has it been since you had your last sigmoidoscopy or colonoscopy?**

- 01 Less than 12 months ago
- 02 At least 1 year ago but less than 2 years ago
- 03 At least 2 years ago but less than 3 years ago
- 04 At least 3 years ago but less than 5 years ago
- 05 5 or more years ago

**Section H: MENTAL HEALTH**

**During the past 30 days, how often did you feel...**

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 All of the time 02 Most of the time 03 Some of the time 04 A little of the time 05 None of the time

**S1**

...nervous?

**S2**

...hopeless?

**S3**

...restless or fidgety?

**S4**

...so depressed that nothing could cheer you up?

**S5**

...everything was an effort?

**S6**

...worthless?

**Q43**

**How often do you feel lonely?**

- 01 Almost always
- 02 Often
- 03 Sometimes
- 04 Hardly ever

05 Never

**S7**

**Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?**

01 Yes

02 No

**S8**

**During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?**

01 Yes

02 No

CAWI: IF S8=01, THEN GO TO S9

CAWI: IF S8=02 OR MISSING, THEN GO TO Q46

**S9**

**Was the following a reason why you did not get the mental health treatment or counseling you needed?**

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE S9 SERIES ON A SINGLE SCREEN.

01 Yes

02 No

**S9\_1**

You couldn't afford the cost

**S9\_2**

You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you

**S9\_3**

You were concerned that getting mental health treatment or counseling might have a negative effect on your job

**S9\_4**

Your health insurance does not cover any mental health treatment or counseling

**S9\_5**

Your health insurance does not pay enough for mental health treatment or counseling

**S9\_6**

You did not know where to go to get services

**S9\_7**

You were concerned that the information you gave the counselor might not be kept confidential

**S9\_8**

You were concerned that you might be committed to a psychiatric hospital or might have to take medicine

**S9\_9**

Other (please specify): CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**Q46**

**On average, how many hours of sleep do you get in a 24-hour period?**

CAWI: HOURS: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 24. MINUTES: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 60.

\_\_\_\_ Hours    \_\_\_\_ Minutes

**Section I: FINANCIAL SECURITY**

**K14c**

**How often in the past 12 months would you say you were worried or stressed about having enough money to pay rent or mortgage?**

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Never

**Q48**

**In the past 12 months, how often did you put off paying for food to pay for housing?**

- 01 Often
- 02 Sometimes
- 03 Rarely
- 04 Never

**Q49**

**In the past 12 months, how often did you put off paying for food to pay your utility bill?**

- 01 Often
- 02 Sometimes
- 03 Rarely
- 04 Never

**Q50**

**In the past 12 months, how often did you put off paying for food to pay for medicine or health care?**

- 01 Often
- 02 Sometimes
- 03 Rarely
- 04 Never

**Q51**

**In the past 12 months, how often did you put off paying for food to pay for gas or transportation?**

- 01 Often
- 02 Sometimes
- 03 Rarely
- 04 Never

**FS1**

**Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you...?**

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE FS1 SERIES ON A SINGLE SCREEN.

01 Yes

02 No

**FS1\_1**

Put it on your credit card and pay it off in full at the next statement

**FS1\_2**

Put it on your credit card and pay it off over time

**FS1\_3**

Pay with the money currently in your checking/savings account or with cash

**FS1\_4**

Use money from a bank loan or line of credit

**FS1\_5**

Borrow from a friend or family member

**FS1\_6**

Use a payday loan, deposit advance or overdraft

**FS1\_7**

Sell something

**FS1\_8**

Not be able to pay for the expense right now

**FS1\_88**

Other (please specify):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS



**FS2**

**Do you or anyone in your household currently have a checking or savings account?**

- 01 Yes
- 02 No

**Section J: YOUR NEIGHBORHOOD**

**AA6**

**How long have you lived in your neighborhood?**

- 01 Less than one year
- 02 At least 1 year, but less than 5 years
- 03 At least 5 years, but less than 10 years
- 04 At least 10 years, but less than 20 years
- 05 20 years or longer

CAWI: IF AA6=01 or 02, THEN GO TO AA7

CAWI: IF AA6=03 OR 04 OR 05 OR MISSING, THEN GO TO Q56

**AA7**

**People move for many different reasons. Thinking of your most recent move, did you move...?**

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE AA7 SERIES ON A SINGLE SCREEN.

01 Yes

02 No

**AA7\_7**

To be closer to work or school

**AA7\_8**

To be closer to family or friends

**AA7\_9**

For better quality neighborhood or schools

**AA7\_1**

Because you received an eviction notice

**AA7\_2**

Because your previous home or apartment was foreclosed

**AA7\_3**

Your rent increased at previous home or apartment

**AA7\_4**

Your landlord would not fix things at previous home or apartment

**AA7\_5**

To save money

**AA7\_10**

To relocate to a new city

**AA7\_11**

Because your family status changed (e.g. marriage, divorce, children, adult child moved out)

**AA7\_6**

For a better quality or larger home

**Q55a**

Because you bought a home

**AA7\_12**

Other (please specify): CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

CAWI: DISPLAY THE TEXT BELOW AND Q56 ON A SINGLE SCREEN.

*Thinking about your current neighborhood, to what extent do you agree or disagree with the following statements:*

**Q56**

**The sidewalks in my neighborhood are well-maintained (paved, even and not a lot of cracks).**

- 01 Strongly agree
- 02 Agree
- 03 Neither agree nor disagree
- 04 Disagree
- 05 Strongly disagree

**Q57**

**It is easy to walk, scoot, or roll to a transit stop (bus, train) from my home.**

- 01 Strongly agree
- 02 Agree
- 03 Neither agree nor disagree
- 04 Disagree
- 05 Strongly disagree

**Q58**

**My neighborhood is generally free from litter.**

- 01 Strongly agree
- 02 Agree

- 03 Neither agree nor disagree
- 04 Disagree
- 05 Strongly disagree

**Q59**

**There are many interesting things to look at while walking, scooting, or rolling in my neighborhood.**

- 01 Strongly agree
- 02 Agree
- 03 Neither agree nor disagree
- 04 Disagree
- 05 Strongly disagree

**Z3**

**Do you feel safe in your neighborhood?**

- 01 Yes, all of the time
- 02 Yes, most of the time
- 03 Sometimes
- 04 No, mostly not

**AA5**

**In your neighborhood, how often does violence occur?**

- 01 Every day
- 02 At least every week
- 03 At least every month
- 04 Every few months
- 05 Once a year or so
- 06 Not at all

**Q62**

**Since age 18, have you ever been arrested, booked, or charged for breaking the law?**

- 01 Yes
- 02 No

**AA1**

**Would you say that you really feel part of your neighborhood?**

- 01 Strongly agree
- 02 Agree
- 03 Neither agree nor disagree
- 04 Disagree
- 05 Strongly disagree

**Q64**

**About how many people in your neighborhood do you know well enough to ask for help if you needed it? If none, please enter 0.**

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 99.

\_\_\_\_ People

**Q65**

**Would you say that you regularly stop and talk with people in your neighborhood?**

- 01 Strongly agree
- 02 Agree
- 03 Neither agree nor disagree
- 04 Disagree
- 05 Strongly disagree

**Q66**

**To what extent do you feel like you and your neighbors have the ability to impact your community?**

- 01 A great extent
- 02 Somewhat
- 03 A little
- 04 Not at all

**Q67**

**To what extent do you trust local government to do what's right for your community?**

- 01 A great extent
- 02 Somewhat
- 03 A little
- 04 Not at all

**Q68**

**To what extent do you trust your law enforcement agency?**

- 01 A great extent
- 02 Somewhat
- 03 A little
- 04 Not at all

**Q69**

**Thinking about the past 12 months, have you done any of the following...?**

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE Q69 SERIES ON A SINGLE SCREEN.

01 Yes

02 No

**AA13**

Attended a neighborhood meeting about a local issue

**Q69b**

Voted in the last election

**Q69c**

Visited a museum

**Q69d**

Visited a Chicago Public Library location

**Q69e**

Attended a community event, block party, parade or festival

**Q69f**

Participated in art or cultural activities

**Section K: CHILDREN AND TEENS**

**How big of a problem do you feel the following health issues are for children and teens across the city of Chicago?**

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 A big problem

02 Somewhat of a problem

03 Not a problem

04 Don't know/not sure

**CYH1**

Alcohol abuse by youth

**CYH2**

Childhood asthma

**CYH5**

Child abuse and neglect

**CYH6**

Depression among children and teens

**CYH7**

Drug abuse by youth

**CYH8**

Infant mortality

**CYH9**

Injuries from accidents among children and teens

**CYH10**

Childhood obesity

**How big of a problem do you feel the following health issues are for children and teens across the city of Chicago?**

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 A big problem

02 Somewhat of a problem

03 Not a problem

04 Don't know/not sure

**CYH11**

Parent's health problems affecting their children

**CYH13**

Smoking and tobacco use by youth, including vaping or using e-cigarettes

**CYH14**

Stress among children and teens

**CYH15**

Suicide among children and teens

**CYH16**

Teen pregnancy

**CYH18**

Bullying, including cyberbullying

**CYH19**

Discrimination and racism

**CYH20**

Gun-related violence in neighborhoods

**How big of a problem do you feel the following health issues are for children and teens across the city of Chicago?**

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 A big problem

02 Somewhat of a problem

03 Not a problem

04 Don't know/not sure

**CYH21**

Hunger

**CYH22**

Lack of adult supervision and involvement for children and teens

**CYH25**

Not enough job opportunities for parents

**CYH26**

Not enough job opportunities for teens and young adults

**CYH27**

Poverty

**CYH28**

Social media

**CYH30**

Unsafe housing

**CYH31**

Violence in schools

**CYH32**

Worse health for children of color than for white children, also known as racial inequalities

**Section L: CORONAVIRUS & COVID-19**

**Q95**

**Have you or someone in your household experienced any of the following because of coronavirus or COVID-19...?**

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE Q95 SERIES ON A SINGLE SCREEN.

01 Yes

02 No

**Q95a**

Having to spend at least one night in a hospital or quarantine facility

**Q95b**

Not being able to get the food you needed

**Q95c**

A loss of social connection

**Q95d**

Being unable to pay your rent, mortgage or bills on time

**Q95e**

Having worsened mental health or emotional problems

**Q95f**

Cancelling or postponing surgery or other medical care

**Q95g**

Grief from losing someone who died from COVID-19

**Q96**

**Have you or someone in your household been let go, had work hours reduced, or had a reduction in pay because of coronavirus or COVID-19?**

- 01 Yes
- 02 No

CAWI: IF Q96=01, THEN GO TO Q96a

CAWI: IF Q96=02 OR MISSING, THEN GO TO Q97

**Q96a**

**To what extent was this because you or someone in your household had to take on increased childcare responsibilities?**

- 01 A great extent
- 02 Somewhat
- 03 A little
- 04 Not at all

**Q97**

**A new vaccine against coronavirus or COVID-19 may be available in the future. How likely would you be to get vaccinated against coronavirus or COVID-19, if a vaccine were available?**

- 01 Very likely
- 02 Somewhat likely
- 03 Not likely
- 04 I'm not sure

**Section M: ABOUT YOU**

**K3**

**What is your age?**

- 01 18-24
- 02 25-29
- 03 30-44
- 04 45-64
- 05 65 or older

**Q99**



**What racial or ethnic group do you consider yourself to be?**

CAWI: TEXT BOX, LIMIT TO 50 CHARACTERS

**K4**

**Are you Hispanic or Latino/a, or of Spanish origin?**

01 Yes

02 No

CAWI: IF K4=01, THEN GO TO K4a

CAWI: IF K4=02 OR MISSING, THEN GO TO K5

**K4a**

**Would you say you are...?**

*Select Yes or No for each option.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE K4a SERIES ON A SINGLE SCREEN.

01 Yes

02 No

**K4\_1**

Mexican, Mexican-American, or Chicano/a

**K4\_2**

Puerto Rican

**K4\_3**

Cuban

**K4\_4**

Another Hispanic, Latino/a, or Spanish origin

**K5**

**Which one or more of the following would you say is your race?**

CAWI: ALLOW MULTIPLE RESPONSES.

01 White

02 Black or African American

03 American Indian or Alaska Native

04 Asian

05 Native Hawaiian or Pacific Islander

06 Some other race

CAWI: IF K5=04, THEN GO TO K6. ELSE GO TO K22

**K6**

**Would you say you are...?**

Select Yes or No for each option.

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE QQ101a SERIES ON A SINGLE SCREEN.

01 Yes

02 No

**K6\_41**

Asian Indian

**K6\_42**

Chinese

**K6\_43**

Filipino

**K6\_44**

Japanese

**K6\_45**

Korean

**K6\_46**

Vietnamese

**K6\_47**

Another Asian origin

**K22**

**Do you consider yourself to be...?**

01 Heterosexual or straight

02 Gay or lesbian

03 Bisexual

04 Prefer to self-describe CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**K25**

**Do you consider yourself to be transgender?**

*Transgender is when a person thinks of themselves as a different gender than what they were assigned at birth, such as a person born female who now considers themselves to be male.*

01 Yes

02 No

**K8**

**Are you...?**

01 Married

02 Divorced

- 03 Widowed
- 04 Separated
- 05 Never married
- 06 A member of an unmarried couple
- 07 A member of a civil union

#### K11

**What is the highest grade or year of school you completed?**

- 01 Less than high school graduation
- 02 High school graduation (Grade 12 or GED)
- 03 Some college or technical school
- 04 Associate degree
- 05 Bachelor's degree
- 06 Graduate or professional degree

#### K12a

**Are you currently...?**

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for 1 year or more
- 04 Out of work for less than 1 year
- 05 A Homemaker
- 06 A Student
- 07 Retired
- 08 Unable to work

CAWI: IF K12a=01 OR 02, THEN GO TO Q106a. ELSE GO TO K21

#### Q106a

**Do you have more than one job?**

*This means more than one employer, not just multiple job sites.*

- 01 Yes
- 02 No

#### K21

**Do you own or rent your home?**

- 01 Own
- 02 Rent
- 03 Some other arrangement

#### K9

**How many people, including yourself, live in this household?**

*Please count people who spend a majority of their time living in the household. Enter a number for each category. If none, please enter 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE TO THE LEFT OF EACH K9 ITEM. SET RANGE TO 1 – 25 FOR EACH.

CAWI: DISPLAY THE ENTIRE K9 SERIES ON A SINGLE SCREEN.

**K9a**

Adults, 18 years of age or older

**K10a**

Children, 11-17 years old

**K10b**

Children, 6-10 years old

**K10c**

Children, 1-5 years old

**K10d**

Children, less than 1 year old

CAWI: IF K10a≥1 OR K10bc≥1 OR K10c≥1 OR K10de≥1, THEN GO TO K10. ELSE GO TO K14.

**K10**

CAWI: MAKE THIS A CALCULATED VARIABLE THAT IS NOT DISPLAYED.

CAWI: CALCULATE BASED ON SUM OF K10a, K10b, K10c, K10d

\_\_\_ Children

**CM1**

*If you are the parent, step-parent, foster parent or guardian of children under 18, we would like to understand the make-up of your family. We use this information to understand the specific health needs of families.*

**For how many of the children in your household are you the parent, step-parent, foster parent or guardian? If none, please enter 0.**

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 25.

CAWI: IF CM1 > K10, DISPLAY ERROR "You reported fewer children in the household than the number of children in the household for whom you are the parent, step-parent, foster parent or guardian. Please correct this question or the previous question." DO NOT DISPLAY ERROR IF K10 OR CM1 IS MISSING.

\_\_\_ Children

CAWI: IF CM1 > 0, GO TO CROSTER\_1\_AGE. ELSE GO TO K14.

### CMROSTER\_1

We would like to ask a few more questions about your [CAWI: IF CM1=1, DISPLAY “child”; IF CM1>1, DISPLAY “children”]. This information will be kept confidential. [CAWI: IF CM1>1, DISPLAY: “Starting with the youngest child for whom you are the parent, step-parent, foster parent or guardian...”]

CAWI: DISPLAY CM1\_1AGE AND CM1\_1SEX

### CM1\_1AGE

**How old is the [CAWI: IF CM1>1, DISPLAY: “youngest”] child who lives with you?**

CAWI: TWO DIGIT NUMERIC INTEGER. SET RANGE TO 0 – 17.

*If less than 1 year, enter 0 years*

\_\_\_ Age in years

### CM1\_1SEX

**What is the gender of the [CAWI: IF CM1>1, DISPLAY: “youngest”] child who lives with you?**

- 01 Male
- 02 Female

### CM1\_1HEALTH

**Would you say that in general your child’s health is...?**

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor

CAWI: IF CM1>1, GO TO CMROSTER\_2. ELSE GO TO K14

### CMROSTER\_2

**Do you have another child?**

- 01 Yes
- 02 No

CAWI: IF CMROSTER\_2=1, DISPLAY CM1\_1AGE AND CM1\_1SEX. ELSE GO TO K14.

### CM1\_2AGE

**How old is the next youngest child who lives with you?**

*If less than 1 year, enter 0 years*

\_\_\_ Age in years

### CM1\_2SEX

**What is the gender of the next youngest child who lives with you?**

- 01 Male
- 02 Female

**CM1\_2HEALTH**

**Would you say that in general your child's health is...?**

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor

CAWI: REPEAT CMROSTER\_X, CM1\_XAGE AND CM1\_XSEX FOR REMAINING CHILDREN [MAXIMUM 5 CHILDREN TOTAL]

**K14**

**What is your annual combined household income?**

*By household income we mean the combined income from everyone living in the household including roommates or those on disability income.*

*Your answer is private and confidential and cannot be used to affect your benefits.*

CAWI: SEVEN DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 9,999,999.

\$ \_\_\_\_\_

**Section N: THANK YOU!**

**Q111**

**Please select how you would like to receive your [CAWI: FILL WITH INCENTIVE AMOUNT].**

CAWI: THE INCENTIVE AMOUNT WILL INITIALLY BE \$20 AND CHANGE TO \$30 ON MM/DD/YYYY

- 01 Electronic gift card sent by email
- 02 Check sent by mail

**Q112**

**May we contact you if we have more questions about coronavirus or COVID-19?**

- 01 Yes
- 02 No

**Q113**

**Please provide your contact information.**

CAWI: IF Q112=01 THEN DISPLAY ON SAME SCREEN Q113EMAILINTRO, Q113NAMEINTRO, Q113PHONEINTRO, Q113NAME, Q113EMAIL, AND Q113PHONE. THEN GO TO THANKS.

CAWI: IF Q112=02 OR MISSING AND Q111=MISSING THEN GO TO THANKS.

CAWI: IF Q112=02 OR MISSING AND Q111=01 THEN DISPLAY ON SAME SCREEN Q113EMAILINTRO AND Q113EMAIL. THEN GO TO THANKS.

CAWI: IF Q112=02 OR MISSING AND Q111=02 THEN DISPLAY ON SAME SCREEN Q113NAMEINTRO AND Q113NAME. THEN GO TO THANKS.

### Q113EMAILINTRO

*An email is needed to send an electronic gift card and/or to recontact you with questions about COVID-19.*

### Q113NAMEINTRO

*A name is needed to send a check and/or to recontact you with questions about COVID-19.*

### Q113PHONEINTRO

*In addition to your name and email, a phone number is needed to recontact you with questions about COVID-19.*

### Q113NAME

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_

### Q113EMAIL

Email \_\_\_\_\_ CAWI: COLLECT EMAIL ADDRESS. ADD PROMPT TO VALIDATE EMAIL IF FORMAT IS INVALID.

### Q113PHONE

Please enter your ten-digit phone number.

Phone \_\_\_\_\_ CAWI: COLLECT PHONE NUMBER. ADD PROMPT TO VALIDATE PHONE NUMBER IF FORMAT IS INVALID.

### THANKS

**Please click on the SUBMIT button below to submit your answers. Thank you for completing this survey!**

**Appendix B: 2020 Healthy Chicago Survey CAWI  
Specifications—Spanish**

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**Healthy Chicago**  
**CAWI Specifications**  
 Version 8  
 Last edited: 6/16/2020

CAWI PROGRAMMING NOTES

- Each question should be on a separate screen unless otherwise noted.
- Each close-ended question should only allow selection of one response unless otherwise noted.
- Match the text formatting (i.e., **bold**, underline, *italics*).
- Banner title should list the survey name: Healthy Chicago Survey
- Display a progress bar on each screen.
- For each section heading, only display the capitalized text and make text larger than other text and left align.
- No question should be mandatory to answer before proceeding to the next.
- Each section should have a start and end time stamp.
- Each section should include a flag that indicates whether the respondent has started a section (meaning they have been shown the first question that they should receive in that section) and finished that section (meaning that they have clicked ‘next’ on the last question that they should be delivered in that section).
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.
- The footer should read: “¿Preguntas? Contáctenos en [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org) o 866-784-7723”
- Enable the “Save and Continue” feature only for non-completes. People who reach the end of the survey and submit their response should not be allowed to re-access their survey.
- Enable a soft prompt at each question and display: “Please enter a complete response.”. If a respondent attempts to proceed without answering the question after the prompt, allow the respondent to continue.

*CAWI SPANISH Translations for miscellaneous items throughout instrument:*

<b>Next</b>	<b>Siguiente</b>
<b>Back</b>	<b>Anterior</b>
<b>Save and Continue Later</b>	<b>Guardar y Continuar Después</b>
<b>Submit</b>	<b>Enviar</b>
<b>Answer is incomplete</b>	<b>Repuesta is incompleta</b>
<b>Page has errors</b>	<b>Pagina tiene errores</b>
<b>Answer is out of bounds</b>	<b>Repuesta esta fuera de limites</b>
<b>Thank you for your participation</b>	<b>Gracias por su participacion</b>
<b>Start Survey</b>	<b>Empezar Encuesta</b>

QUESTIONNAIRE

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**INTRODUCCIÓN**

¡Gracias por llenar esta encuesta! Se lleva a cabo en nombre del Departamento de Salud Pública de Chicago (CDPH, por sus siglas en inglés). La información que proporcione ayudará a esta entidad a conocer la salud de las personas en su vecindario y cómo mejorar las cosas. Por ejemplo, su información ayudará al Departamento de Salud Pública de Chicago a crear programas para reducir el tabaquismo, mejorar el acceso a los servicios médicos y asegurar que las personas que viven en Chicago puedan obtener alimentos saludables.

Llenar esta encuesta toma cerca de 20 minutos y cualquier información que proporcione será confidencial. La participación es voluntaria.

Si tiene preguntas o inquietudes sobre esta encuesta, visite el sitio web [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), llámenos gratis al 1-866-784-7723 o envíenos un mensaje de correo electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org). Haremos preguntas sobre su salud y las cosas que pueden afectar su salud, tales como su vecindario y si tiene o no acceso a servicios médicos.

Esta encuesta debe llenarla el adulto (debe ser mayor de 18 años de edad) en el hogar que tenga el próximo cumpleaños. De esta manera, se ayuda a asegurar un estudio representativo de las personas que viven en Chicago.

CAWI: PUT A "START SURVEY" BUTTON BELOW INTRODUCTION TEXT.

#### **SECCIÓN A: SALUD GENERAL**

CAWI: LARGER TEXT FOR THIS AND OTHER SECTION HEADLINES THAN THE REST OF THE TEXT. LEFT ALIGN HEADING.

##### **A1**

**¿Diría que, en general, su salud es...?**

- 01 Excelente
- 02 Muy buena
- 03 Buena
- 04 Regular
- 05 Mala

##### **C6**

**¿Tiene al menos una persona a la que considera su médico personal o proveedor de atención médica?**

- 01 Sí
- 02 No

##### **C7**

**Un chequeo de rutina es un examen físico general, no el examen de una lesión, enfermedad o condición específica. Aproximadamente, ¿cuánto tiempo ha pasado desde la última vez que visitó a su médico o proveedor de atención médica para un chequeo de rutina?**

- 01 En los últimos 12 meses
- 02 Uno o más años

03 Nunca

### C10

**En general, ¿cuál es su nivel de satisfacción con la atención médica que recibió en los últimos 12 meses?**

- 01 Muy satisfecho
- 02 Un poco satisfecho
- 03 Insatisfecho
- 04 No recibí atención médica en los últimos 12 meses

### D2

**¿Cuánto tiempo ha pasado desde la última vez que un dentista o higienista dental limpió sus dientes?**

- 01 6 meses o menos
- 02 Más de 6 meses, pero no hace más de un año
- 03 Hace más de un año
- 04 Nunca

### C1

**¿Tiene algún tipo de cobertura de atención médica, incluyendo seguro de salud, planes prepagados, como Organizaciones para el Mantenimiento de la Salud (HMO), planes gubernamentales como Medicare o servicios de salud indígena?**

- 01 Sí
- 02 No

CAWI: IF C1=01, THEN GO TO C2a

CAWI: IF C1=02 OR MISSING, THEN GO TO C11

### C2a

**¿Cuál es la principal fuente de su cobertura de atención médica?**

- 01 Un plan adquirido a través de un empleador o sindicato (incluye planes adquiridos a través del empleador de otra persona)
- 02 Un plan que usted u otro miembro de la familia compra por su propia cuenta
- 03 Medicare
- 04 Medicaid u otro programa estatal
- 05 TRICARE (antes CHAMPUS), Asuntos de Veteranos (Veteran Affairs, VA) o militar
- 06 Nativo de Alaska, servicio médico indígena, servicios médicos tribales
- 07 Alguna otra fuente

### C11

**En los últimos 12 meses, ¿con qué frecuencia fue fácil obtener atención, realizarse pruebas o tratamientos que pensó que necesitaba a través de su plan de salud?**

- 01 Nunca
- 02 Algunas veces
- 03 Por lo general
- 04 Siempre
- 05 No necesité atención, pruebas ni tratamientos en los últimos 12 meses

## SECCIÓN B: CONDICIONES CRÓNICAS DE SALUD

CAWI: DISPLAY THE TEXT BELOW AND Q7 ON A SINGLE SCREEN.

*Las siguientes preguntas son acerca de si un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía alguna de las siguientes condiciones médicas.*

*Por "otro profesional de salud", nos referimos a un profesional de enfermería, asistente médico o algún otro profesional médico licenciado.*

### E1

**¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... presión arterial alta?**

- 01 Sí
- 02 Sí, pero solo cuando estaba embarazada
- 03 No

### F3

**¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... colesterol alto?**

- 01 Sí
- 02 No

### G2

**¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... angina de pecho o enfermedad coronaria?**

- 01 Sí
- 02 No

### G7

**¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... diabetes?**

- 01 Sí
- 02 Sí, pero solo cuando estaba embarazada
- 03 No

### G8

**¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... una enfermedad pulmonar obstructiva crónica (COPD, por sus siglas en inglés), enfisema o bronquitis crónica?**

- 01 Sí
- 02 No

#### G4

¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... asma?

- 01 Sí
- 02 No

CAWI: IF G4=01, THEN GO TO G5

CAWI: IF G4=02 OR MISSING, THEN GO TO J1

#### G5

¿Aún tiene asma?

- 01 Sí
- 02 No

### SECCIÓN C: USO DE TABACO

#### J1

¿Ha fumado al menos 100 cigarrillos (aproximadamente 5 cajetillas) durante toda su vida?

- 01 Sí
- 02 No

CAWI: IF J1=01, THEN GO TO J2

CAWI: IF J1=02 OR MISSING, THEN GO TO Q14

#### J2

¿Actualmente fuma cigarrillos todos los días, algunas veces o no fuma?

- 01 Todos los días
- 02 Algunas veces
- 03 No fumo

CAWI: IF J2=01 OR 02, THEN GO TO J2a

CAWI: IF J2=03 OR MISSING, THEN GO TO J4

#### J2a

Actualmente, cuando fuma cigarrillos, ¿con qué frecuencia fuma cigarrillos mentolados?

- 01 Todo el tiempo
- 02 La mayor parte del tiempo
- 03 Algunas veces
- 04 Nunca

**J3**

**Durante los últimos 12 meses, ¿dejó de fumar por un día o más porque estaba intentando dejar el cigarrillo?**

- 01 Sí
- 02 No

**J4**

**¿Cuánto tiempo ha pasado desde la última vez que fumó un cigarrillo, incluso una o dos fumadas?**

- 01 Hace menos de un año
- 02 Hace más de 1 año, pero menos de 5 años
- 03 Hace más de 5 años, pero menos de 10 años
- 04 10 años o más
- 05 Nunca fumé con regularidad

**J5**

**¿Alguna vez intentó fumar cigarrillos electrónicos o vapeó, incluso una o dos fumadas? Eso incluiría productos como JUUL, Blu y NJOY.**

*No incluya usar productos de vapeo electrónico con marihuana ni cannabis.*

- 01 Sí
- 02 No

CAWI: IF Q14=01, THEN GO TO J5a

CAWI: IF Q14=02 OR MISSING, THEN GO TO Q15

**J5a**

**¿Con qué frecuencia usa cigarrillos electrónicos o vapea ahora?**

- 01 Todos los días
- 02 Algunas veces
- 03 No lo hago

**SECCIÓN D: CONSUMO DE CANNABIS**

CAWI: DISPLAY THE TEXT BELOW AND Q15 ON A SINGLE SCREEN.

*Las siguientes preguntas se tratan sobre la marihuana o cannabis, cuyo uso es legal en Illinois a partir del 1 de enero de 2020. Estas preguntas no se refieren al cannabidiol (CBD) ni otros productos sin tetrahidrocannabinol (THC). Sus respuestas son estrictamente confidenciales.*

**Q15**

**¿Alguna vez ha probado la marihuana o cannabis, aunque sea una vez?**

- 01 Sí

02 No

CAWI: IF Q15=01, THEN GO TO Q15a

CAWI: IF Q15=02 OR MISSING, THEN GO TO L1

### Q15a

**¿Ha usado marihuana o cannabis durante los últimos 30 días?**

01 Sí

02 No

CAWI: IF Q15a=01, THEN GO TO JJ1

CAWI: IF Q15a=02 OR MISSING, THEN GO TO L1

### JJ1

**Durante los últimos 30 días, ¿cuántos días ha consumido marihuana o cannabis?**

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 – 30.

\_\_\_\_ días

CAWI: IF JJ1≥1, THEN GO TO JJ4

CAWI: IF JJ1=0 OR MISSING, THEN GO TO L1

### JJ4

**En los días en que consumió marihuana, ¿cuántas veces al día la consumió en promedio?**

CAWI: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 1 – 9.

\_\_\_\_ veces al día

### JJ2

**Cuando consumió marihuana o cannabis durante los últimos 30 días, ¿por lo general era por...?**

01 Razones médicas (como tratar o reducir síntomas o condiciones médicas)

02 Razones no médicas (como divertirse o integrarse)

03 Tanto por razones médicas como no médicas

### JJ3

**Durante los últimos 30 días, ¿cómo consumió marihuana? ¿Usted...?**

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE Q15d SERIES ON A SINGLE SCREEN.

01 Sí

02 No

### JJ3\_1

La fumó (en un porro, cachimba, pipa o canuto)

### JJ3\_2

La comió (en brownies, pasteles, galletas o caramelos)

**JJ3\_3**

La bebió (en té, cola o alcohol)

**JJ3\_4**

La vapeó (en un vaporizador parecido a un cigarrillo electrónico)

**JJ3\_5**

La untó (usando hachís de aceite butano, cera o concentrados)

**JJ3\_6**

Otro (especifique): CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**SECCIÓN E: DIETA Y ACTIVIDAD FÍSICA**

**L1**

**¿Cuántas porciones totales de fruta comió ayer?**

*Una porción sería igual a media manzana o un puñado de uvas. Piense en todas las formas de frutas, como cocidas o crudas, frescas, congeladas o enlatadas.*

*Piense en todas las comidas, meriendas y alimentos consumidos en casa y fuera de ella. Si no las comió, ingrese 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 99.

\_\_\_\_ porciones

**L2**

**¿Cuántas porciones totales de vegetales comió ayer?**

*Una porción sería igual a un puñado de brócoli o una taza de zanahorias. Piense en todas las formas de vegetales, incluyendo cocidos o crudos, frescos, congelados o enlatados.*

*Piense en todas las comidas, meriendas y alimentos consumidos en casa y fuera de ella. Si no los comió, ingrese 0.*

CAWI: TWO DIGIT NUMERIC RESPONSE. SET RANGE TO 0 – 99.

\_\_\_\_ porciones

**L3**

**¿Qué tan fácil o difícil es para usted obtener productos frescos (frutas o vegetales)?**

- 01 Muy difícil
- 02 Un poco difícil
- 03 Un poco fácil



04 Muy fácil

#### L14

**¿Qué tan cierta es la siguiente declaración?: “En los últimos 12 meses, estuvimos preocupados por si nuestra comida se acababa antes de tener dinero para comprar más.”**

- 01 Con frecuencia cierta
- 02 Algunas veces cierta
- 03 No es cierta

#### L6

**Durante los últimos 30 días, ¿cuántos refrescos regulares o gaseosas u otras bebidas endulzadas, como té helado endulzado, bebidas deportivas, ponche de frutas u otras bebidas con sabor a frutas ha tomado?**

*No incluya refrescos dietéticos, bebidas sin azúcar ni jugos con 100% pulpa de fruta. Si no las tomó, ingrese 0.*

CAWI: ONLY ALLOW ENTRY IN ONE BOX. TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 99. DISPLAY ALL OF L6 ON A SINGLE SCREEN.

\_\_\_\_ bebidas

**Seleccione el periodo de tiempo (al día/a la semana/al mes):**

- 01 Bebidas al día**
- 02 Bebidas a la semana**
- 03 Bebidas al mes**

#### M1

**Durante los últimos 30 días, aparte de su trabajo regular, ¿participó en cualquier actividad física o ejercicio, como correr, bailar, jugar baloncesto, tomar clases de ejercicios, jardinería o caminar como ejercicio?**

- 01 Sí
- 02 No

#### Q22

**En los últimos 12 meses, ¿con qué frecuencia usted o alguien de su familia usó los parques, áreas de juego y campos deportivos de su vecindario?**

- 01 Una vez a la semana o más
- 02 Varias veces al mes
- 03 Al menos una vez al mes
- 04 Algunas veces al año
- 05 Nunca

#### Q23

**En los últimos 12 meses, ¿con qué frecuencia ha montado bicicleta en Chicago?**

- 01 Una vez a la semana o más
- 02 Varias veces al mes
- 03 Al menos una vez al mes
- 04 Algunas veces al año
- 05 Nunca
- 06 No estoy en condiciones físicas para montar bicicleta

**Q24**

**Durante los últimos 7 días, ¿alguna vez caminó o usó una silla de ruedas para desplazarse ida y vuelta de lugares como el trabajo, ir de compras o para realizar otras actividades?**

- 01 Sí
- 02 No
- 03 No estoy en condiciones físicas para caminar o usar silla de ruedas

**K15**

**¿Cuánto mide aproximadamente sin zapatos?**

CAWI: FEET: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 3 – 7. INCHES: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 –12.

\_\_\_ pies      \_\_\_ pulgadas

**K16**

**¿Cuánto pesa aproximadamente sin zapatos?**

*Si actualmente está embarazada, ¿cuánto pesaba antes de su embarazo?*

CAWI: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 20 – 999.

\_\_\_ libras

**K1**

**¿Cuál es su género?**

- 01 Hombre
- 02 Mujer
- 03 Prefiere describirse a sí mismo CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**SECCIÓN F: ALCOHOL Y MEDICAMENTOS RECETADOS**

**W1**

**Durante los últimos 30 días, ¿cuántos días tomó al menos una bebida alcohólica de cualquier tipo?**

*Una bebida equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor. Una cerveza de 40 onzas contaría como 3 bebidas o un coctel con 2 tragos contaría como 2 bebidas. Si no las tomó, ingrese 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 30.

\_\_\_\_ días

CAWI: IF W1=0 OR MISSING, THEN GO TO W5.

CAWI: IF K1=01 THEN GO TO W3\_M.

CAWI: IF K1=02 OR 03 OR MISSING THEN GO TO W3\_F.

### W3\_M

**Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces, durante los últimos 30 días, tomó 5 o más bebidas en una ocasión?**

*Una bebida equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor. Una cerveza de 40 onzas contaría como 3 bebidas o un coctel con 2 tragos contaría como 2 bebidas. Si no las tomó, ingrese 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 30.

\_\_\_\_ veces

CAWI: GO TO W5

### W3\_F

**Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces, durante los últimos 30 días, tomó 4 o más bebidas en una ocasión?**

*Una bebida equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor. Una cerveza de 40 onzas contaría como 3 bebidas o un coctel con 2 tragos contaría como 2 bebidas. Si no las tomó, ingrese 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 30.

\_\_\_\_ veces

CAWI: DISPLAY THE TEXT BELOW AND W5 ON A SINGLE SCREEN.

*Las siguientes preguntas tratan sobre medicamentos que requieran una receta médica. No incluya medicamentos de “venta libre”, como aspirina, Tylenol o Advil, que pueden comprarse en farmacias sin una receta médica. Sus respuestas son estrictamente confidenciales.*

### W5

**En los últimos 12 meses, ¿alguna vez tomó un analgésico con receta médica, como oxicodona o hidrocodona, que le hubieran recetado?**

- 01 Sí
- 02 No

CAWI: IF W5=01, THEN GO TO W5a

CAWI: IF W5=02 OR MISSING, THEN GO TO W6

#### W5a

**Cuando tomó los analgésicos con receta médica en los últimos 12 meses, ¿alguna vez, incluso una vez, tomó más de lo indicado? Esto incluye tomar una dosis más alta o tomarla con mayor frecuencia a la indicada.**

- 01 Sí
- 02 No

#### W6

**En los últimos 12 meses, ¿alguna vez, incluso una vez, tomó un analgésico con receta médica, como oxidodona o hidrocodona, que no le hubieran recetado?**

- 01 Sí
- 02 No

### SECCIÓN G: DETECCIÓN DE CÁNCER

CAWI: IF K1=01, THEN GO TO P1

CAWI: IF K1=02 OR 03 OR MISSING, THEN GO TO N1.

#### N1

**Una mamografía es un rayo X de cada seno para detectar el cáncer de seno. ¿Alguna vez le han hecho una mamografía?**

- 01 Sí
- 02 No

CAWI: IF N1=01, THEN GO TO N2

CAWI: IF N1=02 OR MISSING, THEN GO TO N3

#### N2

**¿Cuánto tiempo ha pasado desde la última vez que se realizó una mamografía?**

- 01 Menos de 12 meses
- 02 Al menos 1 año, pero menos de 2 años
- 03 Al menos 2 años, pero menos de 3 años
- 04 Al menos 3 años, pero menos de 5 años
- 05 5 años o más

#### N3

**Una prueba de Papanicolaou es un examen para detectar el cáncer cervical. ¿Alguna vez le han hecho una prueba de Papanicolaou?**

- 01 Sí
- 02 No

CAWI: IF N3=01, THEN GO TO N4

CAWI: IF N3=02 OR MISSING, THEN GO TO N5

#### **N4**

**¿Cuánto tiempo ha pasado desde la última vez que se realizó una prueba de Papanicolaou?**

- 01 Menos de 12 meses
- 02 Al menos 1 año, pero menos de 2 años
- 03 Al menos 2 años, pero menos de 3 años
- 04 Al menos 3 años, pero menos de 5 años
- 05 5 años o más

#### **N5**

**¿Le han hecho una histerectomía?**

- 01 Sí
- 02 No

#### **P1**

**Un examen de detección de sangre en las heces puede hacerse en casa con un kit especial para determinar si las heces contienen sangre. ¿Alguna vez se ha hecho esta prueba usando un kit doméstico?**

- 01 Sí
- 02 No

CAWI: IF P1=01, THEN GO TO P2

CAWI: IF P1=02 OR MISSING, THEN GO TO P3

#### **P2**

**¿Cuánto tiempo ha pasado desde la última vez que se realizó un examen de detección de sangre en las heces con un kit doméstico?**

- 01 Menos de 12 meses
- 02 Al menos 1 año, pero menos de 2 años
- 03 Al menos 2 años, pero menos de 3 años
- 04 Al menos 3 años, pero menos de 5 años
- 05 5 años o más

#### **P3**

La sigmoidoscopia y colonoscopia son exámenes en los cuales se inserta una sonda en el recto para ver el colon, en busca de señales de cáncer u otros problemas de salud.

*En el caso de una sigmoidoscopia, se inserta una sonda flexible en el recto para detectar problemas.*

*Una colonoscopia es similar, pero se usa una sonda más larga y, por lo general, a usted le administran un medicamento con una aguja en su brazo para sedarlo y le piden que tenga a una persona que pueda llevarlo a casa después de la prueba.*

¿Alguna vez le han hecho uno de estos exámenes?

- 01 Sí
- 02 No

CAWI: IF P3=01, THEN GO TO P3a

CAWI: IF P3=02 OR MISSING, THEN GO TO S1

### P3a

¿Fue su último examen una sigmoidoscopia o una colonoscopia?

- 01 Sigmoidoscopia
- 02 Colonoscopia

### P4

¿Cuánto tiempo ha pasado desde la última vez que se realizó una sigmoidoscopia o una colonoscopia?

- 01 Menos de 12 meses
- 02 Al menos 1 año, pero menos de 2 años
- 03 Al menos 2 años, pero menos de 3 años
- 04 Al menos 3 años, pero menos de 5 años
- 05 5 años o más

## SECCIÓN H: SALUD MENTAL

Durante los últimos 30 días, ¿con qué frecuencia se sintió...

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 Todo el tiempo 02 La mayor parte del tiempo 03 Algunas veces 04 Casi nunca 05 Nunca

### S1

... nervioso?

### S2

... sin esperanzas?

**S3**

**... impaciente o inquieto?**

**S4**

**... tan deprimido que nada podía animarlo?**

**S5**

**... que debía esforzarse para todo?**

**S6**

**... inútil?**

**Q43**

**¿Con qué frecuencia se sintió solo?**

- 01 Casi siempre
- 02 Con frecuencia
- 03 Algunas veces
- 04 Casi nunca
- 05 Nunca

**S7**

**¿En estos momentos está tomando medicamentos o recibiendo tratamiento de parte de un médico u otro profesional de la salud por algún tipo de condición de salud mental o problema emocional?**

- 01 Sí
- 02 No

**S8**

**Durante los últimos 12 meses, ¿hubo algún momento en el que necesitó tratamiento de salud mental o asesoría, pero no la obtuvo?**

- 01 Sí
- 02 No

CAWI: IF S8=01, THEN GO TO S9

CAWI: IF S8=02 OR MISSING, THEN GO TO Q46

**S9**

**¿Fue alguna las siguientes razones un motivo para que no obtuviera el tratamiento de salud mental o la asesoría que necesitaba?**

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE S9 SERIES ON A SINGLE SCREEN.

01 Sí

02 No

S9\_1

No podía cubrir el costo

S9\_2

Le preocupaba que obtener el tratamiento de salud mental o la asesoría pudiera hacer que sus vecinos o comunidad tuvieran una opinión negativa sobre usted

S9\_3

Le preocupaba que obtener el tratamiento de salud mental o la asesoría pudiera crear un efecto negativo en su trabajo

S9\_4

Su seguro de salud no cubre el costo de ningún tratamiento de salud mental ni asesoría

S9\_5

Su seguro de salud no paga un monto suficiente por tratamientos de salud mental ni asesoría

S9\_6

No sabía a dónde ir a buscar los servicios

S9\_7

Le preocupaba que la información que le diera el asesor pudiera no mantenerse confidencial

S9\_8

Le preocupaba que pudieran enviarlo a un hospital psiquiátrico o tuviera que tomar medicamentos

S9\_9

Otro (especifique): CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

Q46

**En promedio, ¿cuántas horas duerme en un período de 24 horas?**

CAWI: HOURS: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 24. MINUTES: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 60.

\_\_\_\_ horas    \_\_\_\_ minutos

## **SECCIÓN I:    SEGURIDAD FINANCIERA**

K14c

**¿Con qué frecuencia en los últimos 12 meses diría que estuvo preocupado o estresado por no tener suficiente dinero para pagar el alquiler o la hipoteca?**

- 01    Siempre
- 02    Por lo general
- 03    Algunas veces
- 04    Nunca



**Q48**

**En los últimos 12 meses, ¿con qué frecuencia dejó de comprar alimentos por pagar la vivienda?**

- 01 Con frecuencia
- 02 Algunas veces
- 03 Pocas veces
- 04 Nunca

**Q49**

**En los últimos 12 meses, ¿con qué frecuencia dejó de comprar alimentos para pagar sus facturas de servicios públicos?**

- 01 Con frecuencia
- 02 Algunas veces
- 03 Pocas veces
- 04 Nunca

**Q50**

**En los últimos 12 meses, ¿con qué frecuencia dejó de comprar alimentos para pagar medicamentos o atención médica?**

- 01 Con frecuencia
- 02 Algunas veces
- 03 Pocas veces
- 04 Nunca

**Q51**

**En los últimos 12 meses, ¿con qué frecuencia dejó de comprar alimentos para pagar gasolina o transporte?**

- 01 Con frecuencia
- 02 Algunas veces
- 03 Pocas veces
- 04 Nunca

**FS1**

**Supongamos que se le presenta un gasto de emergencia que cuesta \$400. Basado en su situación financiera actual, ¿usted...?**

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE FS1 SERIES ON A SINGLE SCREEN.

01 Sí

02 No

**FS1\_1**

Pagaría con la tarjeta de crédito y luego pagaría por completo en el próximo estado de cuenta

**FS1\_2**

Lo pondría en la tarjeta de crédito y luego pagaría con el tiempo

**FS1\_3**

Pagaría con el dinero que actualmente tiene en su cuenta corriente o de ahorros, o con efectivo

**FS1\_4**

Usaría el dinero de un préstamo bancario o línea de crédito

**FS1\_5**

Pediría prestado a un amistad o familiar

**FS1\_6**

Usaría un préstamo del día de pago, depósito anticipado o sobregiro

**FS1\_7**

Vendería algo

**FS1\_8**

No podría pagar el gasto en este momento

**FS1\_88**

Otro (especifique): CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**FS2**

**¿Usted o alguien de su familia actualmente tiene una cuenta corriente o de ahorros?**

- 01 Sí
- 02 No

**SECCIÓN J: SU VECINDARIO**

**AA6**

**¿Cuánto tiempo ha vivido en su vecindario?**

- 01 Menos de un año
- 02 Al menos 1 año, pero menos de 5 años
- 03 Al menos 5 años, pero menos de 10 años
- 04 Al menos 10 años, pero menos de 20 años
- 05 20 años o más

CAWI: IF AA6=01 or 02, THEN GO TO AA7

CAWI: IF AA6=03 OR 04 OR 05 OR MISSING, THEN GO TO Q56

**AA7**

**Las personas se mudan por distintas razones. Piense en su mudanza más reciente. ¿Se mudó...?**  
*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE Q55 SERIES ON A SINGLE SCREEN.

01 Sí

02 No

**AA7\_7**

Para estar más cerca del trabajo o la escuela

**AA7\_8**

Para estar más cerca de la familia o amigos

**AA7\_9**

Por vecindarios o escuelas de mejor calidad

**AA7\_1**

Porque recibió un aviso de desalojo

**AA7\_2**

Porque su hogar o apartamento previo fue embargado

**AA7\_3**

Porque aumentó el alquiler de su hogar o apartamento previo

**AA7\_4**

Porque el arrendador no reparó las cosas de su hogar o apartamento previo

**AA7\_5**

Para ahorrar dinero

**AA7\_10**

Para reubicarse en una ciudad nueva

**AA7\_11**

Porque cambió su condición familiar (p. ej., matrimonio, divorcio, hijos, un hijo adulto se mudó)

**AA7\_6**

Para tener una mejor calidad de vida o una casa más grande

**Q55a**

Porque compró una casa

**AA7\_12**

Otro (especifique):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

CAWI: DISPLAY THE TEXT BELOW AND Q56 ON A SINGLE SCREEN.

*Piense en su vecindario actual. ¿En qué medida está de acuerdo o en desacuerdo con las siguientes declaraciones?:*

**Q56**

**Las aceras de mi vecindario tienen buen mantenimiento (están pavimentadas e incluso no tienen muchas grietas).**

- 01 Totalmente de acuerdo
- 02 De acuerdo
- 03 Ni de acuerdo ni en desacuerdo
- 04 En desacuerdo
- 05 Totalmente en desacuerdo

**Q57**

**Es fácil caminar, correr o circular hasta una parada de transporte público (autobús, tren) desde mi casa.**

- 01 Totalmente de acuerdo
- 02 De acuerdo
- 03 Ni de acuerdo ni en desacuerdo
- 04 En desacuerdo
- 05 Totalmente en desacuerdo

**Q58**

**Por lo general, mi vecindario está libre de basura.**

- 01 Totalmente de acuerdo
- 02 De acuerdo
- 03 Ni de acuerdo ni en desacuerdo
- 04 En desacuerdo
- 05 Totalmente en desacuerdo

**Q59**

**Hay muchas cosas interesantes que ver mientras se camina, corre o circula en mi vecindario.**

- 01 Totalmente de acuerdo
- 02 De acuerdo
- 03 Ni de acuerdo ni en desacuerdo
- 04 En desacuerdo
- 05 Totalmente en desacuerdo

**Z3**

**¿Se siente seguro en su vecindario?**

- 01 Sí, todo el tiempo
- 02 Sí, la mayor parte del tiempo
- 03 Algunas veces
- 04 No, la mayoría de las veces no

**AA5**

**En su vecindario, ¿con qué frecuencia ocurren hechos de violencia?**

- 01 Todos los días
- 02 Al menos todas las semanas
- 03 Al menos todos los meses
- 04 Cada pocos meses
- 05 Una vez al año o algo así
- 06 No ocurren

**Q62**

**Desde los 18 años, ¿alguna vez lo han arrestado, fichado o acusado por quebrantar la ley?**

- 01 Sí
- 02 No

**AA1**

**¿Diría que en realidad se siente parte de su vecindario?**

- 01 Totalmente de acuerdo
- 02 De acuerdo
- 03 Ni de acuerdo ni en desacuerdo
- 04 En desacuerdo
- 05 Totalmente en desacuerdo

**Q64**

**¿Aproximadamente a cuántas personas de su vecindario conoce lo suficientemente bien como para pedirles ayuda, si la necesitara? Si no es así, ingrese 0.**

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 99.

\_\_\_\_ personas

**Q65**

**¿Diría que, con regularidad, se detiene y habla con las personas de su vecindario?**

- 01 Totalmente de acuerdo
- 02 De acuerdo
- 03 Ni de acuerdo ni en desacuerdo
- 04 En desacuerdo
- 05 Totalmente en desacuerdo

**Q66**

**¿En qué medida siente que usted y sus vecinos pueden influir sobre su comunidad?**

- 01 En gran medida
- 02 De cierta forma
- 03 Un poco
- 04 De ninguna forma

**Q67**

**¿En qué medida confía en el gobierno local para hacer lo correcto por su comunidad?**

- 01 En gran medida
- 02 De cierta forma
- 03 Un poco
- 04 De ninguna forma

**Q68**

**¿En qué medida confía en su agencia de cumplimiento de la ley (policía)?**

- 01 En gran medida
- 02 De cierta forma
- 03 Un poco
- 04 De ninguna forma

**Q69**

**Piense en los últimos 12 meses. ¿Ha hecho alguna de las siguientes actividades...?**

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE Q69 SERIES ON A SINGLE SCREEN.

01 Sí

02 No

**AA13**

Asistió a una reunión del vecindario sobre un problema local

**Q69b**

Votó en las últimas elecciones

**Q69c**

Visitó un museo

**Q69d**

Visitó una sede de la Biblioteca Pública de Chicago

**Q69e**

Asistió a un evento comunitario, fiesta pública, desfile o festival

**Q69f**

Participó en actividades artísticas o culturales

**SECCIÓN K: NIÑOS Y ADOLESCENTES**

**¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago?**

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 Un gran problema 02 Un poco problemático 03 No es un problema 04 No sé/No estoy seguro

**CYH1**

**Abuso de alcohol entre los jóvenes**

**CYH2**

**Asma infantil**

**CYH5**

**Abuso y negligencia infantil**

**CYH6**

**Depresión entre niños y adolescentes**

**CYH7**

**Abuso de drogas entre los jóvenes**

**CYH8**

**Mortalidad infantil**

**CYH9**

**Lesiones por accidentes entre niños y adolescentes**

**CYH10**

**Obesidad infantil**

**¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago?**

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 Un gran problema 02 Un poco problemático 03 No es un problema 04 No sé/No estoy seguro

**CYH11**

**Problemas de salud de los padres que afectan a sus hijos**

**CYH13**

**Fumar y usar tabaco por los jóvenes, incluidos vapear o usar cigarrillos electrónicos**

**CYH14**

El estrés entre niños y adolescentes

**CYH15**

El suicidio entre niños y adolescentes

**CYH16**

El embarazo en las adolescentes

**CYH18**

El acoso, incluido el acoso cibernético

**CYH19**

La discriminación y el racismo

**CYH20**

La violencia relacionada con armas en los vecindarios

**¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago?**

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 Un gran problema 02 Un poco problemático 03 No es un problema 04 No sé/No estoy seguro

**CYH21**

El hambre

**CYH22**

La falta de supervisión y participación de adultos hacia los niños y adolescentes

**CYH25**

Insuficiencia de oportunidades de trabajo para los padres

**CYH26**

Insuficiencia de oportunidades de trabajo para los adolescentes y adultos jóvenes

**CYH27**

La pobreza

**CYH28**

Las redes sociales

**CYH30**

Vivienda insegura



**CYH31**

La violencia en las escuelas

**CYH32**

Que la salud de los niños de color sea peor que la salud de los niños blancos, también conocido como desigualdad racial

**SECCIÓN L: CORONAVIRUS Y COVID-19**

**Q95**

**¿Usted o alguien de su familia han pasado por alguna de las siguientes situaciones debido al coronavirus o COVID-19...?**

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE Q95 SERIES ON A SINGLE SCREEN.

01 Sí

02 No

**Q95a**

Tener que pasar al menos una noche en un hospital o centro de cuarentena

**Q95b**

No poder obtener los alimentos que necesita

**Q95c**

Pérdida de la conexión social

**Q95d**

No poder pagar el alquiler, la hipoteca o las facturas a tiempo

**Q95e**

Empeoramiento de la salud mental o los problemas emocionales

**Q95f**

Cancelar o posponer una cirugía u otra atención médica

**Q95g**

Aflicción por el fallecimiento de alguien por COVID-19

**Q96**

**¿Usted o alguien de su familia ha sido despedido, le han reducido el horario de trabajo o el sueldo debido al coronavirus o COVID-19?**

01 Sí

02 No

CAWI: IF Q96=01, THEN GO TO Q96a

CAWI: IF Q96=02 OR MISSING, THEN GO TO Q97

**Q96a**

**¿En qué medida ocurrió esto debido a que aumentaron las responsabilidades de cuidado infantil para usted o para alguien en su familia?**

- 01 En gran medida
- 02 De cierta forma
- 03 Un poco
- 04 De ninguna forma

**Q97**

**En el futuro, puede haber disponibilidad de una vacuna nueva contra el coronavirus o COVID-19. ¿Qué probabilidad hay de que le administren la vacuna contra el coronavirus o COVID-19 si estuviera disponible?**

- 01 Muy probable
- 02 Un poco probable
- 03 No es probable
- 04 No estoy seguro

**SECCIÓN M: ACERCA DE USTED**

**K3**

**¿Qué edad tiene?**

- 01 18 a 24 años
- 02 25 a 29 años
- 03 30 a 44 años
- 04 45 a 64 años
- 05 Más de 65 años

**Q99**

**¿De qué grupo racial o étnico se considera usted?**

CAWI: TEXT BOX, LIMIT TO 50 CHARACTERS

**K4**

**¿Es usted hispano o latino, o de origen español?**

- 01 Sí
- 02 No

CAWI: IF K4=01, THEN GO TO K4a

CAWI: IF K4=02 OR MISSING, THEN GO TO K5

**K4a**

**¿Diría que usted es...?**

*Seleccione Sí o No por cada opción.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE Q100a SERIES ON A SINGLE SCREEN.

01 Sí 02 No

**K4\_1**

Mexicano, mexicano americano o chicano

**K4\_2**

Puertorriqueño

**K4\_3**

Cubano

**K4\_4**

Otro origen hispano, latino o español

**K5**

**¿Cuál o cuáles de las siguientes opciones diría que es su raza?**

CAWI: ALLOW MULTIPLE RESPONSES.

- 01 Blanca
- 02 Negro o afroamericana
- 03 Indígena de las Américas o nativa de Alaska
- 04 Asiática
- 05 Nativa de Hawái u otra de las islas del Pacífico
- 06 Alguna otra raza

CAWI: IF K5=04, THEN GO TO K6. ELSE GO TO K22

**K6**

**¿Diría que usted es...?**

*Seleccione Sí o No por cada opción.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE QQ101a SERIES ON A SINGLE SCREEN.

01 Sí 02 No

**K6\_41**

Indio asiático

**K6\_42**

Chino

**K6\_43**

Filipino

**K6\_44**

Japonés

**K6\_45**

Coreano

**K6\_46**

Vietnamita

**K6\_47**

Otro origen asiático

**K22**

**¿Se considera usted...?**

- 01 Heterosexual o *straight*, o sea no es gay ni lesbiana
- 02 Gay o lesbiana
- 03 Bisexual
- 04 Prefiere describirse a sí mismo CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**K25**

**¿Se considera usted transgénero?**

*Ser transgénero es cuando una persona piensa que es de un sexo diferente al que se le asignaron al momento de nacer, como una persona que nació mujer y ahora se considera hombre.*

- 01 Sí
- 02 No

**K8**

**¿Está usted...?**

- 01 Casado
- 02 Divorciado
- 03 Viudo
- 04 Separado
- 05 Nunca se ha casado
- 06 Miembro de una pareja no casada
- 07 Miembro de una unión civil

**K11**

**¿Cuál es el grado o año escolar más avanzado que ha completado?**

- 01 Menos que una graduación de la escuela secundaria o preparatoria o high school
- 02 Graduación de la escuela secundaria o preparatoria o high school (grado 12 o GED)
- 03 Algunos créditos universitarios o escuela técnica
- 04 Título de asociado universitario
- 05 Título de licenciatura universitaria
- 06 Posgrado o título profesional

### K12a

#### ¿Actualmente es usted...?

- 01 Empleado y recibe salario
- 02 Independiente
- 03 No ha trabajado por 1 año o más
- 04 No ha trabajado por menos de 1 año
- 05 Encargado del hogar
- 06 Estudiante
- 07 Jubilado
- 08 No puede trabajar

CAWI: IF Q106=01 OR 02, THEN GO TO Q106a. ELSE GO TO K21

### Q106a

#### ¿Tiene más de un trabajo?

*Es decir, más de un empleador, no solo varios lugares de trabajo.*

- 01 Sí
- 02 No

### K21

#### ¿Es propietario o alquila su vivienda?

- 01 Es propia
- 02 Es alquilada
- 03 Algún otro arreglo

### K9

#### ¿Cuántas personas, incluyéndose usted, viven en esta vivienda?

*Cuente a las personas que pasan la mayor parte del tiempo en esta vivienda. Ingrese un número por cada categoría. Si no hay ninguna, ingrese 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE TO THE LEFT OF EACH Q108 ITEM. SET RANGE TO 1 – 25 FOR EACH.

CAWI: DISPLAY THE ENTIRE Q108 SERIES ON A SINGLE SCREEN.

### K9a

Adultos, mayores de 18 años

**K10a**

Niños, entre 11 y 17 años

**K10b**

Niños, entre 6 y 10 años

**K10c**

Niños, entre 1 y 5 años

**K10d**

Niños, menores de 1 año

CAWI: IF K10a $\geq$ 1 OR K10bc $\geq$ 1 OR K10c $\geq$ 1 OR K10de $\geq$ 1, THEN GO TO K10. ELSE GO TO K14.

**K10**

CAWI: MAKE THIS A CALCULATED VARIABLE THAT IS NOT DISPLAYED.

CAWI: CALCULATE BASED ON SUM OF K10a, K10b, K10c, K10d

\_\_\_\_ niños

**CM1**

***Si usted es el padre, la madre, el padrastro, la madrastra, el padre o la madre foster, o el tutor legal de niños menores de 18 años, nos gustaría entender la composición de su familia. Utilizamos esta información para entender las necesidades de salud específicas de las familias.***

**¿De cuántos niños es usted padre/madre, padrastro, madrastra, padre o madre foster, o tutor legal?  
Si no hay ninguno, ingrese 0.**

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 25.

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 25.

CAWI: IF CM1 > K10, DISPLAY ERROR “Usted reportó menos niños en el hogar que el número de niños en el hogar de quienes usted es el padre, la madre, el padrastro, la madrastra, el padre o la madre foster, o el tutor legal. Por favor corrija esta pregunta o la pregunta anterior.” DO NOT DISPLAY ERROR IF K10 OR CM1 IS MISSING.

\_\_\_\_ niños

CAWI: IF CM1 > 0, GO TO CROSTER\_1\_AGE. ELSE GO TO K14.

**CMROSTER\_1**

*Quisiéramos hacer algunas preguntas más acerca de [CAWI: IF CM1=1, DISPLAY “su hijo”; IF CM1>1, DISPLAY “sus hijos”]. Esta información se mantendrá en forma confidencial. [CAWI: IF CM1>1, DISPLAY: “Empezando con el menor de sus hijos, de quien usted es el padre, la madre, el padrastro, la madrastra, el padre o la madre foster, o el tutor legal ...”]*

CAWI: DISPLAY CM1\_1AGE AND CM1\_1SEX

### CM1\_1AGE

¿Qué edad tiene el niño [CAWI: IF CM1>1, DISPLAY: “más joven”] que vive con usted?

*Si tiene menos de 1 año, ingrese 0 años*

\_\_\_\_ edad en años

### CM1\_1SEX

¿Cuál es el sexo del niño [CAWI: IF CM1>1, DISPLAY: “más joven”] que vive con usted?

- 01 Hombre
- 02 Mujer

### CM1\_1HEALTH

En general, ¿diría que la salud e su niño es...?

- 01 Excelente
- 02 Muy buena
- 03 Buena
- 04 Regular
- 05 Mala

CAWI: IF CM1>1, GO TO CMROSTER\_2. ELSE GO TO K14

### CMROSTER\_2

¿Tiene otro hijo?

- 01 Sí
- 02 No

CAWI: IF CMROSTER\_2=1, DISPLAY CM1\_1AGE AND CM1\_1SEX. ELSE GO TO K14.

### CM1\_2AGE

¿Qué edad tiene el siguiente niño más joven que vive con usted?

*Si tiene menos de 1 año, ingrese 0 años*

\_\_\_\_ edad en años

### CM1\_2SEX

¿Cuál es el sexo del siguiente niño más joven que vive con usted?

- 01 Hombre
- 02 Mujer

### CM1\_2HEALTH

**En general, ¿diría que la salud e su niño es...?**

- 01 Excelente
- 02 Muy buena
- 03 Buena
- 04 Regular
- 05 Mala

CAWI: REPEAT CMROSTER\_X, CM1\_XAGE AND CM1\_XSEX FOR REMAINING CHILDREN [MAXIMUM 5 CHILDREN TOTAL]

### K14

**¿Cuál es su ingreso familiar combinado anual?**

*Por ingreso familiar nos referimos al ingreso combinado de todos los que viven en la vivienda, incluidos los compañeros de casa "roommates" o aquellos que reciben un ingreso por discapacidad.*

*Sus respuestas son privadas y confidenciales y no pueden usarse para afectar sus beneficios.*

CAWI: SEVEN DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 9,999,999.

\$ \_\_\_\_\_

**SECCIÓN N: ¡GRACIAS!**

### Q111

**Seleccione cómo desea recibir sus [\$20/\$30] dólares.**

CAWI: THE INCENTIVE AMOUNT WILL CHANGE FROM \$10 TO \$30 ON MM/DD/YYYY

- 01 Tarjeta electrónica de regalo enviada por correo electrónico
- 02 Cheque enviado por correspondencia

### Q112

**¿Podemos comunicarnos con usted en caso de que tengamos más preguntas sobre el coronavirus o COVID-19?**

- 01 Sí
- 02 No

### Q113



**Proporcione su información de contacto.**

CAWI: IF Q112=01 THEN DISPLAY ON SAME SCREEN Q113EMAILINTRO, Q113NAMEINTRO, Q113PHONEINTRO, Q113NAME, Q113EMAIL, AND Q113PHONE. THEN GO TO THANKS.

CAWI: IF Q112=02 OR MISSING AND Q111=MISSING THEN GO TO THANKS.

CAWI: IF Q112=02 OR MISSING AND Q111=01 THEN DISPLAY ON SAME SCREEN Q113EMAILINTRO AND Q113EMAIL. THEN GO TO THANKS.

CAWI: IF Q112=02 OR MISSING AND Q111=02 THEN DISPLAY ON SAME SCREEN Q113NAMEINTRO AND Q113NAME. THEN GO TO THANKS.

**Q113EMAILINTRO**

*Se requiere una dirección de correo electrónico para enviar la tarjeta electrónica de regalo y/o para comunicarnos de nuevo con usted en caso de que tengamos preguntas sobre el COVID-19.*

**Q113NAMEINTRO**

*Se requiere un nombre para enviar el cheque y/o para comunicarnos de nuevo con usted en caso de que tengamos preguntas sobre el COVID-19.*

**Q113NAME**

Nombre \_\_\_\_\_  
Apellido \_\_\_\_\_

**Q113EMAIL**

Correo electrónico \_\_\_\_\_ CAWI: COLLECT EMAIL ADDRESS. ADD PROMPT TO VALIDATE EMAIL IF FORMAT IS INVALID.

**Q113PHONEINTRO**

*Toda la información es necesaria para comunicarnos de nuevo con usted en caso de que tengamos preguntas sobre el COVID-19.*

**Q113PHONE**

*Ingrese su número de teléfono de diez dígitos.*

Teléfono \_\_\_\_\_ CAWI: COLLECT PHONE NUMBER. ADD PROMPT TO VALIDATE PHONE NUMBER IF FORMAT IS INVALID.

**GRACIAS**

**Haga clic en el botón que dice ENVIAR a continuación para enviar sus respuestas. ¡Gracias por completar esta encuesta!**

**Appendix C: 2020 Healthy Chicago Survey PAPI—English**

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# Healthy Chicago Survey



## INTRODUCTION

Thank you for completing this survey! It is being conducted on behalf of the Chicago Department of Public Health (CDPH). Information you provide will help CDPH learn about the health of people in your neighborhood and how to make things better. For example, your information will help CDPH create programs to reduce smoking, improve access to health services, and ensure all Chicagoans can get healthy food.

Completing this survey takes about 20 minutes, and any information you provide will be confidential. Participation is voluntary.

If you have any questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at 1-866-784-7723 or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

We'll ask questions about your health and things that can influence your health, like your neighborhood and whether you have access to health services.

## INSTRUCTIONS

- This survey should be completed by the adult (must be 18 years of age or older) in the household who will have the next birthday. This helps to ensure a representative study of Chicago residents.
- Answer all of the questions by completely filling in the circle to the left of your answer, like this:
  - Yes
  - No
- You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you which question to answer next, like this:

12. Has a doctor, nurse, or other health professional ever told you that you had...asthma?

- Yes  
 No → Go to #13

12a. Do you still have asthma?

- Yes  
 No

In this example, if you answer “Yes” to Question 12, you should continue to Question 12a.

If you answer “No” to Question 12, you should continue to Question 13.

- Use a black or blue pen, if available.



**START HERE**



## GENERAL HEALTH

**1. Would you say that in general your health is...?**

- Excellent
- Very good
- Good
- Fair
- Poor

**2. Do you have at least one person you think of as your personal doctor or health care provider?**

- Yes
- No

**3. A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor or health care provider for a routine checkup?**

- Within the past year
- One or more years ago
- Never

**4. In general, how satisfied are you with the health care you received in the past 12 months?**

- Very satisfied
- Somewhat satisfied
- Not at all satisfied
- I did not receive any health care in the past 12 months

**5. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?**

- 6 months or less
- More than 6 months, but not more than one year ago
- More than one year ago
- Never

**6. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Services?**

- Yes
- No → *Go to #7*

**6a. What is the primary source of your health care coverage?**

- A plan purchased through an employer or union (includes plans purchased through another person's employer)
- A plan that you or another family member buys on your own
- Medicare
- Medicaid or other state program
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- Some other source

**6b. In the past 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?**

- Never
- Sometimes
- Usually
- Always
- I didn't need care, tests, or treatment in the past 12 months

## CHRONIC HEALTH CONDITIONS

The next questions ask whether a doctor, nurse, or other health professional ever told you that you had any of the following health conditions.

By “other health professional”, we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

7. Has a doctor, nurse, or other health professional ever told you that you had...high blood pressure?

- Yes
- Yes, but only while I was pregnant
- No

8. Has a doctor, nurse, or other health professional ever told you that you had...high cholesterol?

- Yes
- No

9. Has a doctor, nurse, or other health professional ever told you that you had...angina or coronary heart disease?

- Yes
- No

10. Has a doctor, nurse, or other health professional ever told you that you had...diabetes?

- Yes
- Yes, but only while I was pregnant
- No

11. Has a doctor, nurse, or other health professional ever told you that you had...chronic obstructive pulmonary disease, COPD, emphysema, or chronic bronchitis?

- Yes
- No

12. Has a doctor, nurse, or other health professional ever told you that you had...asthma?

- Yes
- No → Go to #13

12a. Do you still have asthma?

- Yes
- No

## TOBACCO USE

13. Have you smoked at least 100 cigarettes (approximately 5 packs) in your entire life?

- Yes
- No → Go to #14

13a. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days } Go to #13c
- Not at all → Go to #13b

13b. How long has it been since you last smoked a cigarette, even one or two puffs?

- Less than 1 year ago
  - More than 1 year but less than 5 years ago
  - More than 5 years but less than 10 years ago
  - 10 years or more
  - Never smoked regularly
- } Go to #14

## CANNABIS USE

The next questions are about marijuana or cannabis, which became legal in Illinois on January 1, 2020. These questions do not refer to CBD or other non-THC products. Your answers are strictly confidential.

**13c. Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes?**

- All of the time
- Most of the time
- Some of the time
- None of the time

**13d. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

- Yes
- No

**14. Have you ever tried an e-cigarette or vaped, even one or two puffs? This would include products like JUUL, Blu, and NJOY.**

*Do not include using electronic vaping products with marijuana or cannabis.*

- Yes
- No → **Go to #15**

**14a. How often do you use e-cigarettes or vape now?**

- Every day
- Some days
- Not at all

**15. Have you ever, even once, tried marijuana or cannabis?**

- Yes
- No → **Go to #16**

**15a. Have you used marijuana or cannabis during the past 30 days?**

- Yes
- No → **Go to #16**

**15b. During the past 30 days, on how many days did you use marijuana or cannabis?**

Days

**15c. On days that you used marijuana, how many times per day did you use on average?**

Times per day

**15d. When you used marijuana or cannabis during the past 30 days, was it usually for...?**

- Medical reasons (like to treat or decrease symptoms or health conditions)
- Non-medical reasons (like to have fun or fit in)
- Both medical and non-medical reasons

**15e. During the past 30 days, how did you use marijuana? Did you ...?**

Select Yes or No for each statement.

	Yes	No
Smoke it (like in a joint, bong, pipe or blunt)	<input type="radio"/>	<input type="radio"/>
Eat it (like in brownies, cakes, cookies or candy)	<input type="radio"/>	<input type="radio"/>
Drink it (like in tea, cola or alcohol)	<input type="radio"/>	<input type="radio"/>
Vape it (like in an e-cigarette-like vaporizer)	<input type="radio"/>	<input type="radio"/>
Dab it (like using butane hash oil, wax or concentrates)	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

**DIET & PHYSICAL ACTIVITY**

**16. How many total servings of fruit did you eat yesterday?**

A serving would equal one medium apple or a handful of grapes. Please think about all forms of fruits including cooked or raw, fresh, frozen, or canned.

Please think about all meals, snacks, and food consumed at home and away from home. If none, enter 00.

Servings

**17. How many total servings of vegetables did you eat yesterday?**

A serving would equal a handful of broccoli or a cup of carrots. Please think about all forms of vegetables including cooked or raw, fresh, frozen, or canned.

Please think about all meals, snacks, and food consumed at home and away from home. If none, enter 00.

Servings

**18. How easy or difficult is it for you to get fresh produce (fruits and vegetables)?**

- Very difficult
- Somewhat difficult
- Somewhat easy
- Very easy


**19. How true is the following statement: "In the past 12 months, we worried whether our food would run out before we got money to buy more."**

- Often true
- Sometimes true
- Never true



**20. During the past 30 days, how many regular soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch, or other fruit-flavored drinks have you had?**

*Do not include diet soda, sugar free drinks, or 100% juice. If none, enter 00.*

Drinks 

**Select the period of time (per day/week/month):**

- Drinks per day
- Drinks per week
- Drinks per month

**21. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, dance, playing basketball, taking an exercise class, gardening, or walking for exercise?**

- Yes
- No

**22. In the past 12 months, how often did you or someone in your household use the parks, playgrounds, and sport fields in your neighborhood?**

- Once a week or more
- Several times a month
- At least once a month
- A few times a year
- Never

**23. In the past 12 months, how often have you ridden a bicycle in Chicago?**

- Once a week or more
- Several times a month
- At least once a month
- A few times a year
- Never
- I am not physically able to ride a bike

**24. During the past 7 days, did you ever walk or use a wheelchair to get to and from places such as work, shopping, or other activities?**

- Yes
- No
- I am not physically able to walk or use a wheelchair

**25. About how tall are you without shoes?**

 Feet  Inches

**26. About how much do you weigh without shoes?**

*If you are currently pregnant, how much did you weigh before your pregnancy?*

 Pounds

## ALCOHOL & PRESCRIPTION DRUGS

27. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. If none, enter 00.

Days

- 28a. **[FOR MEN ONLY]** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. If none, enter 00.

Times

- 28b. **[FOR WOMEN ONLY]** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on one occasion?

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. If none, enter 00.

Times

The next few questions are about medications that require a prescription. Do not include 'over the counter' medications such as aspirin, Tylenol, or Advil which can be bought in drug stores without a doctor's prescription. Your answers are strictly confidential.

29. In the past 12 months, have you ever taken a prescription pain reliever such as oxycodone or hydrocodone that was prescribed to you?

Yes  
 No → Go to #30

- 29a. When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.

Yes  
 No

30. In the past 12 months, have you ever, even once, taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

Yes  
 No

## CANCER SCREENING

**31. What is your gender?**

Male → **Go to #35**

Female

Prefer to self-describe

**32. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

Yes

No → **Go to #33**

**32a. How long has it been since you had your last mammogram?**

Less than 12 months ago

At least 1 year ago but less than 2 years ago

At least 2 years ago but less than 3 years ago

At least 3 years ago but less than 5 years ago

5 or more years ago

**33. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?**

Yes

No → **Go to #34**

**33a. How long has it been since your last Pap test?**

Less than 12 months ago

At least 1 year ago but less than 2 years ago

At least 2 years ago but less than 3 years ago

At least 3 years ago but less than 5 years ago

5 or more years ago

**34. Have you had a hysterectomy?**

Yes

No

**35. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?**

Yes

No → **Go to #36**

**35a. How long has it been since you had your last blood stool test using a home kit?**

Less than 12 months ago

At least 1 year ago but less than 2 years ago

At least 2 years ago but less than 3 years ago

At least 3 years ago but less than 5 years ago

5 or more years ago

## MENTAL HEALTH

- 36. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.**

*For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems.*

*A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.*

**Have you ever had either of these exams?**

- Yes  
 No → **Go to #37**

- 36a. Was your most recent exam a sigmoidoscopy or a colonoscopy?**

- Sigmoidoscopy  
 Colonoscopy

- 36b. How long has it been since you had your last sigmoidoscopy or colonoscopy?**

- Less than 12 months ago  
 At least 1 year ago but less than 2 years ago  
 At least 2 years ago but less than 3 years ago  
 At least 3 years ago but less than 5 years ago  
 5 or more years ago

**During the past 30 days, how often did you feel...**

- 37. ...nervous?**

- All of the time  
 Most of the time  
 Some of the time  
 A little of the time  
 None of the time

- 38. ...hopeless?**

- All of the time  
 Most of the time  
 Some of the time  
 A little of the time  
 None of the time

- 39. ...restless or fidgety?**

- All of the time  
 Most of the time  
 Some of the time  
 A little of the time  
 None of the time

- 40. ...so depressed that nothing could cheer you up?**

- All of the time  
 Most of the time  
 Some of the time  
 A little of the time  
 None of the time

During the past 30 days, how often did you feel...

41. ...**everything was an effort**?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

42. ...**worthless**?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

43. **How often do you feel lonely?**

- Almost always
- Often
- Sometimes
- Hardly ever
- Never

44. **Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?**

- Yes
- No

45. **During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?**

- Yes
- No → **Go to #46**

45a. **Was the following a reason why you did not get the mental health treatment or counseling you needed?**

Select Yes or No for each statement.

	Yes	No
You couldn't afford the cost	<input type="radio"/>	<input type="radio"/>
You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you	<input type="radio"/>	<input type="radio"/>
You were concerned that getting mental health treatment or counseling might have a negative effect on your job	<input type="radio"/>	<input type="radio"/>
Your health insurance does not cover any mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>
Your health insurance does not pay enough for mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>
You did not know where to go to get services	<input type="radio"/>	<input type="radio"/>
You were concerned that the information you gave the counselor might not be kept confidential	<input type="radio"/>	<input type="radio"/>
You were concerned that you might be committed to a psychiatric hospital or might have to take medicine	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>

46. On average, how many hours of sleep do you get in a 24-hour period?

Hours      Minutes

## FINANCIAL SECURITY

47. How often in the past 12 months would you say you were worried or stressed about having enough money to pay rent or mortgage?

- Always
- Usually
- Sometimes
- Never

48. In the past 12 months, how often did you put off paying for food to pay for housing?

- Often
- Sometimes
- Rarely
- Never

49. In the past 12 months, how often did you put off paying for food to pay your utility bill?

- Often
- Sometimes
- Rarely
- Never

50. In the past 12 months, how often did you put off paying for food to pay for medicine or health care?

- Often
- Sometimes
- Rarely
- Never

51. In the past 12 months, how often did you put off paying for food to pay for gas or transportation?

- Often
- Sometimes
- Rarely
- Never

52. Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you...?

Select Yes or No for each statement.

	Yes	No
Put it on your credit card and pay it off in full at the next statement	<input type="radio"/>	<input type="radio"/>
Put it on your credit card and pay it off over time	<input type="radio"/>	<input type="radio"/>
Pay with the money currently in your checking/savings account or with cash	<input type="radio"/>	<input type="radio"/>
Use money from a bank loan or line of credit	<input type="radio"/>	<input type="radio"/>
Borrow from a friend or family member	<input type="radio"/>	<input type="radio"/>
Use a payday loan, deposit advance or overdraft	<input type="radio"/>	<input type="radio"/>
Sell something	<input type="radio"/>	<input type="radio"/>
Not be able to pay for the expense right now	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

53. Do you or anyone in your household currently have a checking or savings account?

- Yes
- No

## YOUR NEIGHBORHOOD

**54. How long have you lived in your neighborhood?**

- Less than one year
- At least 1 year, but less than 5 years
- At least 5 years, but less than 10 years
- At least 10 years, but less than 20 years
- 20 years or longer

**55. People move for many different reasons. Thinking of your most recent move, did you move...?**

Select Yes or No for each statement.

	Yes	No
To be closer to work or school	<input type="radio"/>	<input type="radio"/>
To be closer to family or friends	<input type="radio"/>	<input type="radio"/>
For better quality neighborhood or schools	<input type="radio"/>	<input type="radio"/>
Because you received an eviction notice	<input type="radio"/>	<input type="radio"/>
Because your previous home or apartment was foreclosed	<input type="radio"/>	<input type="radio"/>
Your rent increased at previous home or apartment	<input type="radio"/>	<input type="radio"/>
Your landlord would not fix things at previous home or apartment	<input type="radio"/>	<input type="radio"/>
To save money	<input type="radio"/>	<input type="radio"/>
To relocate to a new city	<input type="radio"/>	<input type="radio"/>
Because your family status changed (e.g. marriage, divorce, children, adult child moved out)	<input type="radio"/>	<input type="radio"/>
For a better quality or larger home	<input type="radio"/>	<input type="radio"/>
Because you bought a home	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%; height: 20px;" type="text"/>		

Thinking about your current neighborhood, to what extent do you agree or disagree with the following statements:

**56. The sidewalks in my neighborhood are well-maintained (paved, even and not a lot of cracks).**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**57. It is easy to walk, scoot, or roll to a transit stop (bus, train) from my home.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**58. My neighborhood is generally free from litter.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**59. There are many interesting things to look at while walking, scooting, or rolling in my neighborhood.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**60. Do you feel safe in your neighborhood?**

- Yes, all of the time
- Yes, most of the time
- Sometimes
- No, mostly not

**61. In your neighborhood, how often does violence occur?**

- Every day
- At least every week
- At least every month
- Every few months
- Once a year or so
- Not at all

**62. Since age 18, have you ever been arrested, booked, or charged for breaking the law?**

- Yes
- No

**63. Would you say that you really feel part of your neighborhood?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**64. About how many people in your neighborhood do you know well enough to ask for help if you needed it? If none, enter 00.**

People

**65. Would you say that you regularly stop and talk with people in your neighborhood?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**66. To what extent do you feel like you and your neighbors have the ability to impact your community?**

- A great extent
- Somewhat
- A little
- Not at all

**67. To what extent do you trust local government to do what's right for your community?**

- A great extent
- Somewhat
- A little
- Not at all

**68. To what extent do you trust your law enforcement agency?**

- A great extent
- Somewhat
- A little
- Not at all



69. Thinking about the past 12 months, have you done any of the following...?

Select Yes or No for each statement.

	Yes	No
Attended a neighborhood meeting about a local issue	<input type="radio"/>	<input type="radio"/>
Voted in the last election	<input type="radio"/>	<input type="radio"/>
Visited a museum	<input type="radio"/>	<input type="radio"/>
Visited a Chicago Public Library location	<input type="radio"/>	<input type="radio"/>
Attended a community event, block party, parade or festival	<input type="radio"/>	<input type="radio"/>
Participated in art or cultural activities	<input type="radio"/>	<input type="radio"/>

## CHILDREN AND TEENS

How big of a problem do you feel the following issues are for children and teens across the city of Chicago?

70. ...alcohol abuse by youth?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

71. ...childhood asthma?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

72. ...child abuse and neglect?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

73. ...depression among children and teens?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

74. ...drug abuse by youth?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

75. ...infant mortality?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

76. ...injuries from accidents among children and teens?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

77. ...childhood obesity?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

How big of a problem do you feel the following issues are for children and teens across the city of Chicago?

78. ...parent's health problems affecting their children?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

79. ...smoking and tobacco use by youth, including vaping or using e-cigarettes?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

80. ...stress among children and teens?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

81. ...suicide among children and teens?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

82. ...teen pregnancy?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

83. ...bullying, including cyberbullying?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

84. ...discrimination and racism?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

85. ...gun-related violence in neighborhoods?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

86. ...hunger?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

87. ...lack of adult supervision and involvement for children and teens?

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

**How big of a problem do you feel the following issues are for children and teens across the city of Chicago?**

**88. ...not enough job opportunities for parents?**

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

**89. ...not enough job opportunities for teens and young adults?**

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

**90. ...poverty?**

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

**91. ...social media?**

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

**92. ...unsafe housing?**

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

**93. ...violence in schools?**

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

**94. ...worse health for children of color than for white children, also known as racial inequalities?**

- A big problem
- Somewhat of a problem
- Not a problem
- Don't know/not sure

**CORONAVIRUS & COVID-19**

**95. Have you or someone in your household experienced any of the following because of coronavirus or COVID-19...?**

*Select Yes or No for each statement.*

	Yes	No
Having to spend at least one night in a hospital or quarantine facility	<input type="radio"/>	<input type="radio"/>
Not being able to get the food you needed	<input type="radio"/>	<input type="radio"/>
A loss of social connection	<input type="radio"/>	<input type="radio"/>
Being unable to pay your rent, mortgage or bills on time	<input type="radio"/>	<input type="radio"/>
Having worsened mental health or emotional problems	<input type="radio"/>	<input type="radio"/>
Cancelling or postponing surgery or other medical care	<input type="radio"/>	<input type="radio"/>
Grief from losing someone who died from COVID-19	<input type="radio"/>	<input type="radio"/>

## ABOUT YOU

**96. Have you or someone in your household been let go, had work hours reduced, or had a reduction in pay because of coronavirus or COVID-19?**

- Yes  
 No → **Go to #97**

**96a. To what extent was this because you or someone in your household had to take on increased childcare responsibilities?**

- A great extent  
 Somewhat  
 A little  
 Not at all

**97. A new vaccine against coronavirus or COVID-19 may be available in the future. How likely would you be to get vaccinated against coronavirus or COVID-19, if a vaccine were available?**

- Very likely  
 Somewhat likely  
 Not likely  
 I'm not sure

**98. What is your age?**

- 18-24  
 25-29  
 30-44  
 45-64  
 65 or older

**99. What racial or ethnic group do you consider yourself to be?**

**100. Are you Hispanic or Latino/a, or of Spanish origin?**

- Yes  
 No → **Go to #101**

**100a. Would you say you are...?**

*Select Yes or No for each option.*

	Yes	No
Mexican, Mexican-American, or Chicano/a	<input type="radio"/>	<input type="radio"/>
Puerto Rican	<input type="radio"/>	<input type="radio"/>
Cuban	<input type="radio"/>	<input type="radio"/>
Another Hispanic, Latino/a, or Spanish origin	<input type="radio"/>	<input type="radio"/>

**101. Which one or more of the following would you say is your race?**

- White → **Go to #102**
- Black or African American → **Go to #102**
- American Indian or Alaska Native → **Go to #102**
- Asian
- Native Hawaiian or Pacific Islander → **Go to #102**
- Some other race → **Go to #102**



**101a. Would you say you are...?**

Select Yes or No for each option.

	Yes	No
Asian Indian	<input type="radio"/>	<input type="radio"/>
Chinese	<input type="radio"/>	<input type="radio"/>
Filipino	<input type="radio"/>	<input type="radio"/>
Japanese	<input type="radio"/>	<input type="radio"/>
Korean	<input type="radio"/>	<input type="radio"/>
Vietnamese	<input type="radio"/>	<input type="radio"/>
Another Asian origin	<input type="radio"/>	<input type="radio"/>

**102. Do you consider yourself to be...?**

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Prefer to self-describe

**103. Do you consider yourself to be transgender?**

*Transgender is when a person thinks of themselves as a different gender than what they were assigned at birth, such as a person born female who now considers themselves to be male.*

- Yes
- No

**104. Are you...?**

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple
- A member of a civil union

**105. What is the highest grade or year of school you completed?**

- Less than high school graduation
- High school graduation (Grade 12 or GED)
- Some college or technical school
- Associate degree
- Bachelor's degree
- Graduate or professional degree

**106. Are you currently...?**

- Employed for wages
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A Homemaker
- A Student
- Retired
- Unable to work



**Go to #107**

**106a. Do you have more than one job?**

*This means more than one employer, not just multiple job sites.*

- Yes
- No

**107. Do you own or rent your home?**

- Own
- Rent
- Some other arrangement

**108. How many people, including yourself, live in this household?**

Count people who spend a majority of their time living in this household. Enter a number for each category. If none, enter 00.

- |   |                                  |
|---|----------------------------------|
| <input type="text"/> <input type="text"/> | Adults, 18 years of age or older |
| <input type="text"/> <input type="text"/> | Children, 11-17 years old        |
| <input type="text"/> <input type="text"/> | Children, 6-10 years old         |
| <input type="text"/> <input type="text"/> | Children, 1-5 years old          |
| <input type="text"/> <input type="text"/> | Children, less than 1 year old   |

**109. [ONLY IF #108 INCLUDES CHILDREN]: For how many of these children are you the parent, step-parent, foster parent, or guardian?**  
Enter a number for each category. If none, enter 00.

- |   |                                |
|---|--------------------------------|
| <input type="text"/> <input type="text"/> | Children, 11-17 years old      |
| <input type="text"/> <input type="text"/> | Children, 6-10 years old       |
| <input type="text"/> <input type="text"/> | Children, 1-5 years old        |
| <input type="text"/> <input type="text"/> | Children, less than 1 year old |

**110. What is your annual combined household income?**

By household income, we mean the combined income from everyone living in the household including roommates or those on disability income.

Your answer is private and confidential and cannot be used to affect your benefits.

\$  ,  .

**THANK YOU!**

**111. Please select how you would like to receive your \$10.**

- Electronic gift card sent by email
- Check sent by mail

**112. May we contact you if we have more questions about coronavirus or COVID-19?**

- Yes
- No

**113. Please provide your contact information.**

An email is needed to send an electronic gift card. A name is needed to send a check. All are needed to recontact you with questions about COVID-19.

First Name:

Last Name:

Email:

Phone:

Please return this questionnaire in the envelope provided or to:

Healthy Chicago Survey  
c/o RTI International  
0217366.000.005  
PO Box 25735  
Chicago, IL 60625

You will receive your \$10 in three to four weeks.

**Appendix D: 2020 Healthy Chicago Survey PAPI—Spanish**

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# Healthy Chicago Survey





## INTRODUCCIÓN

¡Gracias por llenar esta encuesta! Se lleva a cabo en nombre del Departamento de Salud Pública de Chicago (CDPH, por sus siglas en inglés). La información que proporcione ayudará a esta entidad a conocer la salud de las personas en su vecindario y cómo mejorar las cosas. Por ejemplo, su información ayudará al Departamento de Salud Pública de Chicago a crear programas para reducir el tabaquismo, mejorar el acceso a los servicios médicos y asegurar que las personas que viven en Chicago puedan obtener alimentos saludables.

Llenar esta encuesta toma cerca de 20 minutos y cualquier información que proporcione será confidencial. La participación es voluntaria.

Si tiene preguntas o inquietudes sobre esta encuesta, visite el sitio web [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), llámenos gratis al 1-866-784-7723 o envíenos un mensaje de correo electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Haremos preguntas sobre su salud y las cosas que pueden afectar su salud, tales como su vecindario y si tiene o no acceso a servicios médicos.

## INSTRUCCIONES

➤ Esta encuesta debe llenarla el adulto (debe ser mayor de 18 años de edad) en el hogar que tenga el próximo cumpleaños. De esta manera, se ayuda a asegurar un estudio representativo de las personas que viven en Chicago.

➤ Responda todas las preguntas llenando por completo el círculo que se encuentra a la izquierda de la respuesta, de esta forma:

- Sí  
 No

➤ En algunas ocasiones, tendrá la indicación de omitir algunas preguntas de esta encuesta. Cuando suceda, verá una flecha con una nota señalándole a cuál pregunta deberá pasar a continuación, de esta forma:

12. ¿Un médico, enfermero o profesional de salud <u>alguna vez</u> le dijo que tenía... <u>asma</u> ?
<input checked="" type="radio"/> Sí
<input type="radio"/> No → Pase al n° 13
12a. ¿Aún tiene asma?
<input type="radio"/> Sí
<input type="radio"/> No

En este ejemplo, si responde “Sí” a la pregunta 12, debe continuar con la pregunta 12a.

Si responde “No” a la pregunta 12, debe continuar con la pregunta 13.

➤ Use un bolígrafo de tinta negra o azul, si está disponible.



**COMIENCE AQUÍ**



## SALUD GENERAL

1. **¿Diría que, en general, su salud es...?**

- Excelente
- Muy buena
- Buena
- Regular
- Mala

2. **¿Tiene al menos una persona a la que considera su médico personal o proveedor de atención médica?**

- Sí
- No

3. **Un chequeo de rutina es un examen físico general, no el examen de una lesión, enfermedad o condición específica. Aproximadamente, ¿cuánto tiempo ha pasado desde la última vez que visitó a su médico o proveedor de atención médica para un chequeo de rutina?**

- En los últimos 12 meses
- Uno o más años
- Nunca

4. **En general, ¿cuál es su nivel de satisfacción con la atención médica que recibió en los últimos 12 meses?**

- Muy satisfecho
- Un poco satisfecho
- Insatisfecho
- No recibí atención médica en los últimos 12 meses

5. **¿Cuánto tiempo ha pasado desde la última vez que un dentista o higienista dental limpió sus dientes?**

- 6 meses o menos
- Más de 6 meses, pero no hace más de un año
- Hace más de un año
- Nunca

6. **¿Tiene algún tipo de cobertura de atención médica, incluyendo seguro de salud, planes prepagados, como Organizaciones para el Mantenimiento de la Salud (HMO), planes gubernamentales como Medicare o servicios de salud indígena?**

- Sí
- No → *Pase al n° 7*

6a. **¿Cuál es la principal fuente de su cobertura de atención médica?**

- Un plan adquirido a través de un empleador o sindicato (incluye planes adquiridos a través del empleador de otra persona)
- Un plan que usted u otro miembro de la familia compra por su propia cuenta
- Medicare
- Medicaid u otro programa estatal
- TRICARE (antes CHAMPUS), Asuntos de Veteranos (Veteran Affairs, VA) o militar
- Nativo de Alaska, servicio médico indígena, servicios médicos tribales
- Alguna otra fuente

6b. **En los últimos 12 meses, ¿con qué frecuencia fue fácil obtener atención, realizarse pruebas o tratamientos que pensó que necesitaba a través de su plan de salud?**

- Nunca
- Algunas veces
- Por lo general
- Siempre
- No necesité atención, pruebas ni tratamientos en los últimos 12 meses

## CONDICIONES CRÓNICAS DE SALUD

Las siguientes preguntas son acerca de si un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía alguna de las siguientes condiciones médicas.

Por "otro profesional de salud", nos referimos a un profesional de enfermería, asistente médico o algún otro profesional médico licenciado.

7. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... presión arterial alta?
- Sí  
 Sí, pero solo cuando estaba embarazada  
 No
8. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... colesterol alto?
- Sí  
 No
9. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... angina de pecho o enfermedad coronaria?
- Sí  
 No
10. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... diabetes?
- Sí  
 Sí, pero solo cuando estaba embarazada  
 No

11. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... una enfermedad pulmonar obstructiva crónica (COPD, por sus siglas en inglés), enfisema o bronquitis crónica?

- Sí  
 No

12. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía... asma?

- Sí  
 No → Pase al n° 13

- 12a. ¿Aún tiene asma?

- Sí  
 No

## USO DE TABACO

13. ¿Ha fumado al menos 100 cigarrillos (aproximadamente 5 cajetillas) durante toda su vida?

- Sí  
 No → Pase al n° 14

- 13a. ¿Actualmente fuma cigarrillos todos los días, algunas veces o no fuma?

- Todos los días  
 Algunas veces → Pase al n° 13c  
 No fumo → Pase al n° 13b

- 13b. ¿Cuánto tiempo ha pasado desde la última vez que fumó un cigarrillo, incluso una o dos fumadas?

- Hace menos de un año  
 Hace más 1 año, pero menos de 5 años  
 Hace más de 5 años, pero menos de 10 años  
 10 años o más  
 Nunca fumé con regularidad
- Pase al n° 14

**13c. Actualmente, cuando fuma cigarrillos, ¿con qué frecuencia fuma cigarrillos mentolados?**

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Nunca

**13d. Durante los últimos 12 meses, ¿dejó de fumar por un día o más porque estaba intentando dejar el cigarrillo?**

- Sí
- No

**14. ¿Alguna vez intentó fumar cigarrillos electrónicos o vapeó, incluso una o dos fumadas? Eso incluiría productos como JUUL, Blu y NJOY.**

*No incluya usar productos de vapeo electrónico con marihuana ni cannabis.*

- Sí
- No → Pase al n°15

**14a. ¿Con qué frecuencia usa cigarrillos electrónicos o vapea ahora?**

- Todos los días
- Algunas veces
- No lo hago

## CONSUMO DE CANNABIS

*Las siguientes preguntas se tratan sobre la marihuana o cannabis, cuyo uso es legal en Illinois a partir del 1 de enero de 2020. Estas preguntas no se refieren al cannabidiol (CBD) ni otros productos sin tetrahidrocannabinol (THC). Sus respuestas son estrictamente confidenciales.*

**15. ¿Alguna vez ha probado la marihuana o cannabis, aunque sea una vez?**

- Sí
- No → Pase al n°16

**15a. ¿Ha usado marihuana o cannabis durante los últimos 30 días?**

- Sí
- No → Pase al n°16

**15b. Durante los últimos 30 días, ¿cuántos días ha consumido marihuana o cannabis?**

Días

**15c. En los días en que consumió marihuana, ¿cuántas veces al día la consumió en promedio?**

Veces al día

**15d. Cuando consumió marihuana o cannabis durante los últimos 30 días, ¿por lo general era por...?**

- Razones médicas (como tratar o reducir síntomas o condiciones médicas)
- Razones no médicas (como para divertirse o integrarse)
- Tanto por razones médicas como no médicas

**15e. Durante los últimos 30 días, ¿cómo consumió marihuana o cannabis? ¿Usted...?**

Seleccione Sí o No por cada declaración.

	Sí	No
La fumó (en un porro, cachimba, pipa o canuto)	<input type="radio"/>	<input type="radio"/>
La comió (en brownies, pasteles, galletas o caramelos)	<input type="radio"/>	<input type="radio"/>
La bebió (en té, cola o alcohol)	<input type="radio"/>	<input type="radio"/>
La vapeó (en un vaporizador parecido a un cigarrillo electrónico)	<input type="radio"/>	<input type="radio"/>
La untó (usando hachís de aceite butano, cera o concentrados)	<input type="radio"/>	<input type="radio"/>
Otro (especifique):	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

## DIETA Y ACTIVIDAD FÍSICA

**16. ¿Cuántas porciones totales de fruta comió ayer?**

*Una porción sería igual a media manzana o un puñado de uvas. Piense en todas las formas de frutas, como cocidas o crudas, frescas, congeladas o enlatadas.*

*Piense en todas las comidas, meriendas y alimentos consumidos en casa y fuera de ella. Si no las comió, ingrese 00.*

Porciones

**17. ¿Cuántas porciones totales de vegetales comió ayer?**

*Una porción sería igual a un puñado de brócoli o una taza de zanahorias. Piense en todas las formas de vegetales, incluyendo cocidos o crudos, frescos, congelados o enlatados.*

*Piense en todas las comidas, meriendas y alimentos consumidos en casa y fuera de ella. Si no los comió, ingrese 00.*

Porciones

**18. ¿Qué tan fácil o difícil es para usted obtener productos frescos (frutas o vegetales)?**

- Muy difícil
- Un poco difícil
- Un poco fácil
- Muy fácil

**19. ¿Qué tan cierta es la siguiente declaración?: “En los últimos 12 meses, estuvimos preocupados por si nuestra comida se acababa antes de tener dinero para comprar más.”**

- Con frecuencia cierta
- Algunas veces cierta
- No es cierta

20. Durante los últimos 30 días, ¿cuántos refrescos regulares o gaseosas u otras bebidas endulzadas, como té helado endulzado, bebidas deportivas, ponche de frutas u otras bebidas con sabor a frutas ha tomado?

*No incluya refrescos dietéticos, bebidas sin azúcar ni jugos con 100% pulpa de fruta. Si no las tomó, ingrese 00.*

Bebidas



Seleccione el periodo de tiempo (al día/a la semana/al mes):

- Bebidas al día
- Bebidas a la semana
- Bebidas al mes

21. Durante los últimos 30 días, aparte de su trabajo regular, ¿participó en cualquier actividad física o ejercicio, como correr, bailar, jugar baloncesto, tomar clases de ejercicios, jardinería o caminar como ejercicio?

- Sí
- No

22. En los últimos 12 meses, ¿con qué frecuencia usted o alguien de su familia usó los parques, áreas de juego y campos deportivos de su vecindario?

- Una vez a la semana o más
- Varias veces al mes
- Al menos una vez al mes
- Algunas veces al año
- Nunca

23. En los últimos 12 meses, ¿con qué frecuencia ha montado bicicleta en Chicago?

- Una vez a la semana o más
- Varias veces al mes
- Al menos una vez al mes
- Algunas veces al año
- Nunca
- No estoy en condiciones físicas para montar bicicleta

24. Durante los últimos 7 días, ¿alguna vez caminó o usó una silla de ruedas para desplazarse ida y vuelta de lugares como el trabajo, ir de compras o para realizar otras actividades?

- Sí
- No
- No estoy en condiciones físicas para caminar o usar silla de ruedas

25. ¿Cuánto mide aproximadamente sin zapatos?

Pies  Pulgadas

26. ¿Cuánto pesa aproximadamente sin zapatos?

*Si actualmente está embarazada, ¿cuánto pesaba antes de su embarazo?*

Libras

## ALCOHOL Y MEDICAMENTOS RECETADOS

27. Durante los últimos 30 días, ¿cuántos días tomó al menos una bebida alcohólica de cualquier tipo?

Una bebida equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor. Una cerveza de 40 onzas contaría como 3 bebidas o un coctel con 2 tragos contaría como 2 bebidas. Si no las tomó, ingrese 00.

Días

- 28a. **[SOLO PARA HOMBRES]**  
Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces, durante los últimos 30 días, tomó 5 o más bebidas en una ocasión?

Una bebida equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor. Una cerveza de 40 onzas contaría como 3 bebidas o un coctel con 2 tragos contaría como 2 bebidas. Si no las tomó, ingrese 00.

Veces

- 28b. **[SOLO PARA MUJERES]**  
Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces, durante los últimos 30 días, tomó 4 o más bebidas en una ocasión?

Una bebida equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor. Una cerveza de 40 onzas contaría como 3 bebidas o un coctel con 2 tragos contaría como 2 bebidas. Si no las tomó, ingrese 00.

Veces

Las siguientes preguntas tratan sobre medicamentos que requieran una receta médica. No incluya medicamentos de “venta libre”, como aspirina, Tylenol o Advil, que pueden comprarse en farmacias sin una receta médica. Sus respuestas son estrictamente confidenciales.

29. En los últimos 12 meses, ¿alguna vez tomó un analgésico con receta médica, como oxicodona o hidrocodona, que le hubieran recetado?

Sí  
 No → Pase al n° 30

- 29a. Cuando tomó los analgésicos con receta médica en los últimos 12 meses, ¿alguna vez, incluso una vez, tomó más de lo indicado? Esto incluye tomar una dosis más alta o tomarla con mayor frecuencia a la indicada.

Sí  
 No

30. En los últimos 12 meses, ¿alguna vez, incluso una vez, tomó un analgésico con receta médica, como oxicodona o hidrocodona, que no le hubieran recetado?

Sí  
 No

## DETECCIÓN DE CÁNCER

31. ¿Cuál es su género?

- Hombre → *Pase al n° 35*  
 Mujer  
 Prefiere describirse a sí mismo

32. Una mamografía es un rayo X de cada seno para detectar el cáncer de seno. ¿Alguna vez le han hecho una mamografía?

- Sí  
 No → *Pase al n° 33*

32a. ¿Cuánto tiempo ha pasado desde la última vez que se realizó una mamografía?

- Menos de 12 meses  
 Al menos 1 año, pero menos de 2 años  
 Al menos 2 años, pero menos de 3 años  
 Al menos 3 años, pero menos de 5 años  
 5 años o más

33. Una prueba de Papanicolaou es un examen para detectar el cáncer cervical. ¿Alguna vez le han hecho una prueba de Papanicolaou?

- Sí  
 No → *Pase al n° 34*

33a. ¿Cuánto tiempo ha pasado desde la última vez que se realizó una prueba de Papanicolaou?

- Menos de 12 meses  
 Al menos 1 año, pero menos de 2 años  
 Al menos 2 años, pero menos de 3 años  
 Al menos 3 años, pero menos de 5 años  
 5 años o más

34. ¿Le han hecho una histerectomía?

- Sí  
 No

35. Un examen de detección de sangre en las heces puede hacerse en casa con un kit especial para determinar si las heces contienen sangre. ¿Alguna vez se ha hecho esta prueba usando un kit doméstico?

- Sí  
 No → *Pase al n° 36*

35a. ¿Cuánto tiempo ha pasado desde la última vez que se realizó un examen de detección de sangre en las heces con un kit doméstico?

- Menos de 12 meses  
 Al menos 1 año, pero menos de 2 años  
 Al menos 2 años, pero menos de 3 años  
 Al menos 3 años, pero menos de 5 años  
 5 años o más



## SALUD MENTAL

Durante los últimos 30 días, ¿con qué frecuencia se sintió...

### 37. ...nervioso?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

### 38. ...sin esperanzas?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

### 39. ...impaciente o inquieto?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

### 40. ...tan deprimido, que nada podía animarlo?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

36. La sigmoidoscopia y colonoscopia son exámenes en los cuales se inserta una sonda en el recto para ver el colon, en busca de señales de cáncer u otros problemas de salud.

*En el caso de una sigmoidoscopia, se inserta una sonda flexible en el recto para detectar problemas.*

*Una colonoscopia es similar, pero se usa una sonda más larga y, por lo general, a usted le administran un medicamento con una aguja en su brazo para sedarlo y le piden que tenga a una persona que pueda llevarlo a casa después de la prueba.*

¿Alguna vez le han hecho uno de estos exámenes?

- Sí
- No → Pase al n° 37

36a. ¿Fue su último examen una sigmoidoscopia o una colonoscopia?

- Sigmoidoscopia
- Colonoscopia

36b. ¿Cuánto tiempo ha pasado desde la última vez que se realizó una sigmoidoscopia o una colonoscopia?

- Menos de 12 meses
- Al menos 1 año, pero menos de 2 años
- Al menos 2 años, pero menos de 3 años
- Al menos 3 años, pero menos de 5 años
- 5 años o más

Durante los últimos 30 días, ¿con qué frecuencia se sintió...

41. ...que debía esforzarse para todo?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

42. ...inútil?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

43. **¿Con qué frecuencia se sintió solo?**

- Casi siempre
- Con frecuencia
- Algunas veces
- Casi nunca
- Nunca

44. **¿En estos momentos está tomando medicamentos o recibiendo tratamiento de parte de un médico u otro profesional de la salud por algún tipo de condición de salud mental o problema emocional?**

- Sí
- No

45. Durante los últimos 12 meses, ¿hubo algún momento en el que necesitó tratamiento de salud mental o asesoría, pero no la obtuvo?

- Sí
- No → *Pase al n° 46*

45a. **¿Fue alguna las siguientes razones un motivo para que no obtuviera el tratamiento de salud mental o la asesoría que necesitaba?**

*Seleccione Sí o No por cada declaración*

	Sí	No
No podía cubrir el costo	<input type="radio"/>	<input type="radio"/>
Le preocupaba que obtener el tratamiento de salud mental o la asesoría pudiera hacer que sus vecinos o comunidad tuvieran una opinión negativa sobre usted	<input type="radio"/>	<input type="radio"/>
Le preocupaba que obtener el tratamiento de salud mental o la asesoría pudiera crear un efecto negativo en su trabajo	<input type="radio"/>	<input type="radio"/>
Su seguro de salud no cubre el costo de ningún tratamiento de salud mental ni asesoría	<input type="radio"/>	<input type="radio"/>
Su seguro de salud no paga un monto suficiente por tratamientos de salud mental ni asesoría	<input type="radio"/>	<input type="radio"/>
No sabía a dónde ir a buscar los servicios	<input type="radio"/>	<input type="radio"/>
Le preocupaba que la información que le diera el asesor pudiera no mantenerse confidencial	<input type="radio"/>	<input type="radio"/>
Le preocupaba que pudieran enviarlo a un hospital psiquiátrico o tuviera que tomar medicamentos	<input type="radio"/>	<input type="radio"/>
Otro (especifique):	<input type="radio"/>	<input type="radio"/>

46. En promedio, ¿cuántas horas duerme en un período de 24 horas?

Horas   Minutos

## SEGURIDAD FINANCIERA

47. ¿Con qué frecuencia en los últimos 12 meses diría que estuvo preocupado o estresado por no tener suficiente dinero para pagar el alquiler o la hipoteca?

- Siempre
- Por lo general
- Algunas veces
- Nunca

48. En los últimos 12 meses, ¿con qué frecuencia dejó de comprar alimentos por pagar la vivienda?

- Con frecuencia
- Algunas veces
- Pocas veces
- Nunca

49. En los últimos 12 meses, ¿con qué frecuencia dejó de comprar alimentos para pagar sus facturas de servicios públicos?

- Con frecuencia
- Algunas veces
- Pocas veces
- Nunca

50. En los últimos 12 meses, ¿con qué frecuencia dejó de comprar alimentos para pagar medicamentos o atención médica?

- Con frecuencia
- Algunas veces
- Pocas veces
- Nunca

51. En los últimos 12 meses, ¿con qué frecuencia dejó de comprar alimentos para pagar gasolina o transporte?

- Con frecuencia
- Algunas veces
- Pocas veces
- Nunca

52. Supongamos que se le presenta un gasto de emergencia que cuesta \$400. Basado en su situación financiera actual, ¿usted...?

Seleccione Sí o No por cada declaración

	Sí	No
Pagaría con la tarjeta de crédito y luego pagaría por completo en el próximo estado de cuenta	<input type="radio"/>	<input type="radio"/>
Lo pondría en la tarjeta de crédito y luego pagaría con el tiempo	<input type="radio"/>	<input type="radio"/>
Pagaría con el dinero que actualmente tiene en su cuenta corriente o de ahorros, o con efectivo	<input type="radio"/>	<input type="radio"/>
Usaría el dinero de un préstamo bancario o línea de crédito	<input type="radio"/>	<input type="radio"/>
Pediría prestado a una amistad o familiar	<input type="radio"/>	<input type="radio"/>
Usaría un préstamo del día de pago, depósito anticipado o sobregiro	<input type="radio"/>	<input type="radio"/>
Vendería algo	<input type="radio"/>	<input type="radio"/>
No podría pagar el gasto en este momento	<input type="radio"/>	<input type="radio"/>
Otro (especifique):	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

53. ¿Usted o alguien de su familia actualmente tiene una cuenta corriente o de ahorros?

- Sí
- No

## SU VECINDARIO

### 54. ¿Cuánto tiempo ha vivido en su vecindario?

- Menos de un año  
 Al menos 1 año, pero menos de 5 años  
 Al menos 5 años, pero menos de 10 años  
 Al menos 10 años, pero menos de 20 años  
 20 años o más

### 55. Las personas se mudan por distintas razones. Piense en su mudanza más reciente. ¿Se mudó...?

Seleccione Sí o No por cada declaración

	Sí	No
Para estar más cerca del trabajo o la escuela	<input type="radio"/>	<input type="radio"/>
Para estar más cerca de la familia o amigos	<input type="radio"/>	<input type="radio"/>
Por vecindarios o escuelas de mejor calidad	<input type="radio"/>	<input type="radio"/>
Porque recibió un aviso de desalojo	<input type="radio"/>	<input type="radio"/>
Porque su hogar o apartamento previo fue embargado	<input type="radio"/>	<input type="radio"/>
Porque aumentó el alquiler de su hogar o apartamento previo	<input type="radio"/>	<input type="radio"/>
Porque el arrendador no reparó las cosas de su hogar o apartamento previo	<input type="radio"/>	<input type="radio"/>
Para ahorrar dinero	<input type="radio"/>	<input type="radio"/>
Para reubicarse en una ciudad nueva	<input type="radio"/>	<input type="radio"/>
Porque cambió su condición familiar (p. ej., matrimonio, divorcio, hijos, un hijo adulto se mudó)	<input type="radio"/>	<input type="radio"/>
Para tener una mejor calidad de vida o una casa más grande	<input type="radio"/>	<input type="radio"/>
Porque compró una casa	<input type="radio"/>	<input type="radio"/>
Otro (especifique):	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%; height: 20px;" type="text"/>		

Piense en su vecindario actual. ¿En qué medida está de acuerdo o en desacuerdo con las siguientes declaraciones?:

### 56. Las aceras de mi vecindario tienen buen mantenimiento (están pavimentadas e incluso no tienen muchas grietas).

- Totalmente de acuerdo  
 De acuerdo  
 Ni de acuerdo ni en desacuerdo  
 En desacuerdo  
 Totalmente en desacuerdo

### 57. Es fácil caminar, correr o circular hasta una parada de transporte público (autobús, tren) desde mi casa.

- Totalmente de acuerdo  
 De acuerdo  
 Ni de acuerdo ni en desacuerdo  
 En desacuerdo  
 Totalmente en desacuerdo

### 58. Por lo general, mi vecindario está libre de basura.

- Totalmente de acuerdo  
 De acuerdo  
 Ni de acuerdo ni en desacuerdo  
 En desacuerdo  
 Totalmente en desacuerdo

### 59. Hay muchas cosas interesantes que ver mientras se camina, corre o circula en mi vecindario.

- Totalmente de acuerdo  
 De acuerdo  
 Ni de acuerdo ni en desacuerdo  
 En desacuerdo  
 Totalmente en desacuerdo

**60. ¿Se siente seguro en su vecindario?**

- Sí, todo el tiempo
- Sí, la mayor parte del tiempo
- Algunas veces
- No, la mayoría de las veces no

**61. En su vecindario, ¿con qué frecuencia ocurren hechos de violencia?**

- Todos los días
- Al menos todas las semanas
- Al menos todos los meses
- Cada pocos meses
- Una vez al año o algo así
- No ocurren

**62. Desde los 18 años, ¿alguna vez lo han arrestado, fichado o acusado por quebrantar la ley?**

- Sí
- No

**63. ¿Diría que en realidad se siente parte de su vecindario?**

- Totalmente de acuerdo
- De acuerdo
- Ni de acuerdo ni en desacuerdo
- En desacuerdo
- Totalmente en desacuerdo

**64. ¿Aproximadamente a cuántas personas de su vecindario conoce lo suficientemente bien como para pedirles ayuda, si la necesitara? Si no es así, ingrese 00.**

Personas

**65. ¿Diría que, con regularidad, se detiene y habla con las personas de su vecindario?**

- Totalmente de acuerdo
- De acuerdo
- Ni de acuerdo ni en desacuerdo
- En desacuerdo
- Totalmente en desacuerdo

**66. ¿En qué medida siente que usted y sus vecinos pueden influir sobre su comunidad?**

- En gran medida
- De cierta forma
- Un poco
- De ninguna forma

**67. ¿En qué medida confía en el gobierno local para hacer lo correcto para su comunidad?**

- En gran medida
- De cierta forma
- Un poco
- De ninguna forma

**68. ¿En qué medida confía en su agencia de cumplimiento de la ley (policía)?**

- En gran medida
- De cierta forma
- Un poco
- De ninguna forma

**69. Piense en los últimos 12 meses. ¿Ha hecho alguna de las siguientes actividades...?**

*Seleccione Sí o No por cada declaración.*

	Sí	No
Asistió a una reunión del vecindario sobre un problema local	<input type="radio"/>	<input type="radio"/>
Votó en las últimas elecciones	<input type="radio"/>	<input type="radio"/>
Visitó un museo	<input type="radio"/>	<input type="radio"/>
Visitó una sede de la Biblioteca Pública de Chicago	<input type="radio"/>	<input type="radio"/>
Asistió a un evento comunitario, fiesta pública, desfile o festival	<input type="radio"/>	<input type="radio"/>
Participó en actividades artísticas o culturales	<input type="radio"/>	<input type="radio"/>

## NIÑOS Y ADOLESCENTES

**¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago?**

**70. ...¿abuso de alcohol entre los jóvenes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**71. ...¿asma infantil?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**72. ...¿abuso y negligencia infantil?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**73. ...¿depresión entre niños y adolescentes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**74. ...¿abuso de drogas entre los jóvenes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**75. ...¿mortalidad infantil?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**76. ...¿lesiones por accidentes entre niños y adolescentes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**77. ...¿obesidad infantil?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago?**

**78. ...¿problemas de salud de los padres que afectan a sus hijos?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**79. ...¿fumar y usar tabaco por los jóvenes, incluidos vapear o usar cigarrillos electrónicos?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**80. ...¿el estrés entre niños y adolescentes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**81. ...¿el suicidio entre niños y adolescentes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**82. ...¿el embarazo en las adolescentes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**83. ...¿el acoso, incluido el acoso cibernético?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**84. ...¿la discriminación y el racismo?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**85. ...¿la violencia relacionada con armas en los vecindarios?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**86. ...¿el hambre?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**87. ...¿la falta de supervisión y participación de adultos hacia los niños y adolescentes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago?**

**88. ...¿insuficiencia de oportunidades de trabajo para los padres?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**89. ...¿insuficiencia de oportunidades de trabajo para los adolescentes y adultos jóvenes?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**90. ...¿la pobreza?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**91. ...¿las redes sociales?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**92. ...¿vivienda insegura?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**93. ...¿la violencia en las escuelas?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**94. ...¿que la salud de los niños de color sea peor que la salud de los niños blancos, también conocido como desigualdad racial?**

- Un gran problema
- Un poco problemático
- No es un problema
- No sé/No estoy seguro

**CORONAVIRUS Y COVID-19**

**95. ¿Usted o alguien de su familia han pasado por alguna de las siguientes situaciones debido al coronavirus o COVID-19...?**

*Seleccione Sí o No por cada declaración.*

	Sí	No
Tener que pasar al menos una noche en un hospital o centro de cuarentena	<input type="radio"/>	<input type="radio"/>
No poder obtener los alimentos que necesita	<input type="radio"/>	<input type="radio"/>
Pérdida de la conexión social	<input type="radio"/>	<input type="radio"/>
No poder pagar el alquiler, la hipoteca o las facturas a tiempo	<input type="radio"/>	<input type="radio"/>
Empeoramiento de la salud mental o los problemas emocionales	<input type="radio"/>	<input type="radio"/>
Cancelar o posponer una cirugía u otra atención médica	<input type="radio"/>	<input type="radio"/>
Aflicción por el fallecimiento de alguien por COVID-19	<input type="radio"/>	<input type="radio"/>



## ACERCA DE USTED

96. ¿Usted o alguien de su familia ha sido despedido, le han reducido el horario de trabajo o el sueldo debido al coronavirus o COVID-19?

- Sí  
 No → *Pase al n° 97*

96a. ¿En qué medida ocurrió esto debido a que aumentaron las responsabilidades de cuidado infantil para usted o para alguien en su familia?

- En gran medida  
 De cierta forma  
 Un poco  
 De ninguna forma

97. En el futuro, puede haber disponibilidad de una vacuna nueva contra el coronavirus o COVID-19. ¿Qué probabilidad hay de que le administren la vacuna contra el coronavirus o COVID-19 si estuviera disponible?

- Muy probable  
 Un poco probable  
 No es probable  
 No estoy seguro

98. ¿Qué edad tiene?

- 18 a 24 años  
 25 a 29 años  
 30 a 44 años  
 45 a 64 años  
 Más de 65 años

99. ¿De qué grupo racial o étnico se considera usted?

100. ¿Es usted hispano o latino, o de origen español?

- Sí  
 No → *Pase al n° 101*

100a. ¿Diría que usted es...?

*Seleccione Sí o No por cada opción.*

	Sí	No
Mexicano, mexicano americano o chicano	<input type="radio"/>	<input type="radio"/>
Puertorriqueño	<input type="radio"/>	<input type="radio"/>
Cubano	<input type="radio"/>	<input type="radio"/>
Otro origen hispano, latino o español	<input type="radio"/>	<input type="radio"/>

**101. ¿Cuál o cuáles de las siguientes opciones diría que es su raza?**

- Blanca → **Pase al n° 102**
- Negra o afroamericana → **Pase al n° 102**
- Indígena de las Américas o nativa de Alaska → **Pase al n° 102**
- Asiática
- Nativa de Hawái u otra de las Islas del Pacífico → **Pase al n° 102**
- Alguna otra raza → **Pase al n° 102**

**101a. ¿Diría que usted es...?**

Seleccione Sí o No por cada opción.

	Sí	No
India asiático	<input type="radio"/>	<input type="radio"/>
Chino	<input type="radio"/>	<input type="radio"/>
Filipino	<input type="radio"/>	<input type="radio"/>
Japonés	<input type="radio"/>	<input type="radio"/>
Coreano	<input type="radio"/>	<input type="radio"/>
Vietnamita	<input type="radio"/>	<input type="radio"/>
Otro origen asiático	<input type="radio"/>	<input type="radio"/>

**102. ¿Se considera usted...?**

- Heterosexual o *straight*, o sea no es gay ni lesbiana
- Gay o lesbiana
- Bisexual
- Prefiere describirse a sí mismo

**103. ¿Se considera usted transgénero?**

*Ser transgénero es cuando una persona piensa que es de un sexo diferente al que le asignaron al momento de nacer, como una persona que nació mujer y ahora se considera hombre.*

- Sí
- No

**104. ¿Está usted...?**

- Casado
- Divorciado
- Viudo
- Separado
- Nunca se ha casado
- Miembro de una pareja no casada
- Miembro de una unión civil

**105. ¿Cuál es el grado o año escolar más avanzado que ha completado?**

- Menos que una graduación de la escuela secundaria o preparatoria o *high school*
- Graduación de la escuela secundaria o preparatoria o *high school* (grado 12 o GED)
- Algunos créditos universitarios o escuela técnica
- Título de asociado universitario
- Título de licenciatura universitaria
- Posgrado o título profesional

**106. ¿Actualmente es usted...?**

- Empleado y recibe salario
- Independiente
- No ha trabajado por 1 año o más
- No ha trabajado por menos de 1 año
- Encargado del hogar
- Estudiante
- Jubilado
- No puede trabajar

**Pase al n° 107**

**106a. ¿Tiene más de un trabajo?**

*Es decir, más de un empleador, no solo varios lugares de trabajo.*

- Sí
- No

¡GRACIAS!

107. ¿Es propietario o alquila su vivienda?

- Es propia  
 Es alquilada  
 Algún otro arreglo

108. ¿Cuántas personas, incluyéndose usted, viven en esta vivienda?

*Cuente a las personas que pasan la mayor parte del tiempo en esta vivienda. Ingrese un número por cada categoría. Si no hay ninguna, ingrese 00.*

<input type="text"/>	<input type="text"/>	Adultos, mayores de 18 años
<input type="text"/>	<input type="text"/>	Niños, entre 11 y 17 años
<input type="text"/>	<input type="text"/>	Niños, entre 6 y 10 años
<input type="text"/>	<input type="text"/>	Niños, entre 1 y 5 años
<input type="text"/>	<input type="text"/>	Niños, menores de 1 año

109. **(SOLO SI EL N° 108 INCLUYE NIÑOS)**

¿De cuántos niños es usted padre/madre, padrastro, madrastra, padre o madre foster, o tutor legal? Si no hay ninguno, ingrese 00.

<input type="text"/>	<input type="text"/>	Niños, entre 11 y 17 años
<input type="text"/>	<input type="text"/>	Niños, entre 6 y 10 años
<input type="text"/>	<input type="text"/>	Niños, entre 1 y 5 años
<input type="text"/>	<input type="text"/>	Niños, menores de 1 año

110. ¿Cuál es su ingreso familiar combinado anual?

*Por ingreso familiar nos referimos al ingreso combinado de todos los que viven en la vivienda, incluidos los compañeros de casa "roommates" o aquellos que reciben un ingreso por discapacidad.*

*Sus respuestas son privadas y confidenciales y no pueden usarse para afectar sus beneficios.*

\$ ,  .

111. Seleccione cómo desea recibir sus \$10 dólares.

- Tarjeta electrónica de regalo enviada por correo electrónico  
 Cheque enviado por correspondencia

112. ¿Podemos comunicarnos con usted en caso de que tengamos más preguntas sobre el coronavirus o COVID-19?

- Sí  
 No

113. Proporcione su información de contacto.

*Se requiere una dirección de correo electrónico para enviar la tarjeta electrónica de regalo. Se requiere un nombre para enviar el cheque. Toda la información es necesaria para comunicarnos de nuevo con usted en caso de que tengamos preguntas sobre el COVID-19.*

Nombre:

Apellido:

Correo electrónico:

Teléfono:

¡Gracias por su participación!

Envíe este cuestionario en el sobre provisto a:

Healthy Chicago Survey  
c/o RTI International  
0217366.000.005  
PO Box 25735  
Chicago, IL 60625

Recibirá sus \$10 dentro de tres o cuatro semanas.

# Appendix E: Web/Paper Survey Usability Testing Report

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**May 2020**

# **Healthy Chicago Survey**

## **Web/Paper Survey Usability Testing Report**

Prepared for

**Chicago Department of Public Health**

333 S State St Ste 200

Chicago, IL 60604

Prepared by

**RTI International**

3040 E. Cornwallis Road

Research Triangle Park, NC 27709

RTI Project Number 0217366.000

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## I. Introduction

RTI has designed the Healthy Chicago Survey (HCS) for self-administration by web and mail. This is a mode that has not previously been used to administer the HCS. Now, respondents will be able to complete the survey at home or another location as they desire. An important benefit of completing the survey on their own is in the reduction of measurement error related to topics of a sensitive nature. The HCS questionnaire includes a variety of health topics about sensitive behaviors, such as the use of tobacco, alcohol, and cannabis. Introducing web and mail as modes of administration should reduce the underreporting of these behaviors typically found in interviewer-administered modes.

The challenge with self-administered surveys resides in the respondent's ability to navigate the survey instrument properly and understand the questions without the aid of an interviewer. This can be specifically true of mailed paper survey instruments. With paper survey instruments, respondents will need to navigate the various skip routes and read transition statements along with other instructions. Incorrectly followed skip logic can lead to item nonresponse.

As part of the questionnaire development phase of this study, RTI conducted a series of usability tests with a variety of participants to assess question wording and response options, as well as screen layouts of the web survey, page layout of the mail survey, and instructions to the respondent.

## II. Methods

Usability testing is vital to designers of survey instruments. In theory, a computerized instrument should reduce respondent burden. Automated questionnaires can be completed faster and can be navigated easier through programmed skip patterns. But in practice, computer instruments can be more difficult to figure out than their paper counterparts. Usability testing can assess the time it takes to complete a form, the amount of self-editing required, and the navigational problems users face. In addition to improving response rates and reducing burden, usability testing can result in increased reliability and validity of survey instruments. With paper survey instruments, usability testing is essential to ensure respondents can follow skip patterns and identify unforeseen challenges in responding to survey questions.

For this effort, RTI screened and recruited a total of 24 participants in the City of Chicago to complete usability test sessions using either a desktop/laptop computer, smartphone (Android/iPhone) or a paper survey instrument.

### **Participant recruitment**

RTI recruited participants through MTurk and posted Craigslist advertisements in the Chicago, IL area (Attachment A - Advertisements). Interested participants were asked to complete a short web-based online screening form with questions on gender, age, race, ethnicity, level of education, whether they

are a resident of Chicago or surrounding communities, whether their household income is over or under \$30,000 in the past 12 months (Attachment B – Participant screener), and a question about whether they have received public assistance in the past 12 months. These income questions served as a proxy to determine lower SES participants. The Craigslist advertisements included a URL for interested participants to complete the online screening.

### **Usability interviews**

A total of 24 usability participants were selected and contacted to schedule an interview. All attempts were made to diversify the sample in terms of age, gender, socioeconomic status, and race (Table 1). Of the 24 participants selected and scheduled for interviews, 23 participants completed the interview; 1 person declined to participate.

Completed interviews included 13 by desktop/laptop computer and 9 by Android/iPhone. A total of 14 respondents tested the web survey and 8 tested the paper survey. In addition, we completed one paper interview in Spanish.

Interviews were conducted using Zoom video-conferencing software to perform live video streaming (and recording) of the participant completing the questionnaire online. Selected participants were provided with instructions for connecting to Zoom when the interviews were confirmed. For the web interviews, we recorded the audio interaction between the participant and interviewer along with the participant's screen displaying the web survey as they work through the instrument using the Zoom software. For the paper interviews, we recorded the telephone interview through Zoom software, but only captured the audio interaction as they read through and complete the paper survey instrument. The recordings were helpful to ensure the interviewer notes were accurate when summarizing the results. Videos of respondents' faces were not recorded and if respondents were sharing their web cameras, they were asked to turn them off prior to the start of recording the interview.

The interviewer provided the participant with information about the session at the beginning of the interview. They instructed the participant to read the question aloud and state their response. This allowed the interviewer to follow along with the respondent, particularly when testing the paper survey, and to note whether survey instructions were read or skipped. Interviewers also asked scripted and spontaneous prompts during the completion of the survey (Attachment C and D – Usability Protocols).

The interviews ranged from 40 to 60 minutes in length. Following each interview, participants were provided a \$60 electronic Visa gift card as a token of appreciation for completing the interview.



**Table 1: Distribution of Usability Participants**

P	Age	Gender	Education	Income	Race	Ethnicity	Interview Mode	Interview Device
1	45	Female	College graduate	>\$30k	Black	Not Hispanic	Web	Android
2	21	Male	College graduate	>\$30k	White	Hispanic	Web	iPhone
3	47	Female	College graduate	>\$30k	White	Not Hispanic	Web	iPhone
4	25	Female	Some college	>\$30k	Black	Not Hispanic	Web	Computer
5	57	Male	Some college	<\$30k	White	Not Hispanic	Web	Android
6	60	Female	College graduate	>\$30k	White	Not Hispanic	PAPI	Computer
7	43	Female	College graduate	>\$30k	White	Not Hispanic	Web	iPhone
8	30	Male	College graduate	>\$30k	White	Not Hispanic	PAPI	Computer
9	33	Female	College graduate	>\$30k	White	Not Hispanic	PAPI	Computer
10	34	Male	College graduate	>\$30k	White	Not Hispanic	Web	Computer
11	49	Male	Some college	<\$30k	White	Hispanic	PAPI	Computer
12	22	Female	Some college	>\$30k	White	Not Hispanic	PAPI	Computer
13	59	Male	Some college	>\$30k	White	Not Hispanic	PAPI	Computer
14	30	Female	College graduate	>\$30k	White	Hispanic	Web	Android
15	58	Male	College graduate	<\$30k	White	Hispanic	Web	Android
16	51	Female	College graduate	<\$30k	Other	Hispanic	Web	Computer
17	32	Female	College graduate	>\$30k	White	Not Hispanic	Web	Android
18	36	Male	College graduate	<\$30k	White	Not Hispanic	PAPI	Computer
19	47	Male	Some college	>\$30k	White	Hispanic	Web	Android
20	29	Female	College graduate	>\$30k	Asian or Pacific Islander	Not Hispanic	Web	Computer
21	31	Female	College graduate	>\$30k	Black	Hispanic	PAPI	Computer
22	56	Female	College graduate	>\$30k	Black	Not Hispanic	Web	Computer
23 <sup>1</sup>	45	Male	High school graduate	>\$30k	Black	Not Hispanic	Web	Android
24	46	Female	Some College	>\$30k	Other	Hispanic	PAPI	Computer

## II. Global Findings

Following the administration of the usability interviews, some global issues/themes became apparent. The following are some global findings that we found:

- Instructions were inconsistently read or followed. For the paper survey this was true even when respondents reported reading the survey instructions at the beginning of the survey and understanding how to follow skip instructions. For the web survey, we noted that some respondents read all instructions, while other respondents skipped some introductions or help text. Others referred to them only when they needed help answering a question. We don't think this is a problematic finding given that respondents were instructed to read the instructions, question text, and responses, which is already different from the actual survey experience that respondents will have in the field.
- We initially programmed the web survey to enable soft prompts, which displayed an error message to the respondent indicating that a complete response was desired for each item. For

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<sup>1</sup> This respondent decided not to participate and did not attend the scheduled interview.

multi-item questions, this could be seen as a nuisance. We specifically tested the soft prompt at a multi-item question to help determine whether the prompt should only display for one item, rather than all items if they were skipped. During testing, respondents liked, expected, or were not bothered by the soft prompts when items were skipped. Some reported that they liked seeing the prompt to help identify which items they missed answering in a multi-item question, while others recognized it as a standard response when a field is missing on an online form. We are confident that keeping the soft prompt will not increase the frequency of breakoffs and will improve overall data quality.

- For multi-item questions in the paper survey, such as Q45a and Q52, some respondents did not understand that each item in the list needed to be answered. Instead, they read the question stem and each item and then chose which one to answer, based on the item they thought was most applicable to them. We would like to include an instruction to answer Yes or No to each item for each multi-item question in the paper survey. This is not necessary in the web version because the soft prompt serves the same function.

Overall, we have no major concerns about the usability of the web survey. We do have suggestions to improve one question (Q20/L6) that most respondents experienced difficulty answering. Once this question is fixed, we feel confident about the quality of the web survey program.

While we are confident that the paper survey contains the necessary instructions for navigating the survey correctly, we ultimately cannot control for people who skip an instruction or follow it erroneously.

### III. Question by Question Findings

The following are specific questions that the usability interview participants had trouble with or provided feedback to us. If we did not encounter a problem with a question during testing or if a question finding was isolated to a single respondent, it was not included here.

#### INTRODUCTION

Respondents described the introduction and instructions as clear and easy to understand. Many stated that the sample skip instruction as helpful and clear.

#### **Q15a (PAPI). During the past 30 days, on how many days did you use marijuana or cannabis?**

Respondents who answered that they spent 0 days using marijuana or cannabis had no skip instruction to take them to the next section. They were therefore answering non-applicable questions Q15b through Q15d.

*Recommendation: There is a skip instruction in the web version that takes the respondent to the next section if they answer 0 to Q15a, but applying this skip to the paper is difficult. We recommend instead adding a new question between Q15 and Q15a that asks if the respondent used marijuana or cannabis in the past 30 days. If they answer No, we can apply a skip to take them to take them to the next section.*

**Q16 (PAPI). How many total servings of fruit did you eat yesterday?**

**Q17 (PAPI). How many total servings of vegetables did you eat yesterday?**

*Recommendation: For some respondents, when an answer to a question was 0, they attempted to leave the field blank, which they felt was equivalent to 0. While we did not see this happening at Q16 and Q17 during testing, we recommend mimicking the web survey, which includes an instruction at both questions to enter 0 if the respondent consumed none. For consistency, we also recommend including this type of note for all open-ended response boxes.*

**Q20 (PAPI) / L6 (CAWI). During the past 30 days, how often did you drink regular soda or pop or other sweetened drinks like sweetened iced team, sports drinks, fruit punch, or other fruit-flavored drinks?**

In the current version of the web survey, L6 is programmed to limit the response to a single unit. Once a respondent enters a value into one of the units, the remaining two units disappear. For respondents who assumed that a response was required for each blank field, this caused confusion. Some respondents figured out that deleting their response and entering it only into the desired unit was the proper way to correct their answer before moving on. Others could not figure out how to answer the question the way they intended and ended up skipping the question.

In the paper version of the survey, Q20 is problematic for similar reasons. Some respondents assumed an answer was required for each unit. One respondent stated that although they noticed the bolded and italicized word “or” between the units, they still assumed that the survey team expected an answer for each unit. Another respondent determined how many servings they had per day and then calculated the math for total drinks for the other two units.

*Recommendation: We suggest clarifying whether we are asking for frequency, like in Q22 (In the past 12 months, how often did you or someone in your household use parks, playgrounds, and sport fields in your neighborhood? Once a week or more, Several times a month, At least once a month, A few times a year, Never), or for the total number of drinks using a single unit we select, like in Q27 (During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?).*

*Another suggestion is to change the way the question is programmed in the web survey by collecting the total number of drinks and then allowing the respondent to select the unit they wish to answer in. We could mimic this format in the paper version and allow the number of drinks to be collected as an open response and then ask for the respondent to select the period of time (drinks per day, per week, or per month).*

**Q24 (PAPI) / Q24 (CAWI). During the past 7 days, did you ever walk or use a wheelchair to get to and from places such as work, shopping or other activities?**

A few respondents expressed confusion about what the question was asking and whether other forms of food transportation should be included, such as a cane or walker. One respondent said it was odd to

ask about walking and using a wheelchair because they are not the same thing. Another did not quite understand the entire predicate phrase and just reported that they walked. One respondent re-read the question and omitted “or use a wheelchair” in order to answer the question.

*Recommendation: Although there was some confusion expressed about the wording of this question, respondents were ultimately able to answer the question. We do not think this needs to be revised.*

### **Q36 (PAPI)**

Most respondents recognized the term “colonoscopy,” but did not know what a “sigmoidoscopy” is. Currently, the questionnaire provides a definition for these terms only in the follow-up question, after a respondent has reported having had either one before.

*Recommendation: While we could argue that respondents who have ever had a colonoscopy or sigmoidoscopy would recognize the terms, we think it better to err on the side of caution by moving the definitions provided in Q36a up to Q36 instead. In this way, we would not worry about respondents underreporting having had these exams because they didn’t remember what the exam was called.*

### **Mental Health Section (PAPI) / Section H (CAWI)**

Because we asked respondents to read each question out loud and asked them to tell us their response, it became clear that repeating the stem created unnecessary redundancy in both modes. During testing, respondents often read just the new item after seeing the same stem twice.

*Recommendation: To reduce redundancy, we would like to present the question stem at the top of the section and then indicate the new item with an ellipsis and then the text. For example: “...nervous?” For the web version, we would like to follow this same format, but include all of the items in a single matrix, so that respondents will not need to re-read the stem in successive screens. They will be able to answer each item more easily and quickly.*

### **AA7\_10 (CAWI). (People move for many different reasons. Thinking of your most recent move, did you move...?) To relocate to new a city**

Respondents noted that there is a typo in the phrase “to new a city”.

*Recommendation: We will correct the typo. This is already correct in the paper version.*

### **Children & Teens Health Section (PAPI) / CYH series (CAWI)**

Respondents in both modes, but especially for the paper version, experienced two primary issues with this section.

- 1) Respondents complained that the questions included redundant phrasing. This is a consequence of repeating the question stem at each item, so for some items, the phrase “children and teens” is repeated. Example: Q73. How big of a problem do you feel depression among children and teens is for children and teens across the city of Chicago?
- 2) In both modes, some respondents stated that they did not feel informed enough to answer certain items and suggested adding a Not Sure option. When respondents were unsure how to answer, they opted for answering that something was not a problem.

*Recommendation: We recommend reducing redundancy in the paper version by matching it to the way the section appears in the web version. The question stem appears in full and then the different items appear without the question text repeated. The stem will be at the top of the section, so respondents can easily return to it for reference as they answer throughout. We can also revise the paper version to match the web version by grouping the items. This worked very well in web usability tests. We also recommend adding a “Don’t Know/Not Sure” option to each item to avoid skewing the data when people are truly not sure how to respond.*

**Q94 (PAPI)/CYH21 (CAWI). How big of a problem do you feel worse health for children of color than for which children, also known as racial inequalities, is for children and teens across the city of Chicago?**

Respondents noted the typo in “which children”; this should be “white children.”

*Recommendation: We will correct the typo in both versions.*

### **Other Specify**

During web usability testing, we noticed that respondents who answered Other=No were being prompted by the system to enter a complete response before moving on.

*Recommendation: We will verify the programming of the “Other Specify” fields throughout the web program and verify that it is working as intended.*

## **IV. Spanish**

Recruiting for participants to test the Spanish versions of the survey was a challenge. The population most likely to complete the survey in Spanish are native Spanish speakers. We therefore attempted to target native Spanish speakers over bilingual English/Spanish speakers who would likely or easily complete the English version of the survey. The recruitment methods we used heavily skewed toward English speakers who were more affluent, more computer literate, and more educated. We therefore resorted to word-of-mouth, convenience sampling from the network of our cross-cultural methodologist, who conducted the interview in Spanish.

We were only able to recruit and complete one interview with a native Spanish speaker. The interview was conducted by our cross-cultural methodologist, Rosanna Quiroz, in Spanish and tested the paper instrument. One interview is obviously not representative of the entire Spanish-speaking population in Chicago, but overall, the paper instrument tested well in Spanish. There were no major issues with usability of the paper instrument. Although we did not complete a usability interview in Spanish for the web survey, we are still confident in the web program's usability.

Ms. Quiroz also reviewed the survey translation provided by our translation vendor and made minor revisions so that the average Spanish speaker in Chicago could understand it. We employed the use of "broadcast" or standard language over sub-group or region-specific language. "Broadcast" language has a basic vocabulary, grammar, and syntax that cannot be attributed to a single region/country and is understood by the majority of speakers in the target language. For example, the term "automobile" could be translated in a number of ways: "carro," "coche," "automóvil," "vehículo," "automotor," "auto." A few of these items are region specific, such as "coche," which is used in Spain. However, the generic term known across all regions would be either "auto" or "automóvil" (for "auto" or "automobile"). In some instances, there may be a need to use more than one term when conveying the same message of an English idiomatic expression. For example, the term "hangover" is described as "cruda" and also "resaca." The first term is widely known amongst Mexican Spanish speakers. The second term is known across most other Spanish speaking populations. This is also true for various topics such as drugs and certain foods. These are the kinds of considerations we made when reviewing the Spanish translation.

## V. Mailing Materials

Initially, the usability testing protocol did not include the mailing materials (invitation letter and reminder self-mailer). After a few interviews testing the web instrument, it was clear that there was enough time to ask respondents about one or both materials during the interview. Whenever possible, we showed respondents the invitation letter and/or reminder self-mailer and asked for their feedback on the clarity of the text, the graphics, the colors, and Dr. Allison Arwady's name.

### **Invitation Letter**

Generally, people commented favorably about the colors, particularly of the CDPH logo. Respondents commented that the colors felt 'very Chicago'. A few people recognized CDPH, while others did not. For those that did not know what CDPH represents, they reported appreciation that the name was spelled out. Respondents said that seeing CDPH's logo added credibility to the survey and made them more inclined to want to complete. One respondent said that he would have done the survey for free because it was for CDPH. All respondents concluded that the language in the letter was clear and that they knew how to complete the survey and how to contact the research team with questions. Some people said that they liked seeing contact information (phone number, email address, website) because it added legitimacy to the survey and convinced them it wasn't a scam.

Of the respondents who commented on the \$2 pre-incentive, the reactions were split between people who welcomed the gesture and those who were suspicious about why cash was being sent through the mail. A couple of respondents cited concerns about theft, while another person recalled being scared to receive anthrax in the mail. The research team is prepared to address questions about receiving a cash incentive in the mail.

Respondents were split evenly with regards to recognizing Dr. Arwady's name. Those who recognized her generally said that they associated her with COVID-19 updates on television. Respondents who did not recognize Dr. Arwady's name liked seeing her name and title because it added to the study's credibility.

### **Reminder self-mailer**

Respondents reacted positively to the colors and photos. People generally said it felt very Chicago. Only one person stated that the photos were of neighborhoods that felt 'too ritzy'; they would have wanted to see poorer neighborhoods represented.

Respondents also liked seeing Dr. Arwady's picture because it felt official.

# Attachments

## Attachment A – Advertisements

Participants Needed to Test a Survey - \$60 Paid - labor gigs

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[CL](#) [chicago](#) > [city of chicago](#) > [gigs](#) > [labor gigs](#)

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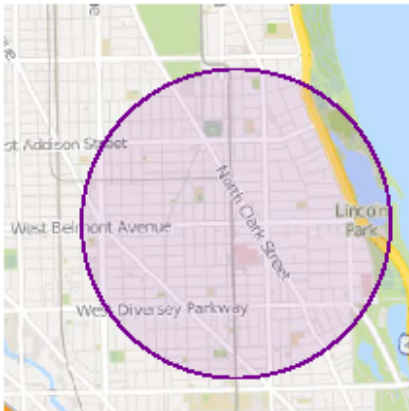
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Posted 18 days ago on: 2020-05-09 11:56

Contact Information:

### Participants Needed to Test a Survey - \$60 Paid (Chicago)



compensation: \$60 electronic Visa gift card

RTI International, a not-for-profit research organization, is seeking individuals to provide input on a health survey of Chicago residents. We are looking for individuals 18 years of age or older to participate. Eligible participants must have access to a Wi-Fi network and a device, such as a computer, tablet, or smartphone, on which to take the survey. Some respondents may be asked to complete a paper version of the survey.

Participants will receive a \$60 electronic VISA gift card for a 60-minute interview conducted online. Participants will be required to download the Zoom application on their computer or smartphone in order to complete the interview. All information provided will be kept private.

Interviews will be conducted in May 2020.

For more information and to determine eligibility, please complete a short online screening form: <https://survey.rti.org/SE/1/HCCCL/>

If you have any questions or concerns, please contact Nicole Lee with RTI International: NLee[at]RTI [dot]ORG.

QR Code Link to This Post





## Attachment B – Participant screener

### Screener questions for HCS

Thank you for your interest in testing questions we plan to use in an upcoming study. We would like you to respond to the following questions to determine whether you are eligible to participate. The information you provide will be kept confidential and used only for the purpose of determining eligibility.

1. Are you...?  
1=Male  
2=Female
2. What is your current age? \_\_\_\_\_
3. Do you live in Chicago or surrounding communities?  
1=YES  
2=NO
4. What is the **highest** level of education you have **completed**?  
1=Less than high school  
2=High school graduate or GED Equivalent  
3=Some college  
4=College graduate or higher
5. Was your total household income before taxes during the last 12 months over or under \$30,000? Think about income from you, your partner or spouse, and any other sources.  
1=Over \$30,000  
2=Under \$30,000  
3=I prefer not to answer
6. Are you of Hispanic, Latino, or Spanish origin?  
1=YES  
2=NO
7. What race or races do you consider yourself to be? You may select one or more.  
1=White  
2=Black or African American  
3=American Indian or Alaska Native  
4=Asian or Pacific Islander  
5=Other race(s) - Please specify the other race(s): \_\_\_\_\_

8. The interview can be completed using an iPhone or Android smartphone or personal computer. Which device would you prefer to use for your interview? Please select all that apply.

1=iPhone Smartphone

2=Android Smartphone

3=Personal computer/laptop

4=Does not have any of these devices

9. Please provide your first name. \_\_\_\_\_

10. Please provide your telephone number. ( ) \_\_\_\_\_ - \_\_\_\_\_

11. Please provide your email address: \_\_\_\_\_

END. Thank you for providing this information. We will review your responses and contact you if you are eligible to participate.

## Attachment C – Web Usability Protocol

### HCS Web Usability Protocol

Participant Identifier: Usability Interviewer: Date of Usability Session:
---

Welcome the participant.

Thank you for agreeing to participate in this interview.

I want to email you a link to the survey instrument. You should receive the link in a moment.

**CONFIRM THAT THEY WILL COMPLETE THE SURVEY USING THE DEVICE MENTIONED IN THE INVITATION**

**ASK WHICH INTERNET BROWSERS THEY HAVE AVAILABLE AND HAVE THEM USE A BROWSER TO ENSURE WE HAVE A VARIETY.**

Before we begin, I want to provide some information about today's interview.

This survey asks about the health of people living in Chicago. The information collected will be used to develop programs in Chicago to improve the health of its citizens. We have developed a draft survey and will be testing this with 24 people to ensure that the instructions make sense, the question and answer options are clear and easy for you to navigate and determine if you have any challenges in completing the survey. There are no right or wrong answers, we just want to see how you complete the survey and if you have any challenges.

We expect this interview to last no longer than one hour. As a token of appreciation for completing this interview, we will provide you with \$60 VISA e-card.

As you complete the survey, I would like you to read the questions out loud and tell me your answer.

I would like to record today's session. We will only record what you are doing on-screen as you enter the questions along with our voices as we discuss any challenges that you may have. We will not record anything that identifies you with the information you are providing in the survey.

Would it be OK to record the session?

**IF YES – BEGIN RECORDING.**

As you are completing the survey, please let me know if you have any questions or concerns, if something doesn't make sense, or you are unsure how to do something. Anything you can tell me will be helpful. If I notice you pause on a survey question, I may ask you to tell me what you are thinking about.

Do you have any questions before we begin?

OK please open the web survey using the link that I emailed you and type in the following survey access code:

\_\_\_\_\_

When you are ready, please begin the survey. Again, please read the question out loud and tell me your response. I may interrupt from time to time to ask you specific questions. However, you can help me by letting me know if you find anything confusing as you complete the survey.

\_\_\_\_\_

**INTERVIEWER: NOTE ANY USABILITY OR COGNITIVE ISSUES AS PARTICIPANT COMPLETES SURVEY IN GRID BELOW. PROBE AS NEEDED.**

**INTRODUCTION:** DID THE PARTICIPANT READ THE INTRODUCTION?

IF NO: HAVE THEM READ THE INTRODUCTION BEFORE MOVING FORWARD.

**AFTER QUESTION G5 – ASK PARTICIPANT TO BREAK OFF:** Now pretend that you need to close the survey as something came up. You intend to go back and finish the survey at another time. Go ahead and show me what you would do.

**AT QUESTION L1 – ASK PARTICIPANT TO BACK UP:** Now let's assume that you need to go back and change an answer from a previous screen. Go ahead and show me what you would do.

**AT QUESTION L6 – OBSERVE TO SEE HOW PARTICIPANT ANSWERS THIS QUESTION:**

**AT QUESTION FS1 – ASK PARTICIPANT TO NOT ANSWER ANY OF THE GRID ITEMS AND CLICK NEXT:** You will notice that you receive numerous error messages when you leave these blank. What do you think of this? Would this be annoying to you or do you understand why we do this?

NOTE ANY COGNITIVE OR USABILITY ISSUES [INCLUDE QUESTION #]:	
Question #	Cognitive or usability issue:


**DEBRIEFING QUESTIONS:**

D1. Overall, what did you think of the survey?

D2. What are your thoughts on how the questions appeared on the screen?

D2a. Was anything difficult to see or read? What did you think of the size of the font/text?

D2b. Do you have any recommendations, regarding how the questions are presented on the screen, that would make it easier for you?

D3. Did you prefer that we included the progress bar on the screen or not? Why?

D4. Other than what we just discussed, were there any challenges you had in **going through the survey**?

D5. Other than what we have already discussed, **were there any questions that were difficult for you to answer**?

D6. Overall, what did you think of the length of the survey?

## Attachment D – Paper Usability Protocol

### HCS Paper Usability Protocol

Participant Identifier: Respondent #01 Usability Interviewer: Rosanna Quiroz Date of Usability Session: 05/20/2020
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Bienvenida al participante.

Gracias por aceptar participar en esta entrevista.

Antes de comenzar, quiero confirmar que recibió el formulario de encuesta en papel que le enviamos. El documento debe estar dentro de un sobre sellado. Antes de abrir el sobre, quiero proporcionar información sobre la entrevista de hoy.

Esta encuesta pregunta sobre la salud de las personas que viven en Chicago. La información recopilada se utilizará para desarrollar programas en Chicago para mejorar la salud de sus ciudadanos. Hemos desarrollado un borrador de encuesta y lo probaremos con 24 personas para asegurarnos de que las instrucciones tengan sentido, que las opciones de preguntas y respuestas sean claras y fáciles de navegar y determinar si tiene algún problema para completar la encuesta. No hay respuestas correctas o incorrectas, solo queremos ver cómo completa la encuesta y si tiene alguna dificultad.

Esperamos que esta entrevista no dure más de una hora. Como muestra de agradecimiento por completar esta entrevista, le proporcionaremos una tarjeta electrónica Visa de \$60 dólares.

A medida que complete la encuesta, me gustaría que lea las preguntas en voz alta y me diga su respuesta. También debe completar su respuesta en la encuesta en papel.

Me gustaría grabar la sesión de hoy. Solo grabaremos nuestra voz cuando complete la encuesta. No registraremos nada que lo identifique con la información que proporciona en la encuesta.

¿Estaría bien grabar la sesión?

**IF YES – BEGIN RECORDING.**

Cuando complete la encuesta, avíseme si tiene alguna pregunta o inquietud, si algo no tiene sentido o si no está seguro de cómo hacer algo. Cualquier cosa que me pueda decir será útil. Si noto que hace una pausa en una pregunta de la encuesta, quizás le pueda preguntar que me diga en qué está pensando.

¿Tiene algunas preguntas antes de que comencemos?

Voy a enviarle la encuesta por correo electrónico. Cuando lo reciba, abra el archivo de encuesta adjunto.

Cuando esté listo, comience la encuesta. Nuevamente, lea la pregunta en voz alta y dígame su respuesta. Puedo interrumpir de vez en cuando para hacerle preguntas específicas. Sin embargo, puede ayudarme haciéndome saber si encuentra algo confuso al completar la encuesta.

---

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**INTERVIEWER: NOTE ANY USABILITY / COGNITIVE ISSUES AS PARTICIPANT COMPLETES THE SURVEY. PROBE AS NEEDED.**

**INTRODUCTION:** DID THE PARTICIPANT READ THE INTRODUCTION? **YES**

IF NO: HAVE THEM READ THE INTRODUCTION BEFORE MOVING FORWARD.

Respondent made a comment that “Department of Public Health” was repetitive (mentioned three time on the first paragraph of the Introduction).

**SURVEY INSTRUCTIONS:** DID THE PARTICIPANT READ THE INTRODUCTION? **YES**

IF NO: HAVE THEM READ THE SURVEY INSTRUCTIONS BEFORE MOVING FORWARD.

**GENERAL HEALTH:**

DID PARTICIPANT READ FROM TOP-DOWN ON COLUMN 1 AND THEN TOP-DOWN ON COLUMN 2? **YES**

NOTE MISSED LOGIC INSTRUCTION (Q6): **N/A**

GENERAL HEALTH: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **No usability issues**  
**Question 4:** Respondent noted that she was in between “very satisfied” and “somewhat satisfied;” therefore, she was looking for a neutral response option, like “satisfied” only. Therefore, she decided to leave it blank.

**CHRONIC HEALTH CONDITIONS:**

DID PARTICIPANT READ TRANSITION ABOVE QUESTION 7? **YES**

NOTE MISSED LOGIC INSTRUCTION (Q12): **NO**

CHRONIC HEALTH CONDITIONS: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO ISSUES**

**TOBACCO USE:**

NOTE ANY MISSED LOGIC INSTRUCTIONS (Q13, Q13a, Q13b, Q14): **NO**

DID PARTICIPANT READ INSTRUCTION WITHIN QUESTION 14? **YES**

IF NO: ASK WHY THEY DID NOT READ INSTRUCTION.

TOBACCO USE: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES:

**Question 13c:** Respondent immediately selected the response option “Most of the time,” without reading all categories.

**CANNABIS USE:**

DID PARTICIPANT READ TRANSITION ABOVE QUESTION 15? **YES**

NOTE ANY MISSED LOGIC INSTRUCTIONS (Q15): **NO**

QUESTION 15D: ASK: ¿Ingresó Sí o No para cada categoría? Respondent answered Yes and No to all options.

IF “OTHER” SELECTED: ¿Qué ingresó en el cuadro provisto debajo de “Otro”? Respondent marked No

CANNABIS USE: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **No issues**

**DIET & PHYSICAL ACTIVITY:**

DID PARTICIPANT READ INSTRUCTION WITHIN QUESTION 16? **YES**

IF NO: ASK WHY THEY DID NOT READ INSTRUCTION.

QUESTION 20: ASK: ¿Puede decirme qué completó en los cuadros de la pregunta 20? Filled out the middle with number 3. Respondent said she left the other two options blank.

IF NEEDED: ¿Completó solo los cuadros que correspondían o agregó “0” a los otros cuadros? Respondent left them blank.

DIET & PHYSICAL ACTIVITY: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **No usability issues**

**Question 18:** Respondent thought it was odd that the response options didn’t match the order of the core question. The response options start with “very difficult” while the question starts with “How easy or difficult...” instead of “How difficult or easy...”



**SIDE NOTE FROM ROSANNA:** For Questions 25 and 26, consider using the metric system (meters/centimeters for height, and kilograms/grams for weight.)

**ALCOHOL & PRESCRIPTION DRUGS:**

NOTE WHETHER PARTICIPANT READ 28a OR 28b: **SKIPPED 28a**

DID PARTICIPANT READ INSTRUCTION BEFORE QUESTION 29? **YES**

NOTE ANY MISSED LOGIC INSTRUCTIONS (Q29): **YES**

ALCOHOL & PRESCRIPTION DRUGS: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO ISSUES**

**CANCER SCREENING:**

IF "PREFER TO SELF-DESCRIBE" SELECTED: ¿Qué ingresó en el cuadro provisto debajo de "Prefiere describirse a sí mismo"? **N/A**

NOTE ANY MISSED LOGIC INSTRUCTIONS (Q31, Q32, Q32a, Q35, Q36): **NO**

CANCER SCREENING: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO USABILITY ISSUES**  
**Question 31:** Respondent did not read all the response options. She immediately selected Female.

**MENTAL HEALTH:**

QUESTION 45A: ASK: ¿Ingresó Sí o No para cada categoría? **N/A** (Question was skipped)

IF "OTHER" SELECTED: ¿Qué ingresó en el cuadro provisto debajo de "Otro"? **N/A**

MENTAL HEALTH: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO ISSUES**

**FINANCIAL SECURITY:**

QUESTION 52: ASK: ¿Ingresó Sí o No para cada categoría? **YES**

IF "OTHER" SELECTED: ¿Qué ingresó en el cuadro provisto debajo de "Otro"? **NO**

FINANCIAL SECURITY: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO ISSUES**

**YOUR NEIGHBORHOOD:**

DID PARTICIPANT READ INSTRUCTION ABOVE QUESTION 56? **YES**

IF NO: ASK WHY THEY DID NOT READ INSTRUCTION.

YOUR NEIGHBORHOOD: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO USABILITY ISSUES**

**Question 68:** Respondent had difficulty understanding the meaning of the literal translation for “law enforcement agency” (in Spanish: “compliance law agency”) since this is not the way it’s expressed in Spanish. The respondent thought it implied the police, and suggested that it should be called that way, or at least provide examples to clarify what the question is referring to.

#### CHILDREN AND TEENS:

CHILDREN AND TEENS: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO USABILITY ISSUES**

The respondent was somewhat confused about this section and how to answer the questions adequately. She was not sure about what they meant about the “city of Chicago.” She mentioned that her neighborhood didn’t have issues; however, other part of Chicago did.

**Question 78** was not too clear to the respondent when saying “parent’s health problems affecting their children.” The translation renders the same message though.

**Question 94** was somewhat difficult to understand by the respondent, but she was able to answer the question. NOTE that the English version appears to have a typo. It reads “which children” instead of “white children.”

#### CORONAVIRUS & COVID-19:

NOTE ANY MISSED LOGIC INSTRUCTIONS (Q96): **N/A**

CORONAVIRUS & COVID-19: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO USABILITY ISSUES**

**Question 96a** was not understood by the respondent. She couldn’t figure out how to relate this to Question 96.

#### ABOUT YOU:

NOTE ANY MISSED LOGIC INSTRUCTIONS (Q99, Q100, Q105, Q108a): **N/A**

ABOUT YOU: NOTE ANY OTHER COGNITIVE OR USABILITY ISSUES: **NO ISSUES**

#### DEBRIEFING QUESTIONS:

D1 En general, ¿qué le pareció la encuesta?

La encuesta me pareció básica, no es muy profunda. Estaba bien.

The survey seemed to be basic, not too deep. It was good.

D2 ¿Qué piensa sobre el diseño de la encuesta? Por ejemplo, la cantidad de preguntas que aparecieron en cada página o el tamaño de las letras impresas (fuente de impresión). Estaba fácil de ver y de leer.

It was easy to see and read.

D2a. ¿Fue algo difícil de ver o leer? ¿Qué le pareció el tamaño de las letras / texto?

D2b. ¿Tiene alguna recomendación, con respecto a cómo se presentan las preguntas en cada página que lo haría más fácil para usted? Todo está claro, el formato está claro. Los skips están claros.

Everything was clear, the format was clear. The skips are clear.

D3 ¿Qué le han parecido las instrucciones de omisión? Estas fueron preguntas que incluyeron flechas o le dijeron que fuera a una pregunta diferente si seleccionó una respuesta particular. Estuvo claro.

It was clear.

D4 Aparte de lo que acabamos de discutir, ¿hubo algún problema a medida **que completaba la encuesta?**

No

D5 Aparte de lo que ya hemos discutido, **¿hubo alguna pregunta que fuera difícil de responder?** No, but there are some questions that need clarification.

D6 En general, ¿qué le pareció la duración de la encuesta?

It was good.

# Appendix F: Pilot Test Report

---

July 16, 2020

# **2020 Healthy Chicago Survey (HCS)**

## **Pilot Test Report**

Prepared for

**Chicago Department of Public Health**

Attn: Emily LaFlamme  
333 S State St Ste 200  
Chicago, IL 60604

Prepared by

**RTI International**

3040 E. Cornwallis Road  
Research Triangle Park, NC 27709

RTI Project Number 0217366.000



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## Objectives of the HCS Pilot Test

The original goal of the pilot test was to assess any issues with the instruments and to correct such issues prior to main fielding. However, changes to the paper instrument specifically would require redesigning and reprinting the paper instrument and delay the start of data collection. Given the cumulative delays in the project schedule and to prevent further delaying the start of data collection, CDPH and RTI agreed to treat the pilot test as a test of RTI's systems and not as an opportunity to make changes to the instrument.

In May, RTI conducted usability testing on the web and paper instruments to assess the user experience of survey modes new to the HCS project. The results of usability testing were positive; respondents were able to successfully navigate the CAWI program and paper survey.

RTI's systems tests during pilot included the following systems, processes, and applications:

- **TeleForm** – TeleForm is the software RTI uses to program the HCS paper survey. It uses Optical Character Recognition to electronically convert scanned images of text (handwritten, typewritten and printed) into machine-encoded text. It requires coding and formatting to ensure that scanned paper surveys correctly read all data.
- **Voxco** – Voxco is the software RTI uses to program the HCS web survey. It is a multi-mode data collection system that tracks survey activities and sample cases across modes and provides a centralized survey management portal to manage survey progress. It requires coding. While RTI conducted usability testing using the Voxco CAWI program, the pilot test enabled us to collect data using the actual data collection protocol rather than a simulated environment.
- **Symphony** – Symphony serves as the database management system for projects that use mailings, like the HCS. All mailings must be logged into the system to enable tracking of all sample records. All returns are receipted and coded as 'stages' and 'events', such as "undeliverable" and "completed survey".
- **Mail receipting/Data Capture** – RTI has a team of data capture clerks, who open all returned mail for the HCS project and sort the mail based on their stage. All paper surveys are batched and scanned. Scanned data is then committed into the survey dataset on RTI's secure network, which merges both web and paper survey data. All paper data is verified using a two-step process, where one clerk enters data and a senior clerk verifies and makes necessary corrections.
- **ATD Dashboard** – RTI is using its Adaptive Total Design (ATD) Dashboard to monitor data collection during fielding. The ATD Dashboard uses inputs from Voxco and Symphony to display outcomes and data points of interest to the project team. The Dashboard is updated daily, which enables the team to introduce interventions faster during data collection.

## **Sample**

The pilot sample consisted of 200 records from replicate 1 sample. Approximately 15% of the sample was flagged as belonging to a Hispanic residence. We omitted drop point units from the sample to increase the likelihood of collecting the desired number of 20 completed interviews for the pilot.

## **Instrument Development**

The survey versions administered during the pilot contained revisions based on usability testing findings.

The invitation letter, which includes Dr. Alison Arwady's name and credentials, did not include Dr. Arwady's electronic signature. The version that will be used in main data collection will include Dr. Arwady's electronic signature.

## **Data Collection Protocol**

For the pilot test, on June 24, Grace Printing mailed out the first survey packet, which included an invitation letter with CAWI login credentials, the paper survey, and a business reply envelope. Sample flagged as Hispanic received both an English and a Spanish paper survey.

Since the pilot test was designed to test RTI's systems, only the first mailing of the data collection protocol was sent.

## **Pilot Test Results**

As of July 10, the pilot collected a total of 26 interviews: 23 CAWI and 3 PAPI. All surveys were completed in English.

The average completion time of CAWI was 23 minutes. There were no cases that dropped out or suspended, meaning 100% of the respondents who accessed the CAWI and started the survey also completed the survey.

Of the 23 CAWI completes, 19 respondents agreed to be re-contacted at Q112. All 3 of the PAPI completes agreed to be re-contacted at Q112.

RTI also conducted a check of the pilot test data for the following potential issues:

- Frequencies – RTI examined frequencies of all variables, including free response text
- Skip patterns – RTI created flags to check all skips
- Out of range or invalid values – RTI created a flag for all applicable questions



- Other-specify fields – RTI checked that the field only had an answer when the respondent chose the “other-specify” option
- Dataset completeness – RTI checked that all questions in the questionnaire were also in the dataset and vice versa

RTI found an error in the dataset with the label for a PAPI variable that will be fixed in the production version of the TeleForm program. We also noted invalid responses for a few CAWI questions that were the result of a data export issue from Voxco. We updated and checked our SAS code to ensure that the data is being processed correctly. Finally, during our data checks, we noted a few variables that were in the dataset but missing from our internal variable crosswalk, which lists the variable name by mode for each question. We have updated our crosswalk so that it matches the dataset.

## Select Demographic Data

Community Area (CA_ID)		
Value	Completes	Percent
1-Rogers Park	3	11.5%
2-West Ridge	1	3.8%
3-Uptown	1	3.8%
6-Lake View	1	3.8%
7-Lincoln Park	2	7.7%
8-Near North Side	2	7.7%
11-Jefferson Park	1	3.8%
16-Irving Park	1	3.8%
22-Logan Square	1	3.8%
24-West Town	2	7.7%
32-The Loop	1	3.8%
38-Grand Boulevard	1	3.8%
42-Woodlawn	1	3.8%
55-Hegewisch	1	3.8%
57-Archer Heights	1	3.8%
58-Brighton Park	1	3.8%
65-West Lawn	1	3.8%
71-Auburn Gresham	1	3.8%
74-Mount Greenwood	1	3.8%
75-Morgan Park	1	3.8%
77-Edgewater	1	3.8%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

**Gender (K1 / Q31)**

Value	Completes	Percent
01-Male	10	38.5%
02-Female	16	61.5%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

**Age (K3 / Q98)**

Value	Completes	Percent
01-18-24	2	7.7%
02-25-29	5	19.2%
03-30-44	11	42.3%
04-45-64	7	26.9%
05-65 or older	1	3.8%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

**Hispanic/Latino (K4 / Q100)**

Value	Completes	Percent
01-Yes	7	26.9%
02-No	19	73.1%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

**Race (K5 / Q101)**

Value	Completes	Percent
01-White	15	57.7%
02-Black or African American	6	23.1%
03-American Indian or Alaska Native	0	0.0%
04-Asian	2	7.7%
05-Native Hawaiian or Pacific Islander	0	0.0%
06-Some other race	3	11.5%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

**Education Level (K11 / Q105)**

Value	Completes	Percent
01-Less than high school graduation	4	15.4%
02-High school graduation (Grade 12 or GED)	1	3.8%
03-Some college or technical school	4	15.4%
04-Associate degree	2	7.7%
05-Bachelor's degree	5	19.2%
06-Graduate or professional degree	9	34.6%
Missing	1	3.8%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

### Household Income (K14 / Q110)

Value	Completes	Percent
\$ -	1	3.8%
\$ 5	1	3.8%
\$ 17,000	1	3.8%
\$ 25,000	1	3.8%
\$ 30,000	1	3.8%
\$ 40,000	1	3.8%
\$ 42,000	1	3.8%
\$ 45,000	1	3.8%
\$ 50,000	2	7.7%
\$ 77,500	1	3.8%
\$ 90,000	2	7.7%
\$ 110,000	1	3.8%
\$ 112,000	1	3.8%
\$ 115,000	2	7.7%
\$ 119,700	1	3.8%
\$ 125,000	1	3.8%
\$ 150,000	2	7.7%
\$ 153,200	1	3.8%
\$ 170,000	1	3.8%
\$ 171,000	1	3.8%
\$ 195,000	1	3.8%
\$ 305,000	1	3.8%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

### Follow-up Consent? (Q112)

Value	Completes	Percent
01-Yes	22	84.6%
02-No	4	15.4%
<b>Total</b>	<b>26</b>	<b>100.0%</b>

## Conclusion

After completing all systems tests and checking pilot test data, RTI is confident that main data collection is ready to begin. The first mailing of replicate 1 sample is now scheduled for July 17, 2020.

**Appendix G: Invitation Letter—English and Spanish**

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\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>

<<COUNTY\_NAME>> County Resident

<<ADDRESS\_1>> <<ADDRESS\_2>>

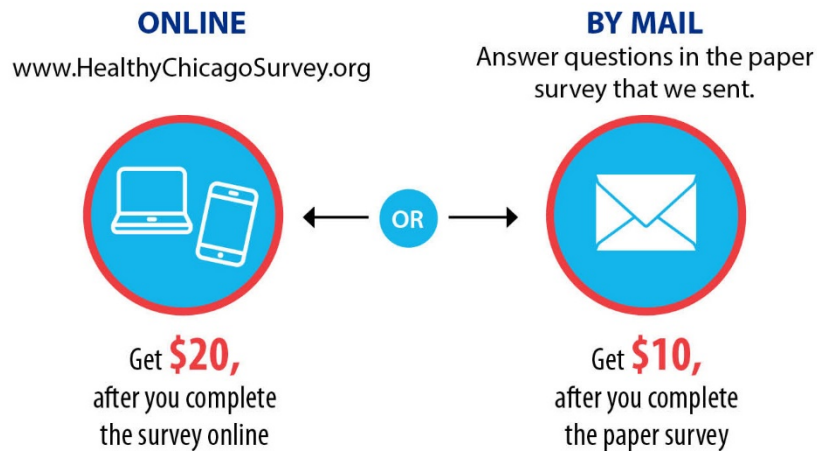
<<CITY>>, <<ST>> <<ZIP>>

Keep the \$2,  
as a thank you  
for your help.

Dear Fellow Chicagoan:

Congratulations, you've been selected to participate in the Healthy Chicago Survey! By completing this survey, you will help the Chicago Department of Public Health (CDPH) learn about the health of people in ***your*** neighborhood and how to make things better. For example, your information will help CDPH create programs to reduce smoking, improve access to health services, and ensure all Chicagoans can get healthy food. We have included \$2 in this envelope as a thank you for your help.

The survey is easy and may be completed in one of two ways:



Enter your LoginID: <<LoginID>>

Participation is voluntary, and all of your answers will be kept private and confidential. This survey is sponsored by CDPH and will take approximately 20 minutes. If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at 1-866-784-7723 or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Si prefiere completar la encuesta en español, puede hacerlo por Internet o puede llamarnos al 1-866-784-7723 para que le enviemos por correo una copia de la encuesta en papel.

Sincerely,

Allison Arwady, MD, MPH

Commissioner, Chicago Department of Public Health



\*<<CaseID>>\*

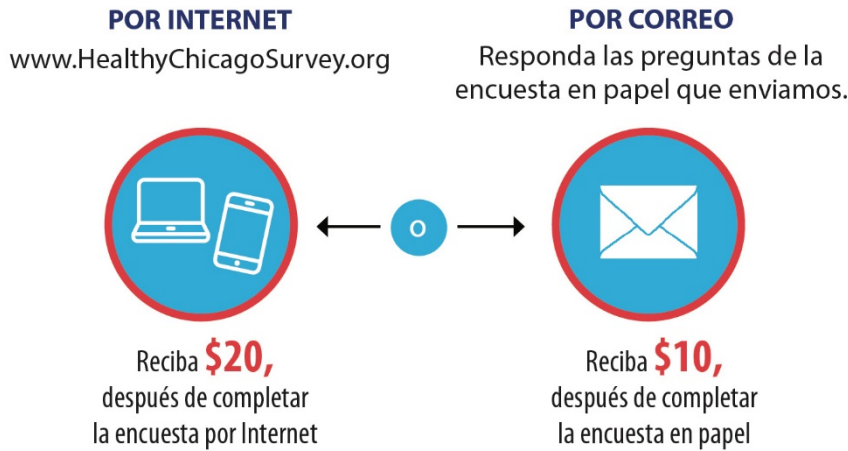
<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



Estimado(a) residente de Chicago:

¡Felicitaciones, usted ha sido seleccionado(a) para participar en la Encuesta de la salud pública de Chicago! Al completar esta encuesta, ayudará al Departamento de Salud Pública de Chicago (CDPH, por sus siglas en inglés) a saber sobre la salud de las personas en su vecindario y cómo mejorar las cosas. Por ejemplo, su información ayudará al Departamento de Salud Pública de Chicago a crear programas para reducir el tabaquismo, mejorar el acceso a los servicios de salud y asegurar que todas las personas que viven en Chicago puedan obtener alimentos saludables. Hemos incluido \$2 dólares en este sobre como agradecimiento por su ayuda.

La encuesta es fácil y se puede completar de dos maneras:



Ingrese su identificación de inicio de sesión: <<LoginID>>

La participación es voluntaria y todas sus respuestas se mantendrán privadas y confidenciales. Esta encuesta está patrocinada por el Departamento de Salud Pública de Chicago y tomará aproximadamente 20 minutos. Si tiene preguntas o inquietudes sobre esta encuesta, puede visitar la página de Internet www.HealthyChicagoSurvey.org, puede llamarnos gratis al 1-866-784-7723 o puede enviarnos un mensaje electrónico a HealthyChicagoSurvey@rti.org.

Si prefiere completar la encuesta en español, puede hacerlo por Internet o puede llamarnos al 1-866-784-7723 para que le enviemos por correo una copia de la encuesta en papel.

Atentamente,

Allison Arwady, MD, MPH

Comisionada, Departamento de Salud Pública de Chicago

**Appendix H: Reminder Letter—English and Spanish**

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\*<<CaseID>>\*

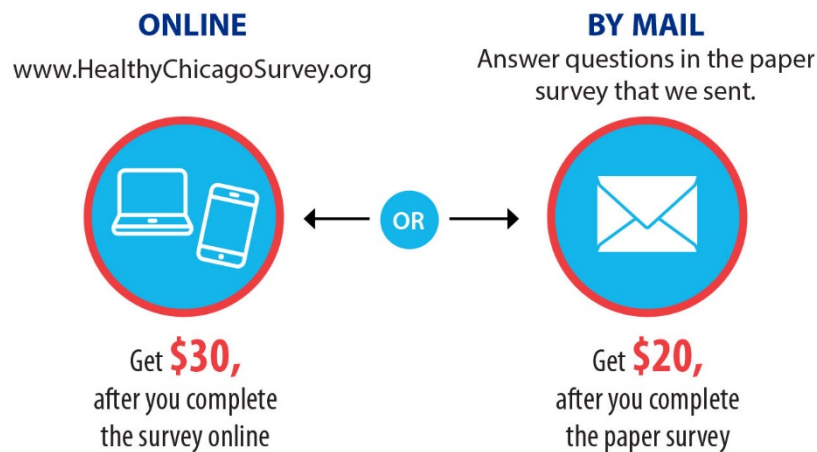
<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



Dear Fellow Chicagoan:

We have been trying to reach you about an important survey being conducted by the Chicago Department of Public Health (CDPH). The survey is ending soon, and we would like to give you one final opportunity to participate. By participating, you can earn up to \$30 and help CDPH learn about the health of people in **your** neighborhood and how to make things better. For example, your information will help CDPH create programs to reduce smoking, improve access to health services, and ensure all Chicagoans can get healthy food. We have included \$2 in this envelope as a thank you for your help.

The survey is easy and may be completed in one of two ways:



Enter your LoginID: <<LoginID>>

Participation is voluntary, and all of your answers will be kept private and confidential. This survey is sponsored by CDPH and will take approximately 15 minutes. If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at 1-866-784-7723 or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Si prefiere completar la encuesta en español, puede hacerlo por Internet o puede llamarnos al 1-866-784-7723 para que le enviemos por correo una copia de la encuesta en papel.

Sincerely,

Allison Arwady, MD, MPH  
Commissioner, Chicago Department of Public Health





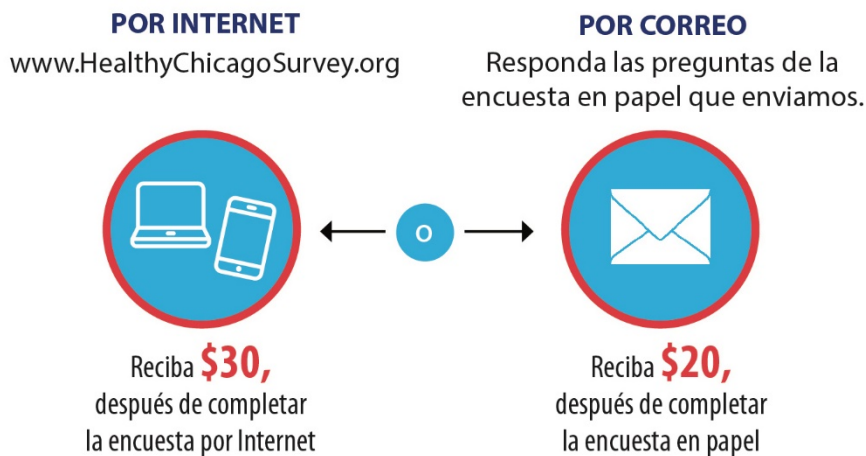
\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>

Estimado(a) residente de Chicago:

Hemos estado tratando de comunicarnos con usted sobre una importante encuesta realizada por el Departamento de Salud Pública de Chicago (CDPH, por sus siglas en inglés). La encuesta finalizará pronto y nos gustaría darle una última oportunidad para participar. Al participar, puede ganar hasta \$30 dólares y ayudar al Departamento de Salud Pública de Chicago a saber sobre la salud de las personas en su vecindario y cómo mejorar las cosas. Por ejemplo, su información ayudará al Departamento de Salud Pública de Chicago a crear programas para reducir el tabaquismo, mejorar el acceso a los servicios de salud y asegurar que todas las personas que viven en Chicago puedan obtener alimentos saludables.

La encuesta es fácil y se puede completar de dos maneras:



Ingrese su identificación de inicio de sesión: <<LoginID>>

La participación es voluntaria y todas sus respuestas se mantendrán privadas y confidenciales. Esta encuesta está patrocinada por el Departamento de Salud Pública de Chicago y tomará aproximadamente 15 minutos. Si tiene preguntas o inquietudes sobre esta encuesta, puede visitar la página de Internet [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), puede llamarnos gratis al 1-866-784-7723 o puede enviarnos un mensaje electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Si prefiere completar la encuesta en español, puede hacerlo por Internet o puede llamarnos al 1-866-784-7723 para que le enviemos por correo una copia de la encuesta en papel.

Atentamente,

Allison Arwady, MD, MPH

Comisionada, Departamento de Salud Pública de Chicago

**Appendix I: Mailer—English and Spanish**

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PO Box 25735  
Chicago, IL 60625

\*<<CaseID>>\*<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>><<COUNTY\_NAME>> County Resident<<ADDRESS\_1>> <<ADDRESS\_2>><<CITY>>, <<ST>> <<ZIP>>



Help Chicago stay healthy! Open this postcard to learn how you can help communities across Chicago and earn up to **\$20**.

A few days ago, we mailed you a large white envelope containing **\$2** in cash and an invitation to complete an important survey.

If you already completed the survey – *thank you*.

If not, please complete your survey today.

**The survey is easy and may be completed in one of two ways:**

**ONLINE**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)

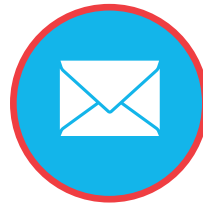


Get **\$20**,  
after you complete  
the survey online

OR

**BY MAIL**

Answer questions in the  
paper survey that we sent.



Get **\$10**,  
after you complete  
the paper survey

Enter your LoginID: <<LoginID>>

If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at **1-866-784-7723** or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).



*Many thanks,*

Allison Arwady, MD, MPH  
Commissioner  
Chicago Department of Public Health



PO Box 25735  
Chicago, IL 60625

\*<<CaseID>>\*<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>><<COUNTY\_NAME>> County Resident<<ADDRESS\_1>> <<ADDRESS\_2>><<CITY>>, <<ST>> <<ZIP>>



Help Chicago stay healthy! Open this postcard to learn how you can help communities across Chicago and earn up to **\$20**.  
!Ayude a Chicago a mantenerse saludable! Abra esta tarjeta postal para saber cómo puede ayudar a las comunidades de Chicago y ganar hasta **\$20** dólares.

A few days ago, we mailed you a large white envelope containing **\$2** in cash and an invitation to complete an important survey. If you already completed the survey – *thank you*. If not, please complete your survey today.

**The survey is easy and may be completed in one of two ways:**

**ONLINE**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Get **\$20**, after you complete the survey online

Enter your LoginID: <<LoginID>>

**BY MAIL**

Answer questions in the paper survey that we sent.



Get **\$10**, after you complete the paper survey

OR

Hace unos días, le enviamos por correo un sobre blanco grande que contenía **\$2** dólares en efectivo y una invitación para completar una encuesta importante. Si ya completó la encuesta, – *gracias*. Si no lo ha hecho, complete su encuesta hoy.

**La encuesta es fácil y se puede completar de dos maneras:**

**POR INTERNET**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Reciba **\$20** después de completar la encuesta por Internet

Ingrese su identificación de inicio de sesión:  
<<LoginID>>

**POR CORREO**

Responda las preguntas de la encuesta en papel que enviamos.



Reciba **\$10** después de completar la encuesta en papel

OR

If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at **1-866-784-7723** or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Si tiene preguntas o inquietudes sobre esta encuesta, puede visitar la página de Internet [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), puede llamarnos gratis al **1-866-784-7723** o puede enviarnos un mensaje electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).



*Many thanks,  
Muchas gracias,*

Allison Arwady, MD, MPH  
Commissioner  
Chicago Department of Public Health  
Comisionada  
Departamento de Salud Pública de Chicago

**Appendix J: Second Reminder Self-Mailer—English and Spanish**

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PO Box 25735  
Chicago, IL 60625

\*<<CaseID>>\*<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>><<COUNTY\_NAME>> County Resident<<ADDRESS\_1>> <<ADDRESS\_2>><<CITY>>, <<ST>> <<ZIP>>



Help Chicago stay healthy! Open this postcard to learn how you can help communities across Chicago and earn up to **\$20**.



A few days ago, we mailed you a large white envelope  
containing an invitation  
to complete an important survey.

If you already completed the survey – *thank you*.  
If not, please complete your survey today.

The survey is easy and may be completed in one of two ways:

### ONLINE

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)

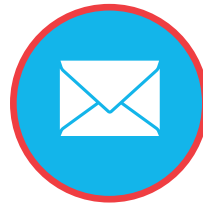


Get **\$20**,  
after you complete  
the survey online

OR

### BY MAIL

Answer questions in the  
paper survey that we sent.



Get **\$10**,  
after you complete  
the paper survey

Enter your LoginID: <<LoginID>>

If you have questions or concerns about this survey, please visit  
[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at  
**1-866-784-7723** or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).



*Many thanks,*

Allison Arwady, MD, MPH  
Commissioner  
Chicago Department of Public Health



PO Box 25735  
Chicago, IL 60625

\*<<CaseID>>\*<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>><<COUNTY\_NAME>> County Resident<<ADDRESS\_1>> <<ADDRESS\_2>><<CITY>>, <<ST>> <<ZIP>>



Help Chicago stay healthy! Open this postcard to learn how you can help communities across Chicago and earn up to \$20.

---

!Ayude a Chicago a mantenerse saludable! Abra esta tarjeta postal para saber cómo puede ayudar a las comunidades de Chicago y ganar hasta \$20 dólares.

A few days ago, we mailed you a large white envelope containing an invitation to complete an important survey. If you already completed the survey – *thank you*. If not, please complete your survey today.

**The survey is easy and may be completed in one of two ways:**

**ONLINE**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Get **\$20**, after you complete the survey online

Enter your LoginID: <<LoginID>>

**BY MAIL**

Answer questions in the paper survey that we sent.



Get **\$10**, after you complete the paper survey

OR

Hace unos días, le enviamos por correo un sobre blanco grande que contenía una invitación para completar una encuesta importante. Si ya completó la encuesta, – *gracias*. Si no lo ha hecho, complete su encuesta hoy.

**La encuesta es fácil y se puede completar de dos maneras:**

**POR INTERNET**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Reciba **\$20** después de completar la encuesta por Internet

Ingrese su identificación de inicio de sesión:  
<<LoginID>>

**POR CORREO**

Responda las preguntas de la encuesta en papel que enviamos.



Reciba **\$10** después de completar la encuesta en papel

OR

If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at **1-866-784-7723** or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Si tiene preguntas o inquietudes sobre esta encuesta, puede visitar la página de Internet [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), puede llamarnos gratis al **1-866-784-7723** o puede enviarnos un mensaje electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).



*Many thanks,  
Muchas gracias,*

Allison Arwady, MD, MPH  
Commissioner  
Chicago Department of Public Health  
Comisionada  
Departamento de Salud Pública de Chicago

**Appendix K: Nonresponse Follow-Up Mailer**

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PO Box 25735  
Chicago, IL 60625

\*<<CaseID>>\*<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



Help Chicago stay healthy! Open this postcard to learn how you can help communities across Chicago and earn up to \$30.

We have been trying to reach you about an important survey being conducted by the **Chicago Department of Public Health**. The survey is closing soon, and we would like to give you one final opportunity to participate.

**The survey is easy and may be completed in one of two ways:**

**ONLINE**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)

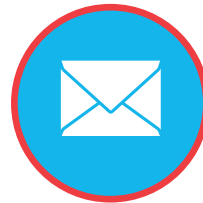


Get **\$30**,  
after you complete  
the survey online

OR

**BY MAIL**

Answer questions in the paper survey that we sent.



Get **\$20**,  
after you complete  
the paper survey

Enter your LoginID: <<LoginID>>

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*Many thanks,*

Allison Arwady, MD, MPH  
Commissioner  
Chicago Department of Public Health