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# **2021 Healthy Chicago Survey (HCS) and 2022 Healthy Chicago Survey (HCS) COVID-19 Social Impact Survey (COVID SIS)**

## **Methodology Report**

Prepared for

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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 interviewing (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, the 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.

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

The 2021 HCS collected a total of 4,237 surveys with adults living in the City of Chicago at an American Association for Public Opinion Research (AAPOR) Response Rate 3 of 31.1%. Interviewing was conducted in English, Spanish, Polish, and Chinese from June 14, 2021, through November 30, 2021.

This report describes the methodology and data collection protocols used to administer the 2021 HCS and 2022 HCS COVID SIS.

## 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 & 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 2021 HCS administration, RTI used the version current as of April 2021. Although the survey was not fielded until mid-June, lead time was required to complete preparatory work on the sampling frame, such as geocoding addresses and implementing the substitution method for drop point units discussed below.

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  $N = 1,207,642$  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 2021 HCS called for targeting a minimum of 35 survey completes within each CA,  $n = 4,500$  survey completes overall, and  $n_h = 70$  survey completes within each CA in 2020 HCS and 2021 HCS combined ( $h = 1, \dots, 77$ ). Yield rates from 2020 HCS were carried forward to inform the CA-specific sample sizes necessary to achieve these targets while simultaneously minimizing the average unequal weighting effect (UWE) (Kish, 1992) across the two years. All of this information was fed into SAS’s PROC OPTMODEL (SAS Institute Inc., 2014) to arrive at a sample allocation solution.

Exhibit 1 reports the components of these inputs for each CA alongside sampling frame counts and sample sizes. In total,  $n' = 18,488$  addresses were selected from the  $N = 1,207,642$  unique addresses on the ABS frame for 2021 HCS, representing a net sampling rate of 1.5%. We initially anticipated a requisite sample size of 14,000 addresses to achieve 4,500 completes, to be allocated evenly at 7,000 addresses each in two subsequent sample releases. However, upon observing yield rates in the first release of 2021 HCS to be roughly 20% lower than our expectations based on 2020 HCS, two modifications were necessary: (1) the overall 2021 HCS sample size needed was increased to 18,488; and (2) the target number of 2021 HCS completes was reduced from 4,500 to 4,204.

**Exhibit 1. Sampling Frame Counts and Sample Sizes by Community Area for 2021 HCS**

Community Area	Unique Addresses $N_h$	Initial Target Completes $n_h$	Revised Target Completes $n_h$	Sample Size $n'_h$	Sampling Rate $n'_h / N_h$
1 - Rogers Park	27,984	119	90	343	1.2%
2 - West Ridge	28,017	48	109	388	1.4%
3 - Uptown	33,527	155	106	410	1.2%
4 - Lincoln Square	20,384	116	102	299	1.5%
5 - North Center	16,189	91	83	242	1.5%
6 - Lake View	61,529	330	195	558	0.9%
7 - Lincoln Park	38,677	132	153	524	1.4%
8 - Near North Side	76,558	245	140	558	0.7%
9 - Edison Park	4,988	33	39	126	2.5%
10 - Norwood Park	15,557	73	86	269	1.7%
11 - Jefferson Park	10,772	47	42	140	1.3%
12 - Forest Glen	7,264	37	39	115	1.6%
13 - North Park	7,024	34	39	139	2.0%
14 - Albany Park	17,885	54	54	197	1.1%
15 - Portage Park	23,818	106	74	280	1.2%
16 - Irving Park	22,632	98	66	257	1.1%
17 - Dunning	15,836	37	39	182	1.1%

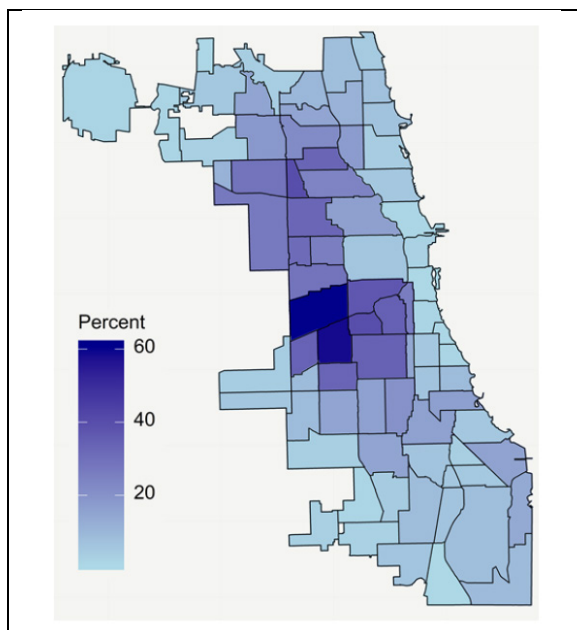
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<b>Community Area</b>	<b>Unique Addresses <i>N<sub>h</sub></i></b>	<b>Initial Target Completes <i>n<sub>h</sub></i></b>	<b>Revised Target Completes <i>n<sub>h</sub></i></b>	<b>Sample Size <i>n'<sub>h</sub></i></b>	<b>Sampling Rate <i>n'<sub>h</sub> / N<sub>h</sub></i></b>
18 - Montclare	5,035	37	43	218	4.3%
19 - Belmont Cragin	22,319	43	30	158	0.7%
20 - Hermosa	7,689	36	30	109	1.4%
21 - Avondale	15,350	37	35	141	0.9%
22 - Logan Square	34,050	92	106	418	1.2%
23 - Humboldt Park	18,741	34	31	167	0.9%
24 - West Town	45,268	263	170	556	1.2%
25 - Austin	35,887	51	42	218	0.6%
26 - West Garfield Park	6,787	27	32	222	3.3%
27 - East Garfield Park	8,122	37	43	256	3.2%
28 - Near West Side	37,538	93	134	491	1.3%
29 - North Lawndale	13,596	34	37	234	1.7%
30 - South Lawndale	17,476	30	31	169	1.0%
31 - Lower West Side	12,881	58	29	116	0.9%
32 - The Loop	29,181	76	75	300	1.0%
33 - Near South Side	17,393	76	40	167	1.0%
34 - Armour Square	5,622	38	42	213	3.8%
35 - Douglas	10,790	36	39	276	2.6%
36 - Oakland	3,393	20	31	208	6.1%
37 - Fuller Park	1,325	39	44	280	21.1%
38 - Grand Boulevard	12,158	31	32	134	1.1%
39 - Kenwood	10,295	50	51	151	1.5%
40 - Washington Park	5,637	33	39	235	4.2%
41 - Hyde Park	16,110	56	48	177	1.1%
42 - Woodlawn	11,768	35	40	276	2.3%
43 - South Shore	28,651	40	41	191	0.7%
44 - Chatham	16,260	37	30	211	1.3%
45 - Avalon Park	4,351	34	40	228	5.2%
46 - South Chicago	12,206	33	40	244	2.0%
47 - Burnside	1,088	31	37	208	19.1%
48 - Calumet Heights	5,966	40	46	238	4.0%
49 - Roseland	17,396	26	31	195	1.1%
50 - Pullman	3,483	39	44	240	6.9%
51 - South Deering	5,665	37	43	177	3.1%

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<b>Community Area</b>	<b>Unique Addresses <i>N<sub>h</sub></i></b>	<b>Initial Target Completes <i>n<sub>h</sub></i></b>	<b>Revised Target Completes <i>n<sub>h</sub></i></b>	<b>Sample Size <i>n'<sub>h</sub></i></b>	<b>Sampling Rate <i>n'<sub>h</sub> / N<sub>h</sub></i></b>
52 - East Side	7,014	30	35	194	2.8%
53 - West Pullman	11,091	30	34	187	1.7%
54 - Riverdale	2,744	26	31	138	5.0%
55 - Hegewisch	4,006	20	31	135	3.4%
56 - Garfield Ridge	12,533	43	30	127	1.0%
57 - Archer Heights	3,995	38	45	237	5.9%
58 - Brighton Park	12,351	23	30	151	1.2%
59 - McKinley Park	5,468	31	36	157	2.9%
60 - Bridgeport	13,121	63	43	167	1.3%
61 - New City	12,855	35	40	265	2.1%
62 - West Elsdon	5,094	36	41	208	4.1%
63 - Gage Park	9,602	36	41	219	2.3%
64 - Clearing	8,991	41	48	267	3.0%
65 - West Lawn	9,285	33	36	206	2.2%
66 - Chicago Lawn	17,243	33	40	320	1.9%
67 - West Englewood	11,407	40	45	332	2.9%
68 - Englewood	11,972	36	36	242	2.0%
69 - Greater Grand Crossing	14,738	31	35	292	2.0%
70 - Ashburn	13,170	33	36	215	1.6%
71 - Auburn Gresham	19,399	35	30	128	0.7%
72 - Beverly	7,943	39	39	155	2.0%
73 - Washington Heights	10,246	31	34	168	1.6%
74 - Mount Greenwood	7,296	41	46	209	2.9%
75 - Morgan Park	8,626	38	43	173	2.0%
76 - O'Hare	6,430	39	43	212	3.3%
77 - Edgewater	32,904	187	172	535	1.6%
<b>Totals</b>	<b>1,207,642</b>	<b>4,500</b>	<b>4,204</b>	<b>18,488</b>	<b>1.5%</b>

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



## 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 March 2021, approximately 13% of all addresses in the 77 CAs 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 2021 HCS, 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 2,196 DPUs therein sampled were substituted with a non-drop point unit (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 within the same CA, and very frequently within a block or two. (A small portion of NDPUs, 35, served as substitutes for two or more DPUs. Step 2 of the weighting procedure, discussed in Section [Weighting](#), 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 administration of the nationwide Residential Energy Consumption Survey (Harter et al., 2021).

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.

To evaluate the performance of the substitution approach, a concurrent survey was fielded of the DPUs that were sampled but substituted out of 2021 HCS. This was done to provide the ability to compare DPUs and their substitutes across dimensions such as response rates, sociodemographic

distributions, and survey outcome distributions. Data from this concurrent survey effort are not included in the official 2021 HCS analysis data set but results from it will be summarized in a Joint Statistical Meetings presentation planned for later this year (Lewis et al., 2022). Preliminary findings suggest that, while there are a few statistically significant differences with respect to demographic distribution, there are no substantive differences in key health outcomes measured by the survey between DPU respondents and their substitutes.

## **SURVEY DESIGN**

For the 2020 HCS, 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 1, 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 would mention a promised incentive of \$10 for completing the survey. In phase 2 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 2, 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 using the Choice+ design for the 2020 HCS.

For the 2021 HCS, CDPH and RTI decided to use the first sample release to conduct the experiment RTI originally proposed for 2020 administration. The experiment called for designating 25% of the sampled addresses to receive the Choice+ design and the other 75% to receive the Sequential design. Depending on performance of each design, RTI would recommend completing data collection using the more productive and cost-effective protocol.

At the conclusion of the first sample release, the Sequential protocol proved to generate a nearly identical yield rate to the Choice+ protocol. Because it was more cost-efficient of the two, RTI recommended completing 2021 HCS using the Sequential protocol and CDPH accepted the recommendation. Thus, 12.5% of the 2021 HCS would be conducted using Choice+ while approximately 87.5% of the 2021 HCS would be conducted using a Sequential design. The Sequential protocol ended up being implemented on slightly more than 87.5% of the sampled cases, however, because of the previously mentioned need to increase the overall sample in the

second release to combat lower than expected yield rates in 2021 HCS relative to what was observed in 2020 HCS.

Given the productivity of the sample in collecting the desired targets by CA and desired representation of race and ethnicity, RTI altered the design for the fourth and final mailing of the second sample release. A reminder letter was sent in place of the second self-mailer to a target sample of nonrespondents.

## **INSTRUMENTATION**

CDPH provided RTI with the 2021 HCS questionnaire draft, which was developed in tandem with the 2021 HCS COVID Social Impact Survey questionnaire and contained the desired questions for inclusion in the 2021 instrument. Much of the 2021 HCS questionnaire content is consistent with prior waves of the HCS and included the following topics:

- ***Section A: General Health***
  - This section asked questions about overall health, having a personal doctor, getting a routine checkup and dental cleaning, satisfaction with health care, possession of health care coverage, and ease of obtaining needed care or treatment. New questions to this section include questions about health care service accommodations for disabilities and questions about accessing, receiving, and postponing health care during the COVID-19 pandemic.
- ***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. New questions to this section included additional conditions, such as cancer, arthritis, hepatitis, and kidney disease.
- ***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. One new question to the section asked about the use of cannabis during the COVID-19 pandemic.
- ***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. New questions to this section asked about obtaining meals from a convenience store or gas station, identifying drinking water source at home, using a community garden, and whether female respondents are currently or were pregnant within the last year.



- ***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. New questions to the section asked about the use of alcohol to cope during the COVID-19 pandemic and the use of heroin.
- ***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. New questions to the section asked about different elements to measure social isolation and mental health during the COVID-19 pandemic.
- ***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 to pay 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. New questions to this section included questions about whether the respondent needed to move or alter their housing situation during the COVID-19 pandemic. Additional items were added to the battery of questions about neighborhood activities. Two new questions asked about access to reliable internet at home and the primary device used to access the internet at home.
- ***Section K: Coronavirus & COVID-19***
  - This section included questions about the COVID-19 pandemic, including whether the respondent ever received a positive COVID-19 test result, experienced death in the family from someone diagnosed with COVID-19, experienced work or salary reductions because of COVID-19, and increased caregiving activities during the pandemic. The 2020 HCS question about the respondent's willingness to receive a COVID-19 vaccine was modified in 2021 to ask how many doses of the COVID-19 vaccine the respondent had received.

- ***Section L: 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. New questions to this section asked about various disabilities, the industry and type of work the respondent does, participation in health studies, and use of SNAP benefits. The 2021 HCS revised the enumeration of children in the household by age group and omitted the questions from 2020 HCS that asked for the health status, age, and gender of up to five children in the household.
- ***Section M: 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 additional questions.

## **Mailing Materials**

RTI designed all materials that were printed and sent to respondents, including:

- Invitation letter
- Reminder letter
  - Targeted reminder letter—This was not part of the original protocol but was created for the targeted sample of nonrespondents in Release 2 for 2021. The letter was adapted using language from the Reminder Letter and Self-mailers with the goal of looking different from the mailings that prospective respondents had already seen.
- 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 English and Spanish versions of the invitation letter and reminder letter. The self-mailers were designed to include both English and Spanish language so 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. Bilingual Polish and Chinese materials were not created for the 2021 HCS.

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 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 the 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 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.

All outgoing mail listed the address for RTI's Resource Operations Center in Raleigh, North Carolina:

Healthy Chicago Survey  
c/o RTI International  
5265 Capital Boulevard  
Raleigh, NC 27690-1653

This same address was listed as the address on the BRE for respondents to return their completed paper surveys.

## 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. As part of the questionnaire development phase, RTI conducted usability testing of the web and paper surveys in English and Spanish.

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. Participants were recruited through Craigslist, Reddit, Facebook, and Upwork advertisements. A total of 111 people completed the screener; 44 people partially completed the screener. Of the 24 participants selected and scheduled for interviews, 19 completed the interview, 4 did not show for their interview, and 1 experienced technical issues but declined to reschedule their interview.

A total of 13 respondents tested the web survey and 6 respondents tested the paper survey. A total of 7 interviews were completed by desktop/laptop computer and 12 by Android/iPhone. Two of the 19 interviews tested the survey in Spanish. The interviews were conducted by RTI staff who specialize in cognitive and usability testing. Interviews were completed between May 17 and May 23, 2021.

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 they read through and completed 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. As with usability testing in 2020, RTI observed a few instances of the survey instructions being 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 the web survey, we noted some respondents reading all instructions, while others skipped them or referred to them only when they needed help answering a question. Web respondents were successfully able to break off or exit the survey and then log back in to resume. Users were also able to go back to a previous question to change a response. Overall, respondents felt the survey was easy to follow and understand.

There were no major item-specific issues encountered during usability testing. RTI only noted two questions where respondents asked for a definition for the term referenced in the question.

One question (Q73 in PAPI) was discussed last year and CDPH and RTI agreed that a definition for “hysterectomy” was not necessary. Thus, no change was recommended based on usability testing for this question. One male respondent during usability testing thought asking if they were transgender (Q135 in PAPI) was an offensive question, while another male respondent suggested more information was needed about this question, particularly about whether someone had had gender-affirming surgery. Neither of these respondents was transgender and RTI believed that the information provided in the question was sufficient.

Based on the Spanish usability tests, RTI did not encounter any issues with the quality of the translation. RTI noted one respondent misunderstanding the term “straight” at the sexual orientation question, and one respondent expressing confusion about the translation for “convenience store.” Sexual orientation terms are commonly misunderstood by respondents in Spanish, depending on their age and education level. Cultural or national norms also impact comprehension of sexual orientation (and gender identity) terms. In this case, RTI believed the translations for sexual orientation terms were accurate, would be understood by most Spanish speakers, and recommended no change. For Q128, which mentioned “convenience store,” RTI believed respondents would understand the meaning of the term in the context of the question itself and therefore recommended no change.

Copies of the usability testing materials are in the Appendices.

## **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 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 (OCR) 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. 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 relying on simulated data alone.
- **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 data set 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. The senior clerk performs this verification on all surveys.
- 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, Symphony, and RTI’s secure network survey dataset 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 release 1 sample. Half of the sample was designated to receive the Choice+ protocol; the other half was designated to receive the Sequential protocol. Thirty cases in the Choice+ portion of the pilot sample (15% of the total pilot sample) were designated to receive a Spanish PAPI instrument.

On June 14, 2021, Grace Printing mailed a survey packet to the Choice+ sample, including a letter with CAWI login credentials, a paper survey, and a BRE. Grace Printing mailed invitation letters with CAWI login credentials to the Sequential sample. Since the pilot test was designated to test RTI’s systems, only the first mailing of each data collection protocol was sent.

By June 30, 2021, the pilot collected a total of 24 interviews: 20 web completes and 4 paper completes. All surveys were completed in English. The average completion time of CAWI was 25 minutes. Two cases dropped out or suspended, meaning 91% of the respondents who accessed the CAWI and started the survey also completed the survey. Of these two cases, one dropped out at the introduction, while the other suspended at Q15 (a question about cannabis use).

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.
- Data set completeness—RTI checked that all questions in the questionnaire were also in the data set 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 19, 2021.

### **Mailing Schedule**

Grace Printing & Mailing, RTI’s Minority Business Enterprise subcontractor, provided all printing and mailing services for the 2021 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 2021 HCS was scheduled to be fielded in two sample releases. Both Choice+ and Sequential protocols were fielded in the first release. The second release was administered using the Sequential protocol.

Choice+ Protocol:

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

Sequential Protocol:

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

A few of the mailings in Release 2 deviated from the original schedule for a few reasons:

- Mailing 1 was delayed slightly because of the time RTI needed to finalize the sample allocation for Release 2, based on the productivity of Release 1.
- Mailing 3 was delayed because RTI wanted to give the self-mailer (Mailing 2) more time to produce completes before sending the paper survey packet.
- Mailing 4 was later than scheduled because RTI and CDPH were discussing options for targeting it to specific nonrespondents based on the productivity of Release 2 and the desire to hit specific targets. Instead of mailing a second reminder self-mailer, RTI mailed a Reminder Letter in a #10 envelope.

Given the aforementioned events, the final 2021 mailing schedule below does not match the intended protocol:

Release 1

Sequential / Choice+:

7/19/21 – Mailing 1 = Invitation Letter / Survey Packet 1  
7/26/21 – Mailing 2 = Reminder Self-mailer 1  
8/9/21 – Mailing 3 = Survey Packet / Survey Packet 2  
8/16/21 – Mailing 4 = Reminder Self-mailer 2

Release 2

Sequential:

9/25/21 – Mailing 1 = Invitation Letter  
10/1/21 – Mailing 2 = Reminder Self-mailer 1  
10/19/21 – Mailing 3 = Survey Packet  
11/10/21 – Mailing 4 = Targeted Reminder Letter

With the 2022 HCS, RTI will endeavor to adhere to the mailing schedule.

### **Survey Languages**

The 2021 HCS was administered in English and Spanish, as well as two new languages: Polish and Cantonese. Metaphrasis Language & Cultural Solutions, one of RTI's Women's Business Enterprise subcontractors, translated the 2021 HCS. RTI reviewed each translation prior to programming and tested each non-English language version prior to fielding.

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, Spanish, Polish, or Chinese.

RTI collected a total of 45 Spanish completes: 36 in web and 9 in paper. A total of five Cantonese completes were collected on web. No Polish interviews were collected.

### **Incentives**

To encourage response to the survey, we sent all 2021 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.

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

### **Mail Receipting**

All returned mail, including undeliverable mail and PAPI surveys, was 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 data set 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 data set.

### **Adverse Event Protocol**

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 wanted on the pages, RTI has a process for scanning this data and flagging it for manual review. This is referred to as a “Too Many Marks” log, and the research team reviewed it for potential adverse events. The RTI team also regularly monitored and responded to emails and phone calls received by respondents.

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 advise RTI on the appropriate follow-up.

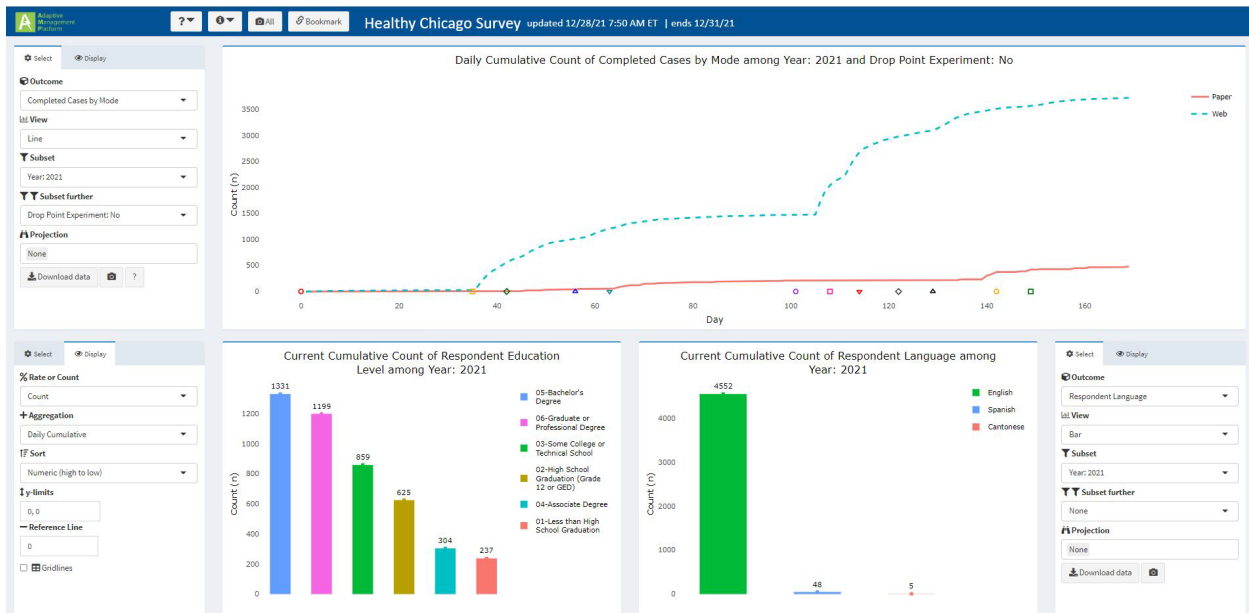
There were no potential adverse events encountered during 2021 HCS fielding.

### 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 sampling frame indicator variables, case dispositions, and web paradata (Kreuter, 2013), the ATD dashboard presented the most important metrics while minimizing superfluous information to enable timely decision-making. Key information included number of CAWI and PAPI interviews completed, number of undeliverable mailings, and respondent demographics (income, education, gender, race/ethnicity). A sample of the customized ATD dashboard for HCS is below.

### Exhibit 3. Customized ATD Dashboard



## **DISPOSITION CODES AND OUTCOME RATES**

Once the data collection period had closed, all  $n = 18,488$  sampled cases (i.e., addresses) were assigned one of seven possible disposition codes. Exhibit 4 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 4,237 completes were obtained: 3,747 (88.4%) by web and 490 (11.6%) by paper. Cases answering one or more question, but fewer than four weighting variables, were considered partial completes. There were only 190 of these cases across both modes. Information on undeliverable status was extracted from RTI's Symphony software. 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 8.5%, slightly higher than the 8.0% observed in 2020 HCS. Cases without any kind of reply and where no supplementary information was received accounted for 12,473, or 67.5%, of all sampled cases. These cases were considered nonrespondents with eligibility status unknown.

**Exhibit 4. Summary of Disposition Codes and Counts in 2021 HCS**

Code	Meaning	Description	Count	Percent of Cases
CW	Web Complete	Answered by web with at least four weighting variables	3,747	20.3
CP	Paper Complete	Answered by paper with at least four weighting variables	490	2.7
PW	Web Partial Complete	Answered by web with at least one, but fewer than four, weighting variables	182	1.0
PP	Paper Partial Complete	Answered by paper with at least one, but fewer than four, weighting variables	8	< 0.1
UD	Undeliverable	Mail correspondence returned by USPS (and not a complete or partial complete)	1,578	8.5
RF	Known Eligibility Nonrespondent	Explicit refusal or blank questionnaire returned	10	0.1
NR	Unknown Eligibility Nonrespondent	All other cases not assigned one of the other codes	12,473	67.5
			18,488	100.0

With respect to standards set forth by AAPOR (2016), the eligibility rate for addresses sampled for 2021 HCS was estimated as  $e = (CW + PW + CP + PP + RF) / (CW + CP + PW + PP + RF + UD) = 73.8\%$ , corresponding to an AAPOR RR3 (excluding partial completes) of  $(CW + CP) / (CW + CP + PW + PP + RF + e*NR) = 31.1\%$ .

Exhibit 5 compares the expected yield rate with the actual yield rate by CA, alongside counts of target completes versus the actual completes obtained. Yearly minimum targets were achieved for 63 of the 77 CAs, compared with 62 of the 77 CAs hitting targets in 2020 HCS. We view this as a positive result, especially considering the challenge posed by 73 of the 77 CAs (94.8%) experiencing a lower yield rate in 2021 HCS relative to 2020 HCS. Another positive result is that the minimum target of 70 completes across the two adjacent survey administrations was obtained for all 77 CAs, as reflected in the last column of Exhibit 5.

**Exhibit 5. Comparison of Assumed vs. Actual Yield Rates and Complete Counts in 2021 HCS**

Community Area	2021 HCS Figures				2020 HCS Completes	2020-2021 HCS Completes
	Assumed Yield Rate	Actual Yield Rate	Target Completes	Actual Completes		
1 - Rogers Park	36.6%	25.4%	90	87	82	169
2 - West Ridge	24.7%	25.8%	109	100	44	144
3 - Uptown	36.7%	24.4%	106	100	97	197
4 - Lincoln Square	42.7%	31.8%	102	95	79	174
5 - North Center	42.2%	36.8%	83	89	62	151
6 - Lake View	47.5%	32.6%	195	182	268	450
7 - Lincoln Park	37.5%	25.6%	153	134	130	264
8 - Near North Side	36.1%	23.8%	140	133	249	382
9 - Edison Park	39.4%	27.8%	39	35	37	72
10 - Norwood Park	39.5%	29.0%	86	78	51	129
11 - Jefferson Park	38.1%	30.7%	42	43	48	91
12 - Forest Glen	38.5%	38.3%	39	44	35	79
13 - North Park	41.9%	25.2%	39	35	36	71
14 - Albany Park	35.4%	24.9%	54	49	64	113

2021 HCS Figures						
Community Area	Assumed Yield Rate	Actual Yield Rate	Target Completes	Actual Completes	2020 HCS Completes	2020-2021 HCS Completes
15 - Portage Park	35.1%	26.8%	74	75	72	147
16 - Irving Park	38.1%	30.7%	66	79	74	153
17 - Dunning	27.8%	18.1%	39	33	37	70
18 - Montclare	28.0%	19.7%	43	43	33	76
19 - Belmont Cragin	26.7%	18.4%	30	29	52	81
20 - Hermosa	38.5%	24.8%	30	27	47	74
21 - Avondale	30.8%	26.2%	35	37	45	82
22 - Logan Square	35.1%	25.8%	106	108	86	194
23 - Humboldt Park	25.4%	18.6%	31	31	44	75
24 - West Town	42.6%	28.4%	170	158	164	322
25 - Austin	20.0%	16.5%	42	36	51	87
26 - West Garfield Park	18.3%	13.5%	32	30	43	73
27 - East Garfield Park	26.6%	15.2%	43	39	33	72
28 - Near West Side	32.3%	26.5%	134	130	90	220
29 - North Lawndale	25.5%	15.4%	37	36	39	75
30 - South Lawndale	22.2%	14.2%	31	24	114	138
31 - Lower West Side	36.8%	22.4%	29	26	64	90
32 - The Loop	33.1%	27.0%	75	81	85	166
33 - Near South Side	36.4%	28.1%	40	47	51	98
34 - Armour Square	28.1%	18.8%	42	40	32	72
35 - Douglas	29.3%	18.1%	39	50	36	86
36 - Oakland	27.1%	17.3%	31	36	92	128
37 - Fuller Park	23.1%	16.8%	44	47	31	78
38 - Grand Boulevard	29.5%	20.9%	32	28	43	71
39 - Kenwood	38.9%	29.1%	51	44	44	88
40 - Washington Park	29.8%	14.0%	39	33	37	70
41 - Hyde Park	34.7%	29.9%	48	53	51	104
42 - Woodlawn	22.4%	13.8%	40	38	36	74
43 - South Shore	19.4%	22.0%	41	42	39	81
44 - Chatham	28.4%	18.0%	30	38	59	97
45 - Avalon Park	32.1%	18.9%	40	43	36	79
46 - South Chicago	20.5%	18.9%	40	46	38	84
47 - Burnside	35.8%	17.3%	37	36	39	75
48 - Calumet Heights	29.1%	19.3%	46	46	30	76
49 - Roseland	17.8%	19.5%	31	38	44	82
50 - Pullman	27.9%	22.5%	44	54	31	85
51 - South Deering	31.7%	22.6%	43	40	33	73
52 - East Side	27.8%	16.5%	35	32	40	72
53 - West Pullman	24.1%	21.9%	34	41	42	83
54 - Riverdale	28.0%	21.7%	31	30	44	74
55 - Hegewisch	28.5%	27.4%	31	37	113	150
56 - Garfield Ridge	36.6%	22.8%	30	29	60	89
57 - Archer Heights	27.4%	21.5%	45	51	32	83
58 - Brighton Park	25.1%	16.6%	30	25	141	166
59 - McKinley Park	35.1%	22.3%	36	35	39	74
60 - Bridgeport	37.9%	24.0%	43	40	39	79
61 - New City	20.6%	15.8%	40	42	36	78

Community Area	2021 HCS Figures				2020 HCS Completes	2020-2021 HCS Completes
	Assumed Yield Rate	Actual Yield Rate	Target Completes	Actual Completes		
62 - West Elsdon	28.6%	22.1%	41	46	34	80
63 - Gage Park	25.2%	19.6%	41	43	34	77
64 - Clearing	24.6%	20.6%	48	55	29	84
65 - West Lawn	27.7%	20.9%	36	43	38	81
66 - Chicago Lawn	20.6%	15.3%	40	49	37	86
67 - West Englewood	17.2%	14.5%	45	48	30	78
68 - Englewood	21.5%	17.8%	36	43	41	84
69 - Greater Grand Crossing	15.6%	16.1%	35	47	39	86
70 - Ashburn	25.8%	19.1%	36	41	39	80
71 - Auburn Gresham	25.3%	21.1%	30	27	61	88
72 - Beverly	38.7%	32.9%	39	51	36	87
73 - Washington Heights	28.5%	22.6%	34	38	41	79
74 - Mount Greenwood	31.5%	25.4%	46	53	29	82
75 - Morgan Park	29.4%	22.0%	43	38	32	70
76 - O'Hare	22.3%	19.3%	43	41	31	72
77 - Edgewater	42.6%	35.0%	172	187	123	310
<b>Totals</b>	<b>30.5%</b>	<b>22.9%</b>	<b>4,204</b>	<b>4,237</b>	<b>4,517</b>	<b>8,754</b>

## WEIGHTING

This section describes the six sequential steps carried out to produce a single set of weights permitting analysts to use the 4,237 respondents who completed 2021 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 2,196 substitutions that took place, this only occurred 35 times. 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  $e_w = 0.76$ . Note how this is simply the base-weighted version of the term  $e = 0.738$  that feeds into the

AAPOR RR3 formula discussed previously in this report. For the 12,473 addresses with disposition code NR (see Exhibit 4), 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 & 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 & 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 2021 HCS sample, we employed PROC HPSPLIT in SAS® (SAS Institute Inc., 2015) to identify a total of 26 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, the percent of individuals living below the poverty level, etc.

Across the 26 nodes, unweighted response rates ranged from 11.4% to 41.2%, but weighted response rates were used in the adjustment factors to ensure 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  $w_{4hi} = w_{3hi} * RR_{wc}$ . 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 2021 HCS. 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 & Singh, 2000) built into the SUDAAN® WTADJUST procedure (RTI International, 2012). Exhibit 6 lists the specific dimensions for which control totals were established. All control totals were derived from the 2015–2019 American Community Survey (ACS) summary file. Aside from the first and last dimension listed in Exhibit 6, 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.

As reflected in Exhibit 6, 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 2015–2019 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 2021 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 6. Summary of Calibration Dimensions and Categories for Final Step in Weighting Process**

Dimension	Description	Source (Frame / PAPI Question Number)	Original Categories	Collapsed Categories	Number of Values Requiring Imputation	ACS Summary Table Name
1	Community Area	Frame	Total adult population across 77 CAs	19 Groupings of CAs	0	B01001
2	Gender	57	Male Female	Same	65	B01001
3	Age	123	18-24 25-29 30-44 45-64 65 or older	1. 18-29 2. 30-44 3. 45-64 4. 65 or older	10	B01001
4	Race/Ethnicity	126	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	76	B03002
		124	Hispanic = Yes Hispanic = No			B03002

<b>Dimension</b>	<b>Description</b>	<b>Source (Frame / PAPI Question Number)</b>	<b>Original Categories</b>	<b>Collapsed Categories</b>	<b>Number of Values Requiring Imputation</b>	<b>ACS Summary Table Name</b>
5	Marital Status	136	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	9	B12001
6	Educational Attainment	137	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	25	B15003
7	Owner/renter	142	Own Rent Some other arrangement	1. Own 2. Other	7	B25008
8	Age by Gender	57/123	Cross-classification of age and gender	Same collapsed age categories shown for second dimension above	72	B01001

Exhibit 7 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.

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 the UWE impact is slight. 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 1.63 to 2.56. A UWE of 2.56 for the final set of weights is larger than what was observed in 2020 HCS, 2.36, and in prior DFRDD designs, where magnitude was closer to 1.5. One driver of the increase is the higher sampling rates in smaller CAs relative to larger CAs, yet



Exhibit 7 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 DFRDD administrations, where virtually all control totals were tabulated for the city of Chicago as a whole.

**Exhibit 7. Distribution of Weights Following Each Step of the Weighting Procedure**

<b>Weighting Step</b>	<b>Count of Weights &gt; 0</b>	<b>Minimum</b>	<b>5th Percentile</b>	<b>95th Percentile</b>	<b>Maximum</b>	<b>UWE</b>
1. Base Weight	18,488	4.57	15.98	137.20	163.87	1.28
2. Drop Point Substitution	18,488	4.57	15.98	137.20	163.87	1.28
3. Unknown Eligibility	18,488	3.45	12.32	110.27	163.87	1.31
4. Address-Level Nonresponse	4,237	14.58	59.51	445.90	1,137.51	1.33
5. Within-Household Selection	4,237	14.58	86.17	902.24	4,550.03	1.63
6. Individual-Level Calibration	4,237	45.28	71.62	1655.08	4,956.13	2.56

**FINAL DATA PREPARATION**

**Data Processing and Cleaning**

As discussed above in the [Pilot Section](#), the Voxco survey management system was used to track and process CAWI responses received for 2021 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, as was done in 2020 HCS, the numeric open-ends were bottom- and top-coded according to the following rules:

1. Servings of fruit (Q43) and vegetables (Q44) eaten yesterday were limited to a range of 0-50.
2. Sweetened drink consumption (Q48) 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
3. Height (Q55) was bottom-coded to at least 4 feet.
4. Weight in pounds (Q56) was limited to a range of 50-600.

5. Number of days in past 30 days having one or more alcoholic beverage (Q60) was limited to a range of 0-30, and the number of days men/women having 5+ /4+ (Q61/Q62) limited to a range between 0 and the respondent's original or recoded Q60, if applicable.
6. Average hours of sleep in a 24-hour period (Q92) 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:

1. Marijuana usage type in past 30 days (Q41)
2. Self-described gender (Q57)
3. Reason for not getting mental health treatment/counseling (Q91)
4. Methods to handle an unexpected emergency expense (Q94)
5. Reason for most recent housing move (Q97)
6. Self-described sexual orientation (Q134)

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.

The final version of the coalesced CAWI/PAPI SAS data set consisted of 4,237 observations (i.e., rows) and 280 variables (i.e., columns). Note that there were 14 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 2021 HCS 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.

RTI also produced a pooled data set containing responses to both 2020 HCS and 2021 HCS—8,754 observations in total—with a supplemental codebook indicating which survey items (i.e., data set columns) were applicable to the 2020 or 2021 administration. The file contains year-specific base weights and final adjusted weights and a pooled weight (variable name “pooled\_wgt”). The pooled weight is defined simply as the two year-specific final weights divided by 2, in line with guidance from other large-scale recurring health surveys, namely the National Health and Nutrition Examination Survey (<https://wwwn.cdc.gov/nchs/data/nhanes/analyticguidelines/11-16-analytic-guidelines.pdf>) and the National Health Interview Survey (<https://www.cdc.gov/nchs/data/nhis/2016var.pdf>). This weight can be used by analysts seeking to make inferences on the 2-year period spanning both the 2020 HCS and 2021 HCS.

## **2022 HEALTHY CHICAGO SURVEY (HCS) COVID-19 SOCIAL IMPACT SURVEY (COVID SIS)**

### **Introduction**

The COVID-19 pandemic, which broke out in early 2020, continued to affect citizens around the world through 2021. In an effort to understand and track the impact of the pandemic on residents in the City of Chicago, CDPH elected to conduct a new wave of a follow-up survey about the social impact of COVID-19. The 2022 Healthy Chicago Survey COVID-19 Social Impact Survey (2022 HCS COVID SIS) is a follow-up survey to respondents who completed the 2021 HCS about the impact of COVID-19 on their physical health, emotional well-being, and financial status.

2022 HCS COVID SIS surveys were collected between April 14, 2022, and June 10, 2022. A total of 2,049 interviews were collected. Of these, 1,970 were CAWI surveys and 79 were PAPI surveys. A total of 2,033 surveys were conducted in English, while 16 were conducted in Spanish. Of the English surveys, 1,956 were from CAWI, while 77 were from PAPI. Of the 16 Spanish surveys, 14 were collected via CAWI and 2 were collected via PAPI. All 2022 HCS COVID SIS CAWI respondents had responded by CAWI to the 2021 HCS. All 79 PAPI survey completes were obtained from those who had responded by PAPI in the 2021 HCS, but another 105 individuals who had originally responded to the 2021 HCS via PAPI responded by CAWI to the 2022 HCS COVID SIS. The response rate using AAPOR Response Rate 1 (RR1) is 68.4%.

### **Sampling**

Question 150 on the 2021 HCS instrument asked individuals if they would be willing to be recontacted with additional questions. Only those who answered yes to this question were invited to complete the 2022 HCS COVID SIS. Of the 4,237 2021 HCS respondents, 1,243 (29.3%) did not answer yes and were thus excluded from the 2022 HCS COVID SIS sampling frame, rendering a starting sample size of 2,994. No subsampling of 2021 HCS respondents was performed. All consenting respondents were invited to participate in the 2022 HCS COVID SIS.

### **Data Collection**

The fielding period for the 2022 HCS COVID SIS was approximately 2 months: April 14–June 10, 2022. This time frame was determined by the time 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 2022 HCS COVID SIS surveys.

### **Survey Design**

The 2022 HCS COVID SIS was conducted as a mixed-mode survey of CAWI and PAPI with contacts by mail, text message, and email. The contact protocol was designed to push respondents to the CAWI instrument.

RTI targeted a response rate of 60% for COVID SIS. The total sample size was 2,994, which meant targeting 1,796 total completes.

### **Instrumentation**

The 2022 HCS COVID SIS instrument, which was developed in tandem with the 2022 HCS questionnaire, included two categories of questions: (1) questions from 2022 HCS for which

CDPH wishes to compare data across time, and (2) specific questions assessing the impact of COVID-19. RTI ensured as much as possible that questions appearing in both 2022 HCS and 2022 HCS COVID SIS were identical.

The final instrument included the following topics (please note that the sections were not labeled in alphabetical sequence, which was an oversight during development):

- ***Section A: General Health***  
This section included questions about overall health, having a personal doctor, possession of health care coverage, and loss of health care coverage.
- ***Section B: Access to Care***  
This section included questions about access to health care, missed or postponed medical appointments, telehealth appointments with a health care provider during the past 12 months, and reasons for having or not having a telehealth appointment.
- ***Section C: Coronavirus & COVID-19***  
This section included questions about receiving a COVID-19 vaccine, reasons for not getting a COVID-19 vaccine, and likelihood of getting the COVID-19 vaccine.
- ***Section D: Financial Security***  
This section included a single question about the respondent's financial security in the past 12 months.
- ***Section E: Employment Status***  
This section included several questions about the respondent's employment status, including current employment status, source of the respondent's pay, type of job(s) worked by the respondent, whether a job was lost or reduced because of COVID-19 and the potential reasons for that loss or reduction, whether the respondent can work remotely, whether the respondent has paid time off, reasons for changing jobs, and work-related stress compared to before the pandemic.
- ***Section F: Housing Security***  
This section of questions asked about the respondent's living situation, including questions about whether they had been evicted or forced to move in the past 12 months, whether they needed to double up with another household, and the number of bedrooms and people in the household.
- ***Section H: Child Care and Child Education***  
This section asked about children in the respondent's household and their experience with school or child care closures because of COVID-19, quarantining because of COVID-19, concerns about COVID-19 at schools, remote learning during the past school year, the impact of COVID-19 on children's mental health, and the use of mental health services for children during the past 12 months.
- ***Section J: Experience of Violence***  
This section included questions about experiencing or witnessing violence in the respondent's neighborhood, including violence experienced first-hand and in the respondent's family or network of friends, and the degree of violence experienced.
- ***Section K: Mental Health***  
This section included questions to determine the respondent's level of depression and treatment of mental health conditions, and the respondent's mental health now compared to before the pandemic. This section also included a question about the amount of sleep the respondent typically gets. This question was moved to maximize the space on PAPI, and the placement was adjusted in CAWI to keep the modes consistent.

- ***Section L: Cannabis Use***  
This section included questions about cannabis use, including trying cannabis within the past 30 days, frequency of usage, reasons for usage, possession of a medical marijuana card, and using cannabis to cope with stress or emotions related to COVID-19.
- ***Section M: Alcohol***  
This section asked about the 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 N: Sources of Public Health Information***  
This section included a multi-item question about the use of various sources to derive information about COVID-19.
- ***Section O: 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 promised incentive.

## **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
  - Business reply envelopes (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.

A new feature to the administration of the study this year is the use of QR codes printed on all letters and self-mailers. These enabled respondents to use a smartphone device to scan the code and the link would take the respondent directly into the survey using their unique PIN code. This feature made it easier for respondents to complete the survey on the web.

### **Study Contact Information**

RTI created 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 Healthy Chicago Survey 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 to 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 that 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 the following protocol for 2022 HCS COVID SIS with contacts by mail, text, and email (Exhibit 8).

## Exhibit 8: 2022 HCS COVID SIS Data Collection Schedule

Contact	Description	Date
1	Invitation letter mailing	4/14/22
2	Text/Email invitation	4/25/22
3	Text/Email reminder	4/28/22
4	Text/Email reminder 2	5/2/22
5	PAPI packet (to 2021 PAPI respondents)/Reminder self-mailer (to 2021 HCS CAWI respondents)	5/10/22

The protocol for the fourth mailing was adapted from RTI’s experience conducting the 2021 HCS COVID SIS. After the first text message and email invitation during 2021 HCS COVID SIS, RTI had reached an estimated 41% response rate. Given that productivity rate, CDPH and RTI decided to combine the last two mail contacts (a PAPI packet and then a reminder self-mailer) into a single mailing that targeted the mailing based on mode of response to the 2021 HCS.

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 2021 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 2022 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 2022 HCS COVID SIS from within the City of Chicago. RTI received, receipted, and scanned all returned mail, 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

The 2022 HCS COVID SIS survey was administered 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 were sent an English version of the PAPI instrument (those who responded to 2021 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 2022 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 2022 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 this data and flagging it 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 2022 HCS COVID SIS survey fielding.

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

Once the data collection period had ended, all 4,237 2021 HCS respondents were assigned one of seven possible disposition codes for the 2022 HCS COVID SIS. Exhibit 9 provides a description of these seven along with the associated case counts. A total of 1,243 of the 4,237 2021 HCS respondents (29.3%) did not answer "Yes" to Question 150 and were therefore considered ineligible. This rate is comparable to the 2021 HCS COVID SIS, where 27.1% did not consent to be recontacted. As a verification that the 2022 HCS COVID SIS was completed by the same individual who had completed the 2021 HCS, we compared answers to the gender question, the only demographic appearing on both instruments, and flagged 55 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 cross-sectional



analyses. We assumed that these cases would be excluded for longitudinal analyses involving variables from both survey instruments.

**Exhibit 9: 2022 HCS COVID SIS Summary of Disposition Codes and Counts**

Code	Meaning	Description	Counts	Percent of Cases
NC	Did Not Consent	Did not answer "Yes" to Question 150 on the 2021 HCS	1,243	29.3
CW	Complete by Web	Answered at least one item on the Web survey	1,916	45.2
CP	Complete by Paper	Answered at least one item on the paper survey	78	1.8
RF	Refusal	Refusal or blank questionnaire returned	28	0.7
UD	Undeliverable	Consented to follow-up, but no valid contact information or mail returned by USPS	93	2.2
DD	Different Demographics	Gender specified in 2021 HCS differs from gender specified in 2022 COVID SIS	55	1.3
NR	Eligible Nonrespondent	All other cases not assigned one of the codes above	824	19.4
			4,237	100.0

Because of the extremely low rate of drop-off and the large amount of information already known for the respondent from the 2021 HCS analysis data set, we established a rule defining complete cases as those with one or more 2022 HCS COVID SIS survey items answered. Hence, there are no disposition codes denoting a partial web or paper complete. In all, 2,049 completes were obtained: the 55 DD cases (only 1 of which was paper), plus 1,916 cases with matching gender by web and 78 by paper. With respect to standards set forth by AAPOR (2016), we assumed an eligibility rate for 100% for those consenting to the follow-up survey. Without partial completes, the most fitting response rate formula is AAPOR RR1, which we calculated as  $(CW + CP + DD) / (CW + CP + RF + UD + DD + NR) = 68.4\%$ . Note that this figure is slightly higher than the 66.7% figure obtained in the 2021 HCS COVID SIS.

**Weighting**

Three steps were carried out sequentially to produce a single set of weights permitting analysts to use data from the 2,049 2022 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 Presence of Children in the Household*

The first step in the weighting process was to adjust the final 2021 HCS respondent weights for the presence of children (yes or no) in the household. After weighting of the 2021 HCS data was completed, we discovered that the weighted distributions of the individuals with children in the household, as gathered from 2021 HCS Question 145, appeared a little high at 31.3% relative to the most recently available ACS data. Specifically, table B11005 of the publicly available ACS data indicates that an estimated 26.3% of Chicago households contain one or more children. Although this weighting dimension will be factored into the forthcoming 2022 HCS weighting procedures, we opted to make this adjustment to the weights of 2021 HCS respondents prior to making additional adjustments specific to the 2022 HCS COVID SIS. If we denote the 2021 HCS weight of the  $i^{th}$  responding individual in the  $h^{th}$  CA as  $w_{6hi}$ , the first weight adjustment involved defining  $w_{7hi} = w_{6hi} * (26.3/31.3)$  for individuals living in households with one or more children, and  $w_{7hi} = w_{6hi} * (73.7/68.7)$  for individuals living in adult-only households.

### *Step 2: Adjusting for COVID SIS Non-Consent and Nonresponse*

The second step in the weighting process was to make an adjustment for both non-consent and 2022 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 2022 HCS COVID SIS respondent and all the same predictor variables listed in Exhibit 6. The lone exception was CA\_ID, which was excluded for model parsimony and because there were no plans to report out 2022 HCS COVID SIS results by community area. The 2022 HCS COVID SIS response propensities (i.e., response probabilities) were extracted from the model and all 2021 HCS respondents were grouped into five cells based on quintiles of the propensities' distribution. If we denote the weighted (using  $w_{7hi}$ ) average response propensity within each as  $RP_{wc}$  ( $c = 1, 2, \dots, 5$ ), then the weight for the  $i^{\text{th}}$  responding individual to COVID SIS in the  $h^{\text{th}}$  CA partitioned into the  $c^{\text{th}}$  response propensity cell was inflated to become  $w_{8hi} = w_{7hi} * (1/RP_{wc})$ . All other cases that did not respond to the 2022 HCS COVID SIS (i.e., did not have disposition codes of CW, CP, or DD) were assigned weights of 0.

### *Step 3: Weight Trimming*

The third 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  $w_{8hi}$  and to reduce the magnitude the resultant UWE measure. This involved capping the largest values of  $w_{8hi}$  at the 95<sup>th</sup> percentile and then rescaling all weights proportionally such that they summed to the pretrimmed sum of  $w_{8hi}$ . The final, trimmed, adjusted weight, which we can denote  $w_{9hi}$ , is labeled WEIGHT\_FINAL\_SIS on the data set described in the next section.

## **Final Data Preparation**

As with the 2021 HCS, the Voxco survey management system was used to track and process web responses received. Paper 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 four 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:

1. Job type (Q16).
2. Type of school (K-12) in which children are enrolled (Q30).
3. Type of childcare center daycare arrangement (Q38).
4. Self-described gender (Q63)

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 Web and paper responses were coalesced into a single SAS file with 4,237 observations and 455 variables accompanied by syntax to assign labels to the variables and format values, a contents file in Word, PDF, and Excel formats, and a codebook in Word and PDF formats that included frequencies for categorical variables and distributional summaries for numeric variables. Variables from the originally processed 2021 HCS data set were retained as-is, while like variables appearing in both surveys were suffixed with “\_sis” to distinguish the 2022 HCS COVID SIS version. Variables unique to the 2022 HCS COVID SIS instrument were prefixed with “sis\_”.

## REFERENCES

- Amaya, A. (2017). *RTI International's address-based sampling atlas: Drop points*. RTI Press Publication No. OP-0047-1712. Research Triangle Park, NC: RTI Press.
- American Association for Public Opinion Research (AAPOR). (2016). *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. 9th ed. AAPOR. Available at [https://www.aapor.org/AAPOR\\_Main/media/publications/Standard-Definitions20169theditionfinal.pdf](https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf)
- Breiman, L., Friedman, J., Olshen, R., & Stone, C. (1984). *Classification and regression trees*. Belmont, CA: Wadsworth, Inc.
- Buskirk, T. (2018). Surveying the forests and sampling the trees: An overview of classification and regression trees and random forests with applications in survey research. *Survey Practice*, 11. Available at <https://www.surveypractice.org/article/2709-surveying-the-forests-and-sampling-the-trees-an-overview-of-classification-and-regression-trees-and-random-forests-with-applications-in-survey-research>
- Chapman, D. (1983). The impact of substitution on survey estimates. In Madow, W., Olkin, I., & Rubin, D. (eds). *Incomplete data in sample surveys*, Vol. II, Theory and Bibliographies. New York: Academic Press.
- Dekker, K., Amaya, A., LeClere, F., & English, N. (2012). Unpacking the DSF in an attempt to better reach the drop point population. *Proceedings of the Joint Statistical Meetings*. Alexandria, VA: American Statistical Association.
- Folsom, R., & Singh, A. (2000). The generalized exponential model for sampling weight calibration for extreme values, nonresponse, and poststratification. *Proceedings of the Joint Statistical Meetings*. Alexandria, VA: American Statistical Association.
- Harter, R., McMichael, J., & Deng, S.G. (2021). *New approach for handling drop point addresses in mail/web surveys*. Presentation given at the (virtual) annual conference of the American Association for Public Opinion Research.
- Kessler, R., Andrews, G., Colpe, L., Hiripi, E., Mroczek, D., Normand, S., Walters, E., & Zaslavsky, A. (2002). Short screening scales to monitor population prevalences and trends in nonspecific psychological distress. *Psychological Medicine*, 32, 959-976.
- Kish, L. (1992). Weighting for unequal Pi. *Journal of Official Statistics*, 8, 183-200.
- Kreuter, F. (2013). *Improving surveys with paradata: Analytic uses of process information*. New York: Wiley.
- Lewis, T., McMichael, J., & Looby, C. (2022). Evaluating substitution as a strategy for handling drop points in self-administered address-based sampling frame surveys. *Proceedings of the Joint Statistical Meetings*. Alexandria, VA: American Statistical Association.
- Little, R., & Rubin, D. (2019). *Statistical analysis with missing data*. 3rd ed. New York: Wiley.
- Olson, K., & Smyth, J. (2014). Accuracy of within-household selection in web and mail surveys of the general population. *Field Methods*, 26, 56-69.

- Phipps, P., & Toth, D. (2012). Analyzing establishment nonresponse using an interpretable regression tree model with linked administrative data. *The Annals of Applied Statistics*, 6, 772-794.
- RTI International. (2012). *SUDAAN: Statistical software for weighting, imputing, and analyzing data, Release 11*. Research Triangle Park, NC: Research Triangle Institute.
- SAS Institute Inc. (2014). *SAS/OR® 13.2 user's guide: Mathematical programming*. Cary, NC: SAS Institute Inc.
- SAS Institute Inc. (2015). *SAS/STAT® 14.1 user's guide*. Cary, NC: SAS Institute Inc.

**APPENDIX A**  
**2021 HCS CAWI SPECS – ENGLISH, 2021 HCS CAWI SPECS – SPANISH, 2021 HCS**  
**CAWI SPECS – POLISH, 2021 HCS CAWI SPECS – CHINESE**

**2021 Healthy Chicago Survey**  
**CAWI Specifications**  
Version 10  
Last edited: 7/1/2021

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.
- 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.
- 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).
- 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.
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.

CAWI variable names are in purple

PAPI variable names are in blue

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 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 (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.

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 / 1**

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

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

#### **C6 / 2**

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

- 01 Yes
- 02 No

#### **C7 / 3**

**About how long has it been since you last visited a doctor or health care provider for a routine checkup?**

*A routine checkup is when a doctor checks your general health (e.g., blood pressure, temperature, height and weight, eyes, ears, nose and throat).*

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

#### **C10 / 4**

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

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

**D2 / 5**

**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 / 6**

**Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicaid, 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 Q156

**C2a / 7**

**What is the *main* 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 / 8**

**In the past 12 months, how often was it easy to get the care, tests, therapy 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, therapy or treatment in the past 12 months

**Q156 / 9**

**In the past 12 months, have you sought an accommodation for your health care services because of a disability or underlying health condition?**



*Examples of accommodations for health care services may include requesting a sign language interpreter, allowing a service dog to be present for an appointment, and requesting a reader or speech-to-speech translation service.*

- 01 Yes
- 02 No

ASK IF Q156=01, ELSE GO TO Q114.

**Q157 / 10**

**Was the requested accommodation provided?**

- 01 Yes
- 02 No

**Q114 / 11**

**Were you able to access health care or therapy when you needed it since the COVID-19 pandemic started in March 2020?**

- 01 Yes
- 02 No

**Q115 / 12**

**Have you missed or postponed one or more medical or therapy appointments since the COVID-19 pandemic started in March 2020?**

- 01 Yes
- 02 No

IF Q115=01, ASK Q116. ELSE GO TO Q117.

**Q116 / 13**

**What are the reasons you missed or postponed appointments during COVID-19? Check all that apply.**

- 01 My clinic cancelled my appointment because of COVID-19
- 02 My clinic closed because of COVID-19
- 03 I had symptoms of COVID-19, so I stayed home
- 04 I cancelled the appointment to avoid being around others
- 05 I cancelled the appointment because I did not want to be in a health care setting
- 06 I felt okay or good enough
- 07 It cost too much
- 08 I didn't want to take public transportation and had no other way to get there
- 09 I forgot to go or just missed my appointment
- 10 I felt disrespected by the office or medical staff

**Q117 / 14**

**Since the COVID-19 pandemic started in March 2020, have you had a telehealth appointment with a health care provider?**

*A telehealth appointment is where you talk to your doctor or therapist on the phone or on a computer.*

- 01 Yes
- 02 No

**Q118 / 15**

**During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?**

- 01 Yes
- 02 No

**Section B: CHRONIC HEALTH CONDITIONS**

CAWI: DISPLAY THE TEXT BELOW AND E1 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.*

**Has a doctor, nurse, or other health professional ever told you that you had...**

*Select an answer for each statement.*

CAWI: THREE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

CAWI: UNLESS NOTED, ALLOW ONLY RESPONSES 01 AND 03 AS DEFAULT

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

**E1 / 16**

...high blood pressure?

CAWI: ENABLE RESPONSE OPTION 2

**F3 / 17**

...high cholesterol?

**G2 / 18**

...angina or coronary heart disease?

**Q119 / 19**

...a stroke?

**G7 / 20**

...diabetes?

CAWI: ENABLE RESPONSE OPTION 2

**G8 / 21**

...chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis?

**G4 / 22**

...asthma?

CAWI: IF G4=01, THEN GO TO G5

CAWI: IF G4=02 OR MISSING, THEN GO TO Q120

**G5 / 23**

**Do you still have asthma?**

01 Yes

02 No

**Has a doctor, nurse, or other health professional ever told you that you had...**

*Select an answer for each statement.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

01 Yes

02 No

**Q120 / 24**

...some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**Q121 / 25**

...skin cancer?

**Q122 / 26**

...any other type of cancer?

**Q123 / 27**

...Hepatitis B?

**Q124 / 28**

...Hepatitis C?

ASK IF Q124=01, ELSE GO TO Q126.

**Q125 / 29**

**Do you still have Hepatitis C?**

01 Yes

02 No

**Q126 / 30**

**Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?**

01 Yes

02 No

**Section C: TOBACCO USE**

**J1 / 31**

**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 / 32**

**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 / 33**

**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 / 34**

**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 J5

**J4 / 35**

**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 / 36**

**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 / 37**

**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 / 38**

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

- 01 Yes
- 02 No

CAWI: IF Q15=01, THEN GO TO QJJ1

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

**JJ1 / 39**

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

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

\_\_\_ Days

CAWI: IF JJ1 ≥ 1, THEN GO TO QJJ2

CAWI: IF JJ1 = 0 OR MISSING, THEN GO TO QL1

**JJ2 / 40**

**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 / 41**

**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 QJJ3 SERIES ON A SINGLE SCREEN.

01 Yes

02 No

**JJ3\_1 / 41A**

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

**JJ3\_2 / 41B**

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

**JJ3\_3 / 41C**

Drink it (like in tea, cola or alcohol)

**JJ3\_4 / 41D**

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

**JJ3\_5 / 41E**

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

**JJ3\_6 / 41F**

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

**Q134 / 42**

**In the past 12 months, have you started or increased using cannabis to cope with stress or emotions related to COVID-19?**

- 01 Yes
- 02 No

**Section E: DIET & PHYSICAL ACTIVITY**

**L1 / 43**

**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 – 50.

\_\_\_ Servings

**L2 / 44**

**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 – 50.

\_\_\_ Servings

**L3 / 45**

**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 / 46**

**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

**Q128 / 47**

**How often do you get a meal from a convenience store or gas station?**

- 01 Multiple times a week
- 02 1-2 times a week
- 03 3-4 times a month
- 04 2 or fewer times a month
- 05 A few times a year
- 06 Never

**L6 / 48**

**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 CAWI: SET RANGE TO 0 – 9
- 02 Drinks per week CAWI: SET RANGE TO 0 – 69
- 03 Drinks per month CAWI: SET RANGE TO 0 – 300

**Q129 / 49**

**Which of the following best describes the water that you most often drink at home?**

- 01 Unfiltered tap water
- 02 Filtered tap water
- 03 Bottled water
- 04 Water from another source

**M1 / 50**

**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 / 51**

**In the past 12 months, how often did you or someone in your household use the parks, playgrounds, and/or 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

**Q130 / 52**

**In the past 12 months, how often did you or someone in your household garden at a community garden?**

- 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 / 53**

**In the past 12 months, how often have you ridden a bicycle, adult tricycle, or adaptive 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 / 54**

**During the past 7 days, did you ever walk or use a wheelchair or scooter 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 or scooter

**K15 / 55**

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

CAWI: FEET: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 4 – 7. INCHES: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 –12.

\_\_\_ Feet      \_\_\_ Inches

**K16 / 56**

**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 – 600.

\_\_\_ Pounds

**K1 / 57**

**What is your gender?**

- 01 Male
- 02 Female
- 03 Third gender or nonbinary
- 04 Prefer to self-describe CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

ASK IF K1 > 1, ELSE GO TO W1.

**Q131 / 58**

**Are you currently pregnant?**

- 01 Yes
- 02 No

ASK IF Q131=02, ELSE GO TO W1.

**Q132 / 59**

**Have you been pregnant in the past 12 months?**

- 01 Yes
- 02 No

**Section F: ALCOHOL & PRESCRIPTION DRUGS**

**W1 / 60**

**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) OR (K1=MISSING), THEN GO TO Q133.

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

CAWI: IF K1>1 OR MISSING THEN GO TO W3\_F.

**W3\_M / 61**

**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 – RESPONSE TO W1.

\_\_\_ Times

CAWI: GO TO Q133

### W3\_F / 62

**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 – RESPONSE TO W1.

\_\_\_ Times

ASK ALL

### Q133 / 63

**In the past 12 months, have you started or increased drinking alcohol to cope with stress or emotions related to COVID-19?**

01 Yes

02 No

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 / 64

**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 / 65

**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 / 66**

**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

*The next few questions are about drug use. The answers that people give us about their drug use help us provide services to those who need them. We know this information is personal but remember your answers will be kept confidential.*

**Q158 / 67**

**Have you ever, even once, used any form of heroin?**

- 01 Yes
- 02 No

ASK IF Q158=01, ELSE GO TO N1.

**Q159 / 68**

**How long has it been since you last used any form of heroin?**

- 01 Within the past 30 days
- 02 More than 30 days ago but within the past 12 months
- 03 More than 12 months ago

**Section G:      CANCER SCREENING**

CAWI: IF K1=01, THEN GO TO P1

CAWI: IF K1>1 OR MISSING, THEN GO TO N1.

**N1 / 69**

**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 / 70**

**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 / 71**

**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 / 72**

**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 / 73**

**Have you had a hysterectomy?**

- 01 Yes
- 02 No

**P1 / 74**

**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 / 75**

**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 / 76**

**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 / 77**

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

- 01 Sigmoidoscopy
- 02 Colonoscopy

**P4 / 78**

**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...**

*Select an answer for each statement.*

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 / 79**

...nervous?

**S2 / 80**

...hopeless?

**S3 / 81**

...restless or fidgety?

**S4 / 82**

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

**S5 / 83**

...everything was an effort?

**S6 / 84**

...worthless?

**Q135 / 85**

**How often do you feel that you lack companionship?**

- 01 Hardly ever
- 02 Some of the time
- 03 Often

**Q136 / 86**

**How often do you feel left out?**

- 01 Hardly ever
- 02 Some of the time
- 03 Often

**Q137 / 87**

**How often do you feel alone?**

- 01 Hardly ever
- 02 Some of the time
- 03 Often

**Q137CONTACT**

*If you or someone you know is struggling with mental health, please contact NAMI Chicago by visiting <https://www.namichicago.org>.*

**Q138 / 88**

**How would you describe your mental health compared to before the COVID-19 pandemic?**

- 01 Much better
- 02 Somewhat better
- 03 About the same
- 04 Somewhat worse
- 05 Much worse

**S7 / 89**

**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 / 90**

**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 / 91**

**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 / 91A**

You couldn't afford the cost

**S9\_2 / 91B**

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 / 91C**

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

**S9\_4a / 91D**

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

**S9\_6 / 91E**

You did not know where to go to get services



**S9\_7 / 91F**

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

**S9\_8 / 91G**

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

**S9\_10 / 91H**

You tried to get mental health treatment or counseling but were put on a waitlist

**S9\_11 / 91i**

You could not find a therapist who was culturally or disability competent

**S9\_9 / 91J**

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

**Q46 / 92**

**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 – 59.

\_\_\_ Hours    \_\_\_ Minutes

**Section I: FINANCIAL SECURITY**

**K14c / 93**

**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

**FS1 / 94**

**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 / 94A**

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

**FS1\_2 / 94B**

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

**FS1\_3 / 94C**

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

**FS1\_4 / 94D**

Use money from a bank loan or line of credit

**FS1\_5 / 94E**

Borrow from a friend or family member

**FS1\_6 / 94F**

Use a payday loan, deposit advance or overdraft

**FS1\_7 / 94G**

Sell something

**FS1\_8 / 94H**

Not be able to pay for the expense right now

**FS1\_88 / 94i**

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

**FS2 / 95**

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

01 Yes

02 No

**Section J: YOUR NEIGHBORHOOD**

**AA6 / 96**

**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 / 97**

**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 / 97A**

To be closer to work or school

**AA7\_8 / 97B**

To be closer to family or friends

**AA7\_9 / 97C**

For better quality neighborhood or schools

**AA7\_1 / 97D**

Because you received an eviction notice

**AA7\_2 / 97E**

Because your previous home or apartment was foreclosed

**AA7\_3 / 97F**

Your rent increased at previous home or apartment

**AA7\_4 / 97G**

Your landlord would not fix things at previous home or apartment

**AA7\_5 / 97H**

To save money

**AA7\_10 / 97i**

To relocate to a new city

**AA7\_11 / 97J**

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

**AA7\_6 / 97K**

For a better quality or larger home

**Q55a / 97L**

Because you bought a home

**AA7\_12 / 97M**

Other (please specify):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**Q139 / 98**

**Since the start of the COVID-19 pandemic in March 2020, have you been evicted or forced to move?**

01 Yes

02 No

**Q140 / 99**

**Has your household had to “double up” or combine with another household since the start of the COVID-19 pandemic in March 2020?**

- 01 Yes
- 02 No

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 / 100**

**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 / 101**

**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 / 102**

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

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

**Z3 / 103**

**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 / 104**

**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 / 105**

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

- 01 Yes
- 02 No

**AA1 / 106**

**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 / 107**

**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

**Q66 / 108**

**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 / 109**

**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 / 110**

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

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

**Q69 / 111**

**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 / 111A**

Attended a neighborhood meeting about a local issue (virtually, socially distanced, or in person)

**Q69b / 111B**

Voted in the last election

**Q69f / 111C**

Attended a block party or event (virtually, socially distanced, or in person)

**Q69g / 111D**

Got together socially with friends or family members (virtually, socially distanced, or in person)

**Q69h / 111E**

Picked up litter or trash on my block

**Q69i / 111F**

Cared for a garden or yard on my block

**Q141 / 112**

**Do you have reliable internet access at home?**

- 01 Yes
- 02 No

ASK IF Q141=01, ELSE GO TO Q143.

**Q142 / 113**

**What is the primary device you use at home to get on the internet?**

- 01 Desktop computer
- 02 Laptop computer
- 03 Tablet
- 04 Phone
- 05 Other

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

**Q143 / 114**

**Have you received a positive COVID-19 test result since the COVID-19 pandemic started in March 2020?**

- 01 Yes
- 02 No

**Q144 / 115**

**Have you or someone in your household experienced grief from losing someone who died from COVID-19?**

- 01 Yes
- 02 No

**Q145 / 116**

**Have you been let go, had to reduce work hours, or had a reduction in pay because of COVID-19?**

- 01 Yes
- 02 No

ASK IF Q145=01, ELSE GO TO Q149.

**Q146 / 117**

**To what extent was this because you had to take on increased childcare responsibilities?**

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

**Q147 / 118**

**To what extent was this because you had to take on increased caregiving responsibilities for people with disabilities?**

- 01 A great extent
- 02 Somewhat
- 03 A little

04 Not at all

**Q148 / 119**

**To what extent was this because you had to take on increased caregiving responsibilities for elderly people?**

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

**Q160 / 120**

**Do you require caregiving support due to age, disability, or any other reason?**

- 01 Yes
- 02 No

ASK IF Q160=01, ELSE GO TO Q149.

**Q161 / 121**

**To what extent have you lost caregiving supports due to the pandemic?**

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

**Q149 / 122**

**Vaccines for COVID-19 are now available. Have you ever received at least one COVID-19 vaccine shot?**

- 01 I have gotten at least one COVID-19 vaccine shot
- 02 I have not gotten a COVID-19 vaccine shot because I haven't had the time
- 03 I have not gotten a COVID-19 vaccine shot because I don't know where to get one
- 04 I have not gotten a COVID-19 vaccine shot because I am still waiting
- 05 I have not gotten a COVID-19 vaccine shot and do not plan to get one
- 06 I have not gotten a COVID-19 vaccine shot because I am not at risk

**Section L: ABOUT YOU**

**K3 / 123**

**What is your age?**

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



**K4 / 124**

**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 / 125**

**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 / 125A**

Mexican, Mexican-American, or Chicano/a

**K4\_2 / 125B**

Puerto Rican

**K4\_3 / 125C**

Cuban

**K4\_4 / 125D**

Another Hispanic, Latino/a, or Spanish origin

**K5 / 126**

**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 Q162

**K6 / 127**

**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 / 127A**

Asian Indian

**K6\_42 / 127B**

Chinese

**K6\_43 / 127C**

Filipino

**K6\_44 / 127D**

Japanese

**K6\_45 / 127E**

Korean

**K6\_46 / 127F**

Vietnamese

**K6\_47 / 127G**

Another Asian origin

**Q162 / 128**

**Are you deaf, or do you have serious difficulty hearing?**

01 Yes

02 No

**Q163 / 129**

**Are you blind, or do you have serious difficulty seeing, even when wearing glasses?**

01 Yes

02 No

**Q164 / 130**

**Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

01 Yes

02 No

**Q165 / 131**

**Do you have serious difficulty walking or climbing stairs?**

01 Yes

02 No

**Q166 / 132**

**Do you have difficulty dressing or bathing?**

- 01 Yes
- 02 No

**Q167 / 133**

**Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- 01 Yes
- 02 No

**K22 / 134**

**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 / 135**

**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 / 136**

**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 / 137**

**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 / 138**

**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 / 139**

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

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

- 01 Yes
- 02 No

**Q150 / 140**

**Thinking about your main job, what kind of work do you do? For example, registered nurse, janitor, cashier or auto mechanic.**

[Open text] CAWI: OPEN END. LIMIT TO 100 CHARACTERS.

**Q151 / 141**

**Thinking about your main job, what kind of business or industry do you work in? For example, hospital, elementary school, restaurant or grocery store.**

[Open text] CAWI: OPEN END. LIMIT TO 100 CHARACTERS.

**K21 / 142**

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

- 01 Own
- 02 Rent
- 03 Some other arrangement

**Q153 / 143**

**Not including this survey, have you ever participated in any kind of health research study?**

- 01 Yes

02 No

**Q154 / 144**

**Would you take part in a health research study if you had the opportunity?**

01 Yes

02 No

03 I'm not sure

**K9 / 145**

**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 0 – 25 FOR EACH.

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

**K9a / 145A**

Adults, 18 years of age or older

**K10a / 145B**

Children, 11-17 years old

**K10b / 145C**

Children, 6-10 years old

**K10c / 145D**

Children, 1-5 years old

**K10d / 145E**

Children, less than 1 year old

CAWI: IF  $K10a \geq 1$  OR  $K10bc \geq 1$  OR  $K10c \geq 1$  OR  $K10de \geq 1$ , THEN GO TO CM1. 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 / 146**

*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.

\_\_\_ Children

**K14 / 147**

**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.

\$ \_\_\_

**Q155 / 148**

**In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?**

01 Yes

No

**Section M: THANK YOU!**

**Q111 / 149**

**Please select how you would like to receive your \$20.**

01 Electronic gift card sent by email

02 Check sent by mail

**Q112 / 150**

**May we contact you if we have more questions?**

01 Yes

02 No

**Q113 / 151**

**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.*

### Q113NAMEINTRO

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

### Q113PHONEINTRO

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

### 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!**

**2021 Healthy Chicago Survey**  
**CAWI Specifications**  
Version 5  
Last edited: 7/1/2021

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.
- Enable a soft prompt at each question and display: “Ingrese una respuesta completa”. If a respondent attempts to proceed without answering the question after the prompt, allow the respondent to continue.
- 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).
- The footer should read: “¿Preguntas? Contáctenos en HealthyChicagoSurvey@rti.org o 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.
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.

*CAWI SPANISH Translations for miscellaneous instructions 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 esta 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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### INTRODUCTION

¡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**

**Aproximadamente, ¿cuánto tiempo ha pasado desde la última vez que visitó a su médico o proveedor de atención médica para un chequeo de rutina? Se considera un chequeo de rutina cuando un médico revisa su salud general (por ejemplo, presión arterial, temperatura, altura y peso, ojos, oídos, nariz y garganta).**

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

**C10**

**En general, ¿qué tan feliz se siente con respecto a la atención médica que recibió en los últimos 12 meses?**

- 01 Muy feliz
- 02 Un poco feliz
- 03 No muy feliz
- 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 tales como las 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 Q156

**C2a**

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

- 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 acceso a la atención, pruebas, terapias o tratamientos que consideró que necesitaba a través de su plan de salud?**

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

#### Q156

**En los últimos 12 meses, ¿ha solicitado una acomodación para sus servicios de atención médica, debido a una discapacidad o condición de salud preexistente?**

*Los ejemplos de acomodaciones para los servicios de atención médica pueden incluir solicitar un intérprete de lenguaje de señas, permitir que un perro de servicio esté presente en una cita y solicitar un lector o un servicio de traducción de voz a voz.*

- 01 Sí
- 02 No

ASK IF Q156=01, ELSE GO TO Q114.

#### Q157

**¿Le proporcionaron la acomodación solicitada?**

- 01 Sí
- 02 No

#### Q114

**¿Ha podido obtener acceso a atención médica o terapias cuando lo necesitó desde que comenzó la pandemia del COVID-19 en marzo de 2020?**

- 01 Sí
- 02 No

#### Q115

**¿Ha perdido o ha tenido que retrasar una o más citas médicas o de terapia desde que comenzó la pandemia del COVID-19 en marzo de 2020?**

- 01 Sí
- 02 No

IF Q115=01, ASK Q116. ELSE GO TO Q117.

**Q116**

**¿Cuáles son las razones por las que perdió o retrasó sus citas durante el COVID-19? Seleccione todas las opciones que correspondan.**

CAWI: MULTIPLE RESPONSES

- 01 Mi clínica canceló mi cita debido al COVID-19
- 02 Mi clínica está cerrada debido al COVID-19
- 03 Tenía síntomas de COVID-19, así que me quedé en casa
- 04 Cancelé la cita para evitar estar cerca de otras personas
- 05 Cancelé la cita porque no quería estar en un centro de atención médica
- 06 Me sentía bien o lo suficientemente bien
- 07 Son demasiado costosas
- 08 No quería tomar el transporte público y no tenía otra forma de llegar
- 09 Olvidé ir o simplemente perdí mi cita
- 10 Sentí que el consultorio o el personal médico me faltaron al respeto

**Q117**

**Desde que comenzó la pandemia del COVID-19 en marzo de 2020, ¿ha tenido una cita de telesalud con un proveedor de atención médica? Se considera una cita de telesalud cuando habla con su médico o terapeuta por teléfono o por medio de una computadora.**

- 01 Sí
- 02 No

**Q118**

**Durante los últimos 12 meses, ¿le han colocado una inyección o una vacuna contra la gripe por la nariz?**

- 01 Sí
- 02 No

**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.

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

CAWI: THREE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

CAWI: UNLESS NOTED, ALLOW ONLY RESPONSES 01 AND 03 AS DEFAULT

01 Sí

02 Sí, pero solo cuando estaba embarazada

03 No

**E1**

... presión arterial alta?

CAWI: ENABLE RESPONSE OPTION 2

**F3**

... colesterol alto?

**G2**

... angina de pecho o enfermedad coronaria?

**Q119**

...un ataque cerebral?

**G7**

...diabetes?

CAWI: ENABLE RESPONSE OPTION 2

**G8**

...una enfermedad pulmonar obstructiva crónica (COPD, por sus siglas en inglés), enfisema o bronquitis crónica?

**G4**

...asma?

CAWI: IF G4=01, THEN GO TO G5

CAWI: IF G4=02 OR MISSING, THEN GO TO Q120

**G5**

**¿Aún tiene asma?**

01 Sí

02 No

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

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

01 Sí

02 No

**Q120**

...alguna forma de artritis, artritis reumatoide, gota, lupus o fibromialgia?

**Q121**

...cáncer de piel?

**Q122**

...cualquier otro tipo de cáncer?

**Q123**

...hepatitis B?

**Q124**

...hepatitis C?

ASK IF Q124=01, ELSE GO TO Q126.

**Q125**

**¿Aún tiene hepatitis C?**

01 Sí

02 No

**Q126**

**Sin incluir cálculos renales, infección de la vejiga o incontinencia, ¿alguna vez le dijeron que tenía una enfermedad renal?**

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 J5

## 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

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

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

## 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 o cannabis.

- 01 Sí
- 02 No

CAWI: IF J5=01, THEN GO TO J5a

CAWI: IF J5=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 QJJ1

CAWI: IF Q15=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 Q15a≥1, THEN GO TO QJJ2

CAWI: IF Q15a=0 OR MISSING, THEN GO TO QL1

#### 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...?**

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE QJ3 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

**Q134**

**En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de cannabis para afrontar el estrés o las emociones relacionadas con el COVID-19?**

- 01 Sí
- 02 No

**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 – 50.

\_\_\_\_ 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 – 50.

\_\_\_\_ 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 Frecuentemente cierta
- 02 Algunas veces cierta
- 03 No es cierta

## Q128

**¿Con qué frecuencia compra comidas en una tienda de conveniencia o estación de servicio?**

- 01 Varias veces a la semana
- 02 1 o 2 veces a la semana
- 03 3 o 4 veces al mes
- 04 2 o menos veces al mes

- 05 Algunas veces al año
- 06 Nunca

### 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: 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 CAWI: SET RANGE TO 0 – 9
- 02 Bebidas a la semana CAWI: SET RANGE TO 0 – 69
- 03 Bebidas al mes CAWI: SET RANGE TO 0 – 300

### Q129

**¿Cuál de las siguientes opciones describe mejor el agua que bebe con más frecuencia en su casa?**

- 01 Agua del grifo sin filtrar
- 02 Agua del grifo filtrada
- 03 Agua embotellada
- 04 Agua de otra fuente

### 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 o 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

**Q130**

**En los últimos 12 meses, ¿con qué frecuencia usted o alguien de su familia cultivó en un jardín comunitario?**

- 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, triciclo para adultos o bicicleta adaptable 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 o escúter para desplazarse ida y vuelta de lugares como el trabajo, para ir de compras o para realizar otras actividades?**

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

**K15**

**¿Cuánto mide aproximadamente sin zapatos?**

CAWI: FEET: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 4 – 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 50 – 600.

\_\_\_\_ libras

**K1**

**¿Cuál es su género?**

01 Hombre

02 Mujer

03 Tercer género o no binario

04 Prefiere describirse a sí mismo CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

ASK IF K1 = 01 OR 03, ELSE GO TO W1.

**Q131**

**¿Actualmente está embarazada?**

01 Sí

02 No

ASK IF Q131=02, ELSE GO TO W1.

**Q132**

**¿Ha estado embarazada en los últimos 12 meses?**

01 Sí

02 No

## **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) OR (K1=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.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – RESPONSE TO W1.

\_\_\_\_ 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.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – RESPONSE TO W1.

\_\_\_\_ veces

### Q133

**En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de alcohol para afrontar el estrés o las emociones relacionadas con el COVID-19?**

- 01 Sí
- 02 No

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 oxicodona o hidrocodona, que no le hubieran recetado?**

- 01 Sí
- 02 No

*Las siguientes preguntas se refieren al consumo de drogas. Las respuestas que las personas nos suministran sobre su consumo de drogas nos ayudan a brindarles servicios a quienes los necesitan. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.*

#### Q158

**¿Alguna vez, aunque sea una vez, ha consumido alguna forma de heroína?**

- 01 Sí
- 02 No

ASK IF Q158=01, ELSE GO TO N1.

#### Q159

**¿Cuánto tiempo ha pasado desde la última vez que consumió alguna forma de heroína?**

- 01 Dentro de los últimos 30 días
- 02 Hace más de 30 días, pero en los últimos 12 meses
- 03 Hace más de 12 meses

**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 una radiografía 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 sedarle y le piden que tenga a una persona que pueda llevarle 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...**

*Seleccione una respuesta para cada declaración.*

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(a)?

**S2**

...sin esperanzas?

**S3**

...impaciente o inquieto(a)?

**S4**

...tan deprimido(a) que nada podía animarle?

**S5**

...que debía esforzarse para todo?

**S6**

...inútil?

**Q135**

**¿Con qué frecuencia siente que le falta compañía?**

- 01 Casi nunca
- 02 Algunas veces

03 Con frecuencia

**Q136**

**¿Con qué frecuencia se siente excluido(a)?**

- 01 Casi nunca
- 02 Algunas veces
- 03 Con frecuencia

**Q137**

**¿Con qué frecuencia se siente solo(a)?**

- 01 Casi nunca
- 02 Algunas veces
- 03 Con frecuencia

**Q137CONTACT**

*Si usted o alguien que conoce necesita ayuda con problemas de salud mental, comuníquese con NAMI Chicago por medio de la página web <https://www.namichicago.org>.*

**Q138**

**¿Cómo describiría su salud mental en comparación a como estaba antes de la pandemia del COVID-19?**

- 01 Mucho mejor
- 02 Un poco mejor
- 03 Casi igual
- 04 Un poco peor
- 05 Mucho peor

**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\_4a

Su seguro médico no cubre ni paga lo suficiente por el tratamiento o asesoría de salud mental

#### 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 enviarle a un hospital psiquiátrico o tuviera que tomar medicamentos

#### S9\_10

Intentó recibir tratamiento o asesoría de salud mental, pero lo/la pusieron en una lista de espera.

#### S9\_11

No pudo encontrar un terapeuta que fuera competente desde el punto de vista cultural o en el tratamiento de discapacidades

#### 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(a) o estresado(a) por no tener suficiente dinero para pagar el alquiler o la hipoteca?**

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

**FS1**

**Supongamos que se le presenta un gasto de emergencia que cuesta \$400 dólares. 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 tarjeta de crédito y luego pagaría por completo en el próximo resumen 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 amigo 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 AA7 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

**Q139**

**Desde el inicio de la pandemia del COVID-19 en marzo de 2020, ¿ha sido desalojado(a) u obligado(a) a mudarse?**

- 01 Sí
- 02 No

**Q140**

**¿Su hogar ha tenido que “duplicarse” o combinarse con otro hogar desde el inicio de la pandemia del COVID-19 en marzo de 2020?**

- 01 Sí
- 02 No

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

**Z3**

**¿Se siente seguro(a) 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 le 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

**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

**Piense en los últimos 12 meses. ¿Ha realizado 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 (de forma virtual, aplicando el distanciamiento social o en persona)**

**Q69b**

Votó en las últimas elecciones

**Q69f**

Asistió a una fiesta o evento de la cuadra (de forma virtual, aplicando el distanciamiento social o en persona)

**Q69g**

Se reunió socialmente con amigos o familiares (de forma virtual, aplicando el distanciamiento social o en persona)

**Q69h**

Recogió la basura o desperdicios en su cuadra

**Q69i**

Cuidó un jardín o patio en su cuadra

**Q141**

**¿Tiene acceso a Internet confiable en casa?**

- 01 Sí
- 02 No

ASK IF Q141=01, ELSE GO TO Q143.

**Q142**

**¿Cuál es el dispositivo principal que usa en casa para conectarse a Internet?**

- 01 Computadora de escritorio
- 02 Computadora portátil
- 03 Tableta
- 04 Teléfono
- 05 Otro

**SECCIÓN K: CORONAVIRUS Y COVID-19**

**Q143**

**¿Ha recibido alguna prueba positiva del COVID-19 desde que comenzó la pandemia del COVID-19 en marzo de 2020?**

- 01 Sí
- 02 No

**Q144**

**¿Usted o alguien de su hogar ha sentido dolor por perder a alguien que murió por el COVID-19?**

- 01 Sí
- 02 No

**Q145**

**¿Le despidieron, tuvo que reducir el horario de trabajo o le redujeron el pago debido al COVID-19?**

- 01 Sí
- 02 No

ASK IF Q145=01, ELSE GO TO Q149.

**Q146**

**¿En qué medida se debió a que tuvo que asumir mayores responsabilidades en el cuidado de los niños?**

- 01 En gran medida
- 02 De alguna manera
- 03 Un poco
- 04 No del todo

**Q147**

**¿En qué medida se debió a que tuvo que asumir mayores responsabilidades en el cuidado de personas con discapacidades?**

- 01 En gran medida
- 02 De alguna manera
- 03 Un poco
- 04 No del todo

**Q148**

**¿En qué medida se debió esto a que tuvo que asumir mayores responsabilidades en el cuidado de personas mayores?**

- 01 En gran medida
- 02 De alguna manera
- 03 Un poco
- 04 No del todo

**Q160**

**¿usted requiere apoyo para cuidado de personas debido a su edad, discapacidad o cualquier otra razón?**

- 01 Sí
- 02 No

ASK IF Q160=01, ELSE GO TO Q149.

**Q161**

**¿En qué medida ha perdido los apoyos para cuidado de personas debido a la pandemia?**

- 01 En gran medida
- 02 De alguna manera
- 03 Un poco
- 04 No del todo

**Q149**

**Vacunas contra el COVID-19 ya están disponibles. ¿Ha recibido por lo menos una dosis de vacuna contra el COVID-19?**

- 01 He recibido al menos una dosis de vacuna contra el COVID-19
- 02 No he recibido una vacuna contra el COVID-19 porque no he tenido tiempo
- 03 No he recibido una vacuna contra el COVID-19 porque no sé dónde conseguirla

- 04 No he recibido una vacuna contra el COVID-19 porque aún estoy esperando
- 05 No he recibido una vacuna contra el COVID-19 y no planeo en recibir una
- 06 No he recibido una vacuna contra el COVID-19 porque no soy de alto riesgo

**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

**K4**

**¿Es usted hispano(a) o latino(a), 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 K4a SERIES ON A SINGLE SCREEN.

01 Sí

02 No

**K4\_1**

Mexicano(a), mexicano(a) americano(a) o chicano(a)

**K4\_2**

Puertorriqueño(a)

**K4\_3**

Cubano(a)

**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(a) asiático(a)

#### K6\_42

Chino(a)

#### K6\_43

Filipino(a)

#### K6\_44

Japonés(a)

#### K6\_45

Coreano(a)

#### K6\_46

Vietnamita

#### K6\_47

Otro origen asiático

#### Q162

**¿Es sordo(a) o tiene dificultades graves para oír?**

- 01 Sí
- 02 No

#### Q163

¿Es ciego(a) o tiene dificultades graves para ver, incluso si usa anteojos?

- 01 Sí
- 02 No

**Q164**

Debido a una condición física, mental o emocional, ¿tiene dificultades graves para concentrarse, recordar o tomar decisiones?

- 01 Sí
- 02 No

**Q165**

¿Tiene dificultades graves para caminar o subir escaleras?

- 01 Sí
- 02 No

**Q166**

¿Tiene dificultades para vestirse o bañarse?

- 01 Sí
- 02 No

**Q167**

Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer diligencias solo(a), como visitar el consultorio del médico o ir de compras?

- 01 Sí
- 02 No

**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?

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

- 01 Sí
- 02 No

#### **K8**

**¿Está usted...?**

- 01 Casado(a)
- 02 Divorciado(a)
- 03 Viudo(a)
- 04 Separado(a)
- 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(a) 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(a) del hogar
- 06 Estudiante
- 07 Jubilado(a)
- 08 No puede trabajar

CAWI: IF K12a=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

#### Q150

**Piense en su trabajo principal, ¿qué tipo de trabajo realiza? Por ejemplo, enfermero registrado, conserje, cajero o mecánico de automóviles.**

[Open text] CAWI: OPEN END. LIMIT TO 100 CHARACTERS.

#### Q151

**Piense en su trabajo principal, ¿en qué tipo de empresa o industria trabaja? Por ejemplo, hospital, escuela primaria, restaurante o supermercado.**

[Open text] CAWI: OPEN END. LIMIT TO 100 CHARACTERS.

#### K21

**¿Es propietario(a) o alquila su vivienda?**

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

#### Q153

**Sin incluir esta encuesta, ¿ha participado alguna vez en algún tipo de estudio de investigación relacionado con la salud?**

- 01 Sí
- 02 No

#### Q154

**¿Participaría en un estudio de investigación relacionado con la salud si tuviera la oportunidad?**

- 01 Sí
- 02 No
- 03 No estoy seguro

#### 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 K9 ITEM. SET RANGE TO 1 – 25 FOR EACH.

CAWI: DISPLAY THE ENTIRE K9 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 CM1. 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 adoptivo o la madre adoptiva 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 adoptivo o madre adoptiva o tutor legal? Si no hay ninguno, ingrese 0.**

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

\_\_\_\_\_ niños

**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.

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

**Q155**

**En los últimos 12 meses, ¿ha recibido cupones de alimentos del Programa de Asistencia de Nutrición Suplementaria (Supplemental Nutrition Assistance Program, SNAP) en una tarjeta de transferencia electrónica de beneficios (Electronic Benefit Transfer, EBT)?**

- 01 Sí
- 02 No

**SECCIÓN N: ¡GRACIAS!**

**Q111**

**Seleccione cómo desea recibir sus \$20 dólares.**

- 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?**

- 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 o para comunicarnos de nuevo con usted en caso de que tengamos preguntas.*

### Q113NAMEINTRO

*Se requiere un nombre para enviar el cheque o para comunicarnos de nuevo con usted en caso de que tengamos preguntas.*

### Q113PHONEINTRO

*Toda la información es necesaria para comunicarnos de nuevo con usted en caso de que tengamos preguntas.*

### Q113NAME

Nombre \_\_\_\_\_  
Apellido \_\_\_\_\_

### Q113EMAIL

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

### Q113PHONE

Ingrese su número de teléfono de diez dígitos.

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

### THANKS

**Haga clic en el botón que dice ENVIAR a continuación para enviar sus respuestas. ¡Gracias por completar esta encuesta!**

**2021 Healthy Chicago Survey**  
**CAWI Specifications**  
Version 5  
Last edited: 7/1/2021

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**, *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.
- Enable a soft prompt at each question and display: “Wpisz pełną odpowiedź”.
- If a respondent attempts to proceed without answering the question after the prompt, allow the respondent to continue.
- 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).
- The footer should read: “Pytania? Skontaktuj się z nami pod adresem HealthyChicagoSurvey@rti.org lub numerem 866-784-7723”.
- Enable the bolded “Zapisz i kontynuuj” 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.
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.

Miscellaneous instructions throughout instrument:

<b>Dalej</b>	
<b>Wróć</b>	
<b>Zapisz i kontynuuj później</b>	
<b>Wyślij</b>	
<b>Odpowiedź jest niepełna</b>	
<b>Strona zawiera błędy</b>	
<b>Odpowiedź jest niedozwolona</b>	
<b>Dziękujemy za udział</b>	
<b>Rozpocznij ankietę</b>	

## QUESTIONNAIRE

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### INTRODUCTION

Dziękujemy za wypełnienie ankiety! Ankieta jest przeprowadzana w imieniu Departamentu Zdrowia Publicznego w Chicago. Informacje, które przekażesz, pomogą Departamentowi Zdrowia Publicznego w Chicago uzyskać informacje na temat zdrowia ludzi w *Twojej* okolicy i tego, co zrobić, aby było lepiej. Na przykład, Twoje informacje pomogą Departamentowi Zdrowia Publicznego w Chicago zaplanować reakcję na wirusa COVID-19, stworzyć programy mające na celu ograniczenie palenia, poprawić dostęp do usług zdrowotnych i zapewnić wszystkim mieszkańcom Chicago zdrową żywność.

Wypełnienie niniejszej ankiety zajmuje około 20 minut, a wszelkie przekazane przez Ciebie informacje będą poufne. Uczestnictwo jest dobrowolne.

Jeśli masz jakiegokolwiek pytania lub wątpliwości dotyczące niniejszej ankiety, odwiedź stronę [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), zadzwoń pod bezpłatny numer 1-866-784-7723 lub wyślij e-mail na adres [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Będziemy zadawać pytania dotyczące Twojego zdrowia i rzeczy, które mogą mieć na nie wpływ, takich jak Twoja okolica i to, czy masz dostęp do usług zdrowotnych, czy nie.

Ankiety powinna wypełnić osoba dorosła (18 lat lub starsza), która będzie miała następne urodziny w domostwie. Pomaga to zapewnić reprezentatywne badanie mieszkańców Chicago.

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

### Section A: ZDROWIE OGÓLNE

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

#### A1

Czy uważasz, że Twój ogólny stan zdrowia jest...?

- 01     Doskonały
- 02     Bardzo dobry
- 03     Dobry
- 04     Średni
- 05     Słaby

### C6

**Czy masz przynajmniej jedną osobę, którą uważasz za swojego osobistego lekarza lub dostawcę usług medycznych?**

- 01 Tak
- 02 Nie

### C7

**Ile mniej więcej czasu upłynęło od Twojej ostatniej wizyty u lekarza lub dostawcy usług medycznych, mającej na celu wykonanie rutynowych badań kontrolnych? Rutynowe badania kontrolne to takie, podczas których lekarz sprawdza ogólny stan zdrowia (np. ciśnienie krwi, temperaturę, wzrost i wagę, oczy, uszy, nos i gardło).**

- 01 W ciągu ostatniego roku
- 02 Przynajmniej rok
- 03 Nigdy

### C10

**W jakim stopniu jesteś zadowolony/a z opieki zdrowotnej, z której korzystałeś/aś w ciągu ostatnich 12 miesięcy?**

- 01 Bardzo
- 02 Dostyc
- 03 Wcale
- 04 W ciągu ostatnich 12 miesięcy nie korzystałem/am z żadnej opieki zdrowotnej

### D2

**Ile czasu upłynęło od czasu, kiedy dentysta lub higienistka stomatologiczna czyścili Twoje zęby?**

- 01 Maksymalnie 6 miesięcy
- 02 Ponad 6 miesięcy, ale nie więcej niż rok
- 03 Ponad rok
- 04 Nigdy

### C1

**Czy posiadasz jakąkolwiek ochronę zdrowotną, w tym ubezpieczenie zdrowotne, przedpłacone plany, takie jak plany organizacji opieki zdrowotnej, plany rządowe, np. Medicaid, Medicare lub Indian Health Services?**

- 01 Tak
- 02 Nie

CAWI: IF C1=01, THEN GO TO C2a

CAWI: IF C1=02 OR MISSING, THEN GO TO Q156

### C2a

**Jakie jest *główne* źródło Twojej ochrony zdrowotnej?**

- 01 Plan wykupiony przez pracodawcę lub związek zawodowy (w tym plany wykupione przez pracodawcę innej osoby)
- 02 Plan, który Ty lub inny członek rodziny kupujecie na własną rękę
- 03 Medicare
- 04 Medicaid lub inny program stanowy
- 05 TRICARE (dawniej CHAMPUS), VA lub wojskowy
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Inne źródło

### C11

**Jak często w ciągu ostatnich 12 miesięcy było łatwo uzyskać opiekę, badania, terapię lub leczenie, które Twoim zdaniem były Ci potrzebne, w ramach planu zdrowotnego?**

- 01 Nigdy
- 02 Czasami
- 03 Zazwyczaj
- 04 Zawsze
- 05 Nie potrzebowałem/am opieki, badań lub leczenia w ciągu ostatnich 12 miesięcy

### Q156

**Czy w ciągu ostatnich 12 miesięcy ubiegałeś/aś się o jakieś udogodnienia w zakresie usług opieki zdrowotnej ze względu na niepełnosprawność lub chorobę przewlekłą?**

*Przykłady udogodnień w zakresie usług opieki zdrowotnej mogą obejmować prośbę o tłumacza języka migowego, zezwolenie na obecność psa przewodnika podczas wizyty oraz prośbę o lektora lub usługę tłumaczenia mowy na mowę.*

- 01 Tak
- 02 Nie

ASK IF Q156=01, ELSE GO TO Q114.



### Q157

**Czy zapewniono Ci udogodnienie, o które się ubiegałeś/aś?**

- 01 Tak
- 02 Nie

### Q114

**Czy od czasu wybuchu pandemii COVID-19 w marcu 2020 roku masz dostęp do opieki zdrowotnej lub terapii, kiedy tego potrzebujesz?**

- 01 Tak
- 02 Nie

### Q115

**Czy od czasu wybuchu pandemii COVID-19 w marcu 2020 roku opuściłeś/aś lub przeżyłeś/aś przynajmniej jedną z wizyt lekarskich lub terapeutycznych?**

- 01 Tak
- 02 Nie

IF Q115=01, ASK Q116. ELSE GO TO Q117.

### Q116

**Jakie są powody, dla których opuściłeś/aś lub przeżyłeś/aś wizyty podczas pandemii COVID-19? Zaznacz wszystkie stosowne odpowiedzi.**

- 01 Moja przychodnia odwołała wizytę z powodu COVID-19
- 02 Moja przychodnia jest zamknięta z powodu COVID-19
- 03 Miałem/am objawy COVID-19, więc zostałem/am w domu
- 04 Odwołałem/am wizytę, aby uniknąć przebywania z innymi osobami
- 05 Odwołałem/am wizytę, ponieważ nie chciałem/am przebywać w placówce opieki zdrowotnej
- 06 Czułem/am się dobrze lub wystarczająco dobrze
- 07 Wizyta była zbyt droga
- 08 Nie chciałem/am korzystać z transportu publicznego, a nie miałem/am innego sposobu dotarcia na miejsce
- 09 Zapomniałem/am przyjść na wizytę lub po prostu nie zdążyłem/am
- 10 Czułem/am się lekceważony/a przez biuro lub personel medyczny

### Q117

**Czy od czasu wybuchu pandemii COVID-19 w marcu 2020 r. skorzystałeś/aś z teleporady u dostawcy usług medycznych? Teleporada polega na rozmowie z lekarzem lub terapeutą przez telefon lub komputer.**

01 Tak

02 Nie

### Q118

**Czy w ciągu ostatnich 12 miesięcy otrzymałeś/aś szczepionkę przeciw grypie w formie zastrzyku lub rozpylenia w nosie?**

01 Tak

02 Nie

## Section B: CHOROBY PRZEWLEKŁE

*Kolejne pytania dotyczą tego, czy lekarz, pielęgniarka lub inny pracownik służby zdrowia **kiedykolwiek** powiedział Ci, że cierpisz na którekolwiek z poniższych schorzeń.*

*Przez „innego pracownika służby zdrowia” rozumiemy, asystenta lekarza lub innego licencjonowanego pracownika służby zdrowia.*

**Czy lekarz, pielęgniarka lub inny pracownik służby zdrowia *kiedykolwiek* powiedział Ci, że masz...**

*Wybierz odpowiedź dla każdego stwierdzenia*

CAWI: THREE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

CAWI: UNLESS NOTED, ALLOW ONLY RESPONSES 01 AND 03 AS DEFAULT

01 Tak

02 Tak, ale tylko podczas ciąży

03 Nie

### E1

...wysokie ciśnienie krwi?

CAWI: ENABLE RESPONSE OPTION 2

### F3

...wysoki poziom cholesterolu?

**G2**

...dusznicę bolesną lub chorobę wieńcową serca?

**Q119**

...udar?

**G7**

...cukrzycę?

CAWI: ENABLE RESPONSE OPTION 2

**G8**

...przewlekłą obturacyjną chorobę płuc, rozedmę płuc lub przewlekłe zapalenie oskrzeli?

**G4**

...astmę?

CAWI: IF G4=01, THEN GO TO G5

CAWI: IF G4=02 OR MISSING, THEN GO TO Q120

**G5**

**Czy nadal masz astmę?**

01 Tak

02 Nie

**Czy lekarz, pielęgniarka lub inny pracownik służby zdrowia *kiedykolwiek* powiedział Ci, że cierpisz na...**

*Wybierz odpowiedź dla każdego stwierdzenia.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

01 Tak

02 Nie

**Q120**

...jakąś formę zapalenia stawów, reumatoidalne zapalenie stawów, podagrę, toczeń lub fibromialgię?

**Q121**

...raka skóry?

**Q122**

...inny rodzaj nowotworu?

**Q123**

...zapalenie wątroby typu B?

**Q124**

...zapalenie wątroby typu C?

ASK IF Q124=01, ELSE GO TO Q126.

**Q125**

**Czy nadal chorujesz na zapalenie wątroby typu C?**

01 Tak

02 Nie

**Q126**

**Nie wliczając kamieni nerkowych, infekcji pęcherza moczowego lub nietrzymania moczu bądź stolca, czy kiedykolwiek powiedziano Ci, że cierpisz na chorobę nerek?**

01 Tak

02 Nie

**Section C: SPOŻYWANIE TYTONIU**

**J1**

**Czy w ciągu całego swojego życia wypaliłeś/aś przynajmniej 100 papierosów (około 5 paczek)?**

01 Tak

02 Nie

CAWI: IF J1=01, THEN GO TO J2

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

**J2**

**Czy obecnie palisz papierosy codziennie, w niektóre dni, czy wcale?**

- 01 Codziennie
- 02 W niektóre dni
- 03 Wcale

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

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

### J2a

**Kiedy obecnie palisz papierosy, jak często są to papierosy mentolowe?**

- 01 Cały czas
- 02 Większość czasu
- 03 Czasami
- 04 Nigdy

### J3

**Czy w ciągu ostatnich 12 miesięcy zdarzyło Ci nie palić przez przynajmniej jeden dzień, ponieważ próbowałeś/aś rzucić palenie?**

- 01 Tak
- 02 Nie

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

CAWI: IF J2=01 OR 02, THEN GO TO J5

### J4

**Ile czasu minęło od dnia, kiedy po raz ostatni zapaliłeś/aś papierosa (nawet jeśli zaciągnąłeś/zaciągnęłaś się tylko raz lub dwa razy)?**

- 01 Mniej niż 1 rok
- 02 Więcej niż 1 rok, ale nie więcej niż 5 lat
- 03 Więcej niż 5 lat, ale nie więcej niż 10 lat
- 04 Przynajmniej 10 lat
- 05 Nigdy nie paliłem/am regularnie

### J5

**Czy kiedykolwiek próbowałeś/aś korzystać z e-papierosa lub waporyzatora (nawet jeśli zaciągnąłeś/zaciągnęłaś się tylko raz lub dwa razy)? Dotyczy to takich produktów jak JUUL, Blu i NJOY.**

*Nie dotyczy to korzystania z elektronicznych produktów do palenia marihuany lub konopi indyjskich.*

- 01 Tak
- 02 Nie

CAWI: IF J5=01, THEN GO TO J5a

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

### J5a

**Jak często korzystasz obecnie z e-papierosów lub waporyzatorów?**

- 01 Każdego dnia
- 02 Czasami
- 03 Wcale

## Section D: SPOŻYWANIE KONOPI INDYJSKICH

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

*Kolejne pytania dotyczą marihuany lub konopi indyjskich, które stały się legalne w stanie Illinois 1 stycznia 2020 roku. Pytania te nie odnoszą się do CBD lub innych produktów niezawierających THC. Twoje odpowiedzi są ściśle poufne.*

### Q15

**Czy kiedykolwiek – nawet raz – próbowałeś/aś marihuany lub konopi indyjskich?**

- 01 Tak
- 02 Nie

CAWI: IF Q15=01, THEN GO TO Q15a

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

### JJ1

**W ciągu ilu z ostatnich 30 dni spożyłeś/aś marihuanę lub konopie indyjskie?**

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

\_\_\_ dni

CAWI: IF Q15a≥1, THEN GO TO Q15b

CAWI: IF Q15a=0 OR MISSING, THEN GO TO Q16

## JJ2

**Kiedy spożywałeś/aś marihuanę lub konopie indyjskie w ciągu ostatnich 30 dni, czy było to zazwyczaj...?**

- 01 Z powodów medycznych (np. w celu leczenia lub zmniejszenia objawów choroby)
- 02 Z powodów pozamedycznych (chęć zabawy lub dopasowania się do otoczenia)
- 03 Zarówno z powodów medycznych, jak i niemedycznych

## JJ3

**W jaki sposób w ciągu ostatnich 30 dni spożywałeś/aś marihuanę? Czy...?**

*Wybierz odpowiedź dla każdego stwierdzenia.*

CAWI: TWO COLUMN RESPONSES

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

01 Tak

02 Nie

### JJ3\_1

Palisz/aś ją (np. w jointach, bongach, fajkach lub blantach)

### JJ3\_2

Jadłeś/aś ją (np. w ciastkach czekoladowych, ciastach, ciasteczkach lub cukierkach)

### JJ3\_3

Piłesz/aś ją (np. w herbatce, coli lub alkoholu)

### JJ3\_4

Palisz/aś ją przez e-papierosa lub waporyzatora

### JJ3\_5

Używałeś/aś jej przez proces waporyzacji w powietrzu (np. przy użyciu butanowego oleju haszyszowego, wosku lub koncentratów)

### JJ3\_6

Inaczej (opisz jak):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

## Q134

**Czy w ciągu ostatnich 12 miesięcy zacząłeś/aś spożywać konopie indyjskie lub zwiększyłeś/aś ich spożywanie w celu radzenia sobie ze stresem lub emocjami związanymi z COVID-19?**

01 Tak

02 Nie

## Section E: DIETA I AKTYWNOŚĆ FIZYCZNA

### L1

#### Ile w sumie porcji owoców zjadłeś/aś wczoraj?

*Jedna porcja to jedno średnie jabłko lub garść winogron. Pomyśl o wszystkich formach owoców, zarówno gotowanych, jak i surowych, świeżych, mrożonych lub z puszki.*

*Weź pod uwagę wszystkie posiłki, przekąski i jedzenie spożywane w domu i poza domem. Jeśli wcale, wpisz 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 50.

\_\_\_\_ porcji

### L2

#### Ile w sumie porcji warzyw zjadłeś/aś wczoraj?

*Jedna porcja to garść brokułów lub miseczka marchewki. Pomyśl o wszystkich formach warzyw, w tym gotowanych lub surowych, świeżych, mrożonych lub z puszki.*

*Weź pod uwagę wszystkie posiłki, przekąski i jedzenie spożywane w domu i poza domem. Jeśli wcale, wpisz 0.*

CAWI: TWO DIGIT NUMERIC RESPONSE. SET RANGE TO 0 – 50.

\_\_\_\_ porcji

### L3

#### Jak łatwo lub trudno jest Ci zdobyć świeże produkty (owoce i warzywa)?

- 01 Bardzo trudno
- 02 Dość trudno
- 03 Dość łatwo
- 04 Bardzo łatwo

### L14

**Jak prawdziwe jest następujące stwierdzenie: „W ciągu ostatnich 12 miesięcy martwiliśmy się, czy nasze jedzenie skończy się, zanim dostaniemy pieniądze, aby kupić więcej”.**



- 01 Często prawdziwe
- 02 Czasami prawdziwe
- 03 Nieprawdziwe

### Q128

**Jak często kupujesz posiłek w sklepie całodobowym lub na stacji benzynowej?**

- 01 Kilka razy w tygodniu
- 02 1–2 razy w tygodniu
- 03 3–4 razy w miesiącu
- 04 2 lub mniej razy w miesiącu
- 05 Kilka razy w roku
- 06 Nigdy

### L6

**Ile napojów gazowanych lub innych słodzonych napojów, takich jak słodzona mrożona herbata, napoje dla sportowców, poncz owocowy lub inne napoje o smaku owocowym, wypiteś/aś w ciągu ostatnich 30 dni?**

*Nie bierz pod uwagę napojów dietetycznych, napojów bez cukru ani 100% soków. Jeśli wcale, wpisz 0.*

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

\_\_\_\_ napojów

**Wybierz okres czasu (na dzień/tydzień/miesiąc):**

- 01 Napoi na dzień CAWI: SET RANGE TO 0 – 9
- 02 Napoi na tydzień CAWI: SET RANGE TO 0 – 69
- 03 Napoi w ciągu miesiąca CAWI: SET RANGE TO 0 – 300

### Q129

**Które z poniższych określa najlepiej opisuje wodę, którą najczęściej pijesz w domu?**

- 01 Niefiltrowana woda z kranu
- 02 Filtrowana woda z kranu
- 03 Woda butelkowana
- 04 Woda z innego źródła

### M1

**Czy w ciągu ostatniego miesiąca, poza regularną pracą, brałeś/aś udział w jakichkolwiek zajęciach fizycznych lub ćwiczeniach, takich jak bieganie, taniec, gra w koszykówkę, uczęszczanie na zajęcia ruchowe, praca w ogrodzie lub spacer w celach rekreacyjnych?**

- 01 Tak
- 02 Nie

### Q22

**Jak często w ciągu ostatnich 12 miesięcy ktoś z Twojego domostwa, włącznie z Tobą, korzystał z parków, placów zabaw i/lub boisk sportowych w Twojej okolicy?**

- 01 Przynajmniej raz w tygodniu
- 02 Kilka razy w miesiącu
- 03 Przynajmniej raz w miesiącu
- 04 Kilka razy w roku
- 05 Nigdy

### Q130

**Jak często w ciągu ostatnich 12 miesięcy ktoś z Twojego domostwa, włącznie z Tobą, uprawiał w ogródku osiedlowym?**

- 01 Przynajmniej raz w tygodniu
- 02 Kilka razy w miesiącu
- 03 Przynajmniej raz w miesiącu
- 04 Kilka razy w roku
- 05 Nigdy

### Q23

**Jak często w ciągu ostatnich 12 miesięcy jeździłeś/aś na zwykłym rowerze, rowerze trójkołowym dla dorosłych lub rowerze adaptacyjnym w Chicago?**

- 01 Przynajmniej raz w tygodniu
- 02 Kilka razy w miesiącu
- 03 Przynajmniej raz w miesiącu
- 04 Kilka razy w roku
- 05 Nigdy
- 06 Nie jestem fizycznie w stanie jeździć na rowerze

**Q24**

**Czy w ciągu ostatnich 7 dni kiedykolwiek chodziłeś/aś lub korzystałeś/aś z wózka inwalidzkiego lub skutera, aby dotrzeć do i wrócić z takich miejsc jak praca, sklep, itp.?**

- 01 Tak
- 02 Nie
- 03 Nie jestem fizycznie w stanie chodzić lub korzystać z wózka inwalidzkiego lub skutera

**K15**

**Ile mniej więcej masz wzrostu bez butów?**

CAWI: FEET: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 4 – 7. INCHES: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 –12.

\_\_\_\_\_ stóp \_\_\_\_\_ cali

**K16**

**Ile mniej więcej ważysz bez butów?**

*Jeśli jesteś w ciąży – ile ważyłaś przed ciążą?*

CAWI: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 50 – 600.

\_\_\_\_\_ funtów

**K1**

**Jaka jest Twoja płeć?**

- 01 Mężczyzna
  - 02 Kobieta
  - 03 Trzecia płeć / niebinarność
  - 04 Wolę określić się sam/a
- CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

ASK IF K1 = 01 OR 03, ELSE GO TO W1.

**Q131**

**Czy jesteś teraz w ciąży?**

- 01 Tak

02 Nie

ASK IF Q131=02, ELSE GO TO W1.

**Q132**

**Czy byłeś w ciąży w ciągu ostatnich 12 miesięcy?**

01 Tak

02 Nie

## **Section F: ALKOHOL I LEKI NA RECEPTĘ**

**W1**

**W ciągu ilu z ostatnich 30 dni spożyłeś/aś przynajmniej jednego drinka dowolnego napoju alkoholowego?**

*Jeden drink odpowiada 12 uncjom piwa, 5 uncjom wina lub napojowi z jedną porcją alkoholu. 40 uncji piwa liczy się jako 3 drinki, a koktajl z 2 szotami jako 2 drinki. Jeśli wcale, wpisz 0.*

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

\_\_\_ dni

CAWI: IF (W1=0 OR MISSING) OR (K1=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**

**Biorąc pod uwagę wszystkie rodzaje napojów alkoholowych, ile razy w ciągu ostatnich 30 dni zdarzyło Ci się wypić 5 lub więcej drinków przy jednej okazji?**

*Jeden drink odpowiada 12 uncjom piwa, 5 uncjom wina lub napojowi z jedną porcją alkoholu. 40 uncji piwa liczy się jako 3 drinki, a koktajl z 2 szotami jako 2 drinki. Jeśli wcale, wpisz 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – RESPONSE TO W1.

\_\_\_ razy

CAWI: GO TO W5.

### W3\_F

**Biorąc pod uwagę wszystkie rodzaje napojów alkoholowych, ile razy w ciągu ostatnich 30 dni zdarzyło Ci się wypić 4 lub więcej drinków przy jednej okazji?**

*Jeden drink odpowiada 12 uncjom piwa, 5 uncjom wina lub napojowi z jedną porcją alkoholu. 40 uncji piwa liczy się jako 3 drinki, a koktajl z 2 szotami jako 2 drinki. Jeśli wcale, wpisz 0.*

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – RESPONSE TO W1.

\_\_\_\_ razy

### Q133

**Czy w ciągu ostatnich 12 miesięcy zacząłeś/aś pić alkohol lub zwiększyłeś/aś jego spożycie w celu radzenia sobie ze stresem lub emocjami związanymi z COVID-19?**

- 01 Tak
- 02 Nie

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

*Kilka kolejnych pytań dotyczy leków przepisywanych na receptę. Nie bierz pod uwagę leków „bez recepty”, takich jak aspiryna, Tylenol czy Advil, które można kupić w aptekach bez recepty. Twoje odpowiedzi są ściśle poufne.*

### W5

**Czy w ciągu ostatnich 12 miesięcy kiedykolwiek zażyłeś/aś leki przeciwbólowe przepisywane na receptę, taki jak oksykodon lub hydrokodon?**

- 01 Tak
- 02 Nie

CAWI: IF W5=01, THEN GO TO W5a

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

### W5a

**Czy kiedykolwiek w ciągu ostatnich 12 miesięcy, kiedy zażywałeś/aś leki przeciwbólowe przepisane Ci na receptę, wziąłeś/wzięłaś – choćby raz – większą ilość niż ta, która została Ci przepisana? Dotyczy to przyjmowania większych lub częstszych dawek niż zalecono.**

- 01 Tak
- 02 Nie

## W6

Czy w ciągu ostatnich 12 miesięcy kiedykolwiek zażyłeś/aś leki przeciwbólowe przepisywane na receptę, taki jak oksykodon lub hydrokodon, które *nie* zostały Ci przepisane?

- 01 Tak
- 02 Nie

*Kilka kolejnych pytań dotyczy zażywania narkotyków. Odpowiedzi, których ludzie udzielają nam na temat zażywania narkotyków, pomagają nam w świadczeniu usług dla tych, którzy ich potrzebują. Wiemy, że informacje te są prywatne, ale pamiętaj, że Twoje odpowiedzi będą traktowane jako poufne.*

## Q158

Czy kiedykolwiek – choćby raz – zażyłeś/aś jakąkolwiek formę heroiny?

- 01 Tak
- 02 Nie

ASK IF Q158=01, ELSE GO TO N1.

## Q159

Kiedy ostatnio spożywałeś/aś jakąkolwiek formę heroiny?

- 01 W ciągu ostatnich 30 dni
- 02 Ponad 30 dni temu, ale w ciągu ostatnich 12 miesięcy
- 03 Ponad 12 miesięcy temu

## Section G: BADANIA PRZESIEWOWE NA RAKA

CAWI: IF K1=01, THEN GO TO P1

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

## N1

Mammografia to badanie rentgenowskie obu piersi w celu wykrycia raka piersi. Czy kiedykolwiek miałaś badanie mammograficzne?

- 01 Tak
- 02 Nie

CAWI: IF N1=01, THEN GO TO N2

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

## N2

**Kiedy miałaś ostatnie badanie mammograficzne?**

- 01 Mniej niż 12 miesięcy temu
- 02 Przynajmniej 1 rok temu, ale nie więcej niż 2 lata temu
- 03 Przynajmniej 2 lata temu, ale nie więcej niż 3 lata temu
- 04 Przynajmniej 3 lata temu, ale nie więcej niż 5 lat temu
- 05 Przynajmniej 5 lat temu

## N3

**Badanie cytologiczne jest badaniem na obecność raka szyjki macicy. Czy kiedykolwiek miałaś badanie cytologiczne?**

- 01 Tak
- 02 Nie

CAWI: IF N3=01, THEN GO TO N4

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

## N4

**Kiedy miałaś ostatnie badanie cytologiczne?**

- 01 Mniej niż 12 miesięcy temu
- 02 Przynajmniej 1 rok temu, ale nie więcej niż 2 lata temu
- 03 Przynajmniej 2 lata temu, ale nie więcej niż 3 lata temu
- 04 Przynajmniej 3 lata temu, ale nie więcej niż 5 lat temu
- 05 Przynajmniej 5 lat temu

## N5

**Czy miałaś przeprowadzany zabieg histerektomii?**

- 01 Tak
- 02 Nie

## P1

**Badanie stolca na obecności krwi jest badaniem, w którym można użyć specjalnego zestawu w domu, aby określić, czy w stolcu znajduje się krew. Czy kiedykolwiek miałeś/aś przeprowadzane takie badanie przy użyciu zestawu domowego?**

- 01 Tak
- 02 Nie

CAWI: IF P1=01, THEN GO TO P2

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

### P2

**Kiedy miałeś/aś ostatnie badanie stolca na obecności krwi przy użyciu zestawu domowego?**

- 01 Mniej niż 12 miesięcy temu
- 02 Przynajmniej 1 rok temu, ale nie więcej niż 2 lata temu
- 03 Przynajmniej 2 lata temu, ale nie więcej niż 3 lata temu
- 04 Przynajmniej 3 lata temu, ale nie więcej niż 5 lat temu
- 05 Przynajmniej 5 lat temu

### P3

**Sigmoidoskopia i kolonoskopia są badaniami, w których rurka jest wprowadzana do odbytnicy w celu obejrzenia jelita grubego pod kątem oznak raka lub innych problemów zdrowotnych.**

*W przypadku **sigmoidoskopii** do odbytnicy wprowadza się giętą rurkę w celu znalezienia problemów.*

***Kolonoskopia** jest podobna, ale używa się dłuższej rurki, a pacjentowi zwykle podaje się leki usypiające przez zastrzyk w ramię i mówi się, że po badaniu ktoś inny powinien odwieźć go do domu.*

**Czy kiedykolwiek miałeś/aś przeprowadzane którekolwiek z tych badań?**

- 01 Tak
- 02 Nie

CAWI: IF P3=01, THEN GO TO P3a

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

### P3a

**Czy Twoje *ostatnie* badanie było sigmoidoskopia czy kolonoskopia?**

- 01 Sigmoidoskopia



02 Kolonoskopia

**P4**

**Kiedy miałeś/aś ostatnią sigmoidoskopię lub kolonoskopię?**

- 01 Mniej niż 12 miesięcy temu
- 02 Przynajmniej 1 rok temu, ale nie więcej niż 2 lata temu
- 03 Przynajmniej 2 lata temu, ale nie więcej niż 3 lata temu
- 04 Przynajmniej 3 lata temu, ale nie więcej niż 5 lat temu
- 05 Przynajmniej 5 lat temu

## **Section H: ZDROWIE PSYCHICZNE**

**Jak często w ciągu ostatnich 30 dni czułeś/aś się...**

*Wybierz odpowiedź dla każdego stwierdzenia.*

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 Przez cały czas 02 Przez większość czasu 03 Przez pewien czas 04 Rzadko 05 Wcale

**S1**

...zdenerwowany/a?

**S2**

...beznadziejnie?

**S3**

...niespokojny/a?

**S4**

...tak przygnębiony/a, że nic nie było w stanie Cię pocieszyć?

**S5**

...jakby wszystko było wysiłkiem?

**S6**

...bezwartościowy/a?

### Q135

**Jak często czujesz, że brakuje Ci towarzystwa?**

- 01 Prawie nigdy
- 02 Czasami
- 03 Często

### Q136

**Jak często czujesz się pominięty/a?**

- 01 Prawie nigdy
- 02 Czasami
- 03 Często

### Q137

**Jak często czujesz się samotny/a?**

- 01 Prawie nigdy
- 02 Czasami
- 03 Często

### Q137CONTACT

*Jeśli Ty lub ktoś, kogo znasz, zmaga się ze zdrowiem psychicznym, skontaktuj się z NAMI Chicago odwiedzając <https://www.namichicago.org>.*

~~*If you or someone you know is struggling with mental health, please contact NAMI Chicago by visiting <https://www.namichicago.org>.*~~

### Q138

**Jak opisałbyś/opisałabyś swoje zdrowie psychiczne w porównaniu z sytuacją sprzed pandemii COVID-19?**

- 01 Znacznie lepiej
- 02 Nieco lepiej
- 03 Mniej więcej tak samo
- 04 Nieco gorzej
- 05 Znacznie gorzej

### S7

**Czy obecnie przyjmujesz leki lub korzystasz z pomocy lekarza lub innego pracownika służby zdrowia w związku z jakimkolwiek rodzajem zaburzeń psychicznych lub problemów emocjonalnych?**

- 01 Tak
- 02 Nie

### S8

**Czy w ciągu ostatnich 12 miesięcy zdarzyło się, że potrzebowałeś/aś leczenia lub poradnictwa w zakresie zdrowia psychicznego, ale ich nie otrzymałeś/aś?**

- 01 Tak
- 02 Nie

CAWI: IF S8=01, THEN GO TO S9

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

### S9

**Czy poniższe sytuacje były powodem, dla którego nie otrzymałeś/aś potrzebnego leczenia lub poradnictwa w zakresie zdrowia psychicznego?**

*Wybierz Tak lub Nie dla każdego stwierdzenia.*

CAWI: TWO COLUMN RESPONSES

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

01 Tak

02 Nie

#### S9\_1

Nie mogłeś/aś sobie pozwolić na takie koszty

#### S9\_2

Obawiałeś/aś się, że poddanie się leczeniu lub uzyskanie porady w zakresie zdrowia psychicznego może spowodować, że sąsiedzi lub społeczność będą mieli o Tobie negatywną opinię

#### S9\_3

Obawiałeś/aś się, że leczenie lub poradnictwo w zakresie zdrowia psychicznego może mieć negatywny wpływ na Twoją pracę

#### S9\_4a

Twoje ubezpieczenie zdrowotne nie pokrywa lub nie płaci wystarczająco dużo za leczenie lub poradnictwo w zakresie zdrowia psychicznego

### S9\_6

Nie wiedziałeś/aś gdzie możesz się udać, aby uzyskać pomoc

### S9\_7

Obawiałeś/aś się, że przekazane informacje mogą nie zostać zachowane w tajemnicy

### S9\_8

Obawiałeś/aś się, że możesz zostać umieszczony w szpitalu psychiatrycznym lub że będziesz musiał/a przyjmować leki

### S9\_10

Staraleś/aś się o leczenie lub poradę w zakresie zdrowia psychicznego, ale zostałeś/aś wpisany/a na listę oczekujących

### S9\_11

Nie mogłeś/aś znaleźć terapeuty, który byłby kompetentny w zakresie kulturowym i w zakresie niepełnosprawności

### S9\_9

Inne (opisz jakie):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

### Q46

**Ile godzin średnio przesypiasz w ciągu doby (24 godzin)?**

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

\_\_\_ godzin \_\_\_ minut

## Section I: BEZPIECZEŃSTWO FINANSOWE

### K14c

**Jak często w ciągu ostatnich 12 miesięcy martwiłeś/aś lub stresowałeś/aś się tym, czy wystarczy Ci pieniędzy na opłacenie czynszu lub kredytu hipotecznego?**

- 01 Cały czas
- 02 Zwykle
- 03 Czasami
- 04 Nigdy

## FS1

**Załóżmy, że masz nagły wydatek w wysokości 400 USD. Biorąc pod uwagę Twoją obecną sytuację finansową, czy...?**

*Wybierz Tak lub Nie dla każdego stwierdzenia.*

CAWI: TWO COLUMN RESPONSES

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

01 Tak

02 Nie

### FS1\_1

Skorzystasz z karty kredytowej i pokryjesz go w całości przy następnym wyciągu

### FS1\_2

Skorzystasz z karty kredytowej i pokryjesz go z czasem

### FS1\_3

Skorzystasz z pieniędzy znajdujących się na rachunku bieżącym/oszczędnościowym lub z gotówki

### FS1\_4

Skorzystasz z pieniędzy z kredytu bankowego lub linii kredytowej

### FS1\_5

Pożyczysz od przyjaciela lub członka rodziny

### FS1\_6

Skorzystasz z kredytu gotówkowego, zaliczki na depozyt lub kredytu w rachunku bieżącym

### FS1\_7

Sprzedasz coś

### FS1\_8

Nie jesteś w stanie zapłacić w tej chwili

### FS1\_88

Inne (opisz jakie):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

## FS2

**Czy ktokolwiek z Twojego domostwa, włącznie z Tobą, posiada obecnie rachunek bieżący lub oszczędnościowy?**

01 Tak

02 Nie

## Section J: TWOJA OKOLICA

### AA6

**Jak długo mieszkasz w swojej okolicy?**

- 01 Mniej niż jeden rok
- 02 Przynajmniej 1 rok, ale nie więcej niż 5 lat
- 03 Przynajmniej 5 lat, ale nie więcej niż 10 lat
- 04 Przynajmniej 10 lat, ale nie więcej niż 20 lat
- 05 Przynajmniej 20 lat

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

**Ludzie przeprowadzają się z wielu różnych powodów. Myśląc o swojej ostatniej przeprowadzce, czy przeprowadziłeś/aś się...?**

*Wybierz Tak lub Nie dla każdego stwierdzenia.*

CAWI: TWO COLUMN RESPONSES

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

01 Tak

02 Nie

#### AA7\_7

Aby być bliżej pracy lub szkoły

#### AA7\_8

Aby być bliżej rodziny lub przyjaciół

#### AA7\_9

Z powodu lepszego sąsiedztwa lub szkół

#### AA7\_1

Ponieważ otrzymałeś/aś zawiadomienie o eksmisji

#### AA7\_2

Ponieważ Twój poprzedni dom lub mieszkanie zostało przejęte

#### AA7\_3

Ponieważ Twój czynsz w poprzednim domu lub mieszkaniu wzrósł

**AA7\_4**

Ponieważ właściciel nie chciał naprawiać rzeczy w poprzednim domu lub mieszkaniu

**AA7\_5**

Aby zaoszczędzić pieniądze

**AA7\_10**

Aby przeprowadzić się do nowego miasta

**AA7\_11**

Ponieważ zmienił się Twój status rodzinny (np. małżeństwo, rozwód, dzieci, wyprowadzka dorosłego dziecka)

**AA7\_6**

W poszukiwaniu lepszego jakościowo lub większego domu

**Q55a**

Ponieważ kupiłeś/aś dom

**AA7\_12**

Inne (opisz jakie):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**Q139**

**Czy od początku wybuchu pandemii COVID-19 w marcu 2020 roku byłeś/aś eksmitowany/a lub zmuszony/a do przeprowadzki?**

01 Tak

02 Nie

**Q140**

**Czy Twoje domostwo musiało się połączyć z innym domostwem od czasu wybuchu pandemii COVID-19 w marcu 2020 roku?**

01 Tak

02 Nie

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

*Myśląc o swojej obecnej okolicy, w jakim stopniu zgadzasz się lub nie zgadzasz z następującymi stwierdzeniami:*

### Q56

**Chodniki w moim sąsiedztwie są dobrze utrzymane (utwardzone, równe i nie ma na nich wielu pęknięć).**

- 01 Zdecydowanie się zgadzam
- 02 Zgadzam się
- 03 Nie mam zdania
- 04 Nie zgadzam się
- 05 Zdecydowanie się nie zgadzam

### Q57

**Z mojego domu łatwo jest dojść pieszo, dojechać na skuterze lub rolkach do przystanku (autobusu, pociągu).**

- 01 Zdecydowanie się zgadzam
- 02 Zgadzam się
- 03 Nie mam zdania
- 04 Nie zgadzam się
- 05 Zdecydowanie się nie zgadzam

### Q58

**W mojej okolicy nie ma śmieci.**

- 01 Zdecydowanie się zgadzam
- 02 Zgadzam się
- 03 Nie mam zdania
- 04 Nie zgadzam się
- 05 Zdecydowanie się nie zgadzam

### Z3

**Czy czujesz się bezpiecznie w swojej okolicy?**

- 01 Tak, cały czas
- 02 Tak, przez większość czasu
- 03 Czasami
- 04 Przez większość czasu nie

### AA5

**Jak często w Twoim sąsiedztwie dochodzi do przemocy?**



- 01 Każdego dnia
- 02 Przynajmniej raz w tygodniu
- 03 Przynajmniej raz w miesiącu
- 04 Co kilka miesięcy
- 05 Raz w roku lub rzadziej
- 06 Wcale

#### Q62

**Czy od ukończenia 18 roku życia byłeś/aś kiedykolwiek aresztowany/a, zatrzymany/a lub oskarżony/a o złamanie prawa?**

- 01 Tak
- 02 Nie

#### AA1

**Czy naprawdę czujesz się częścią swojej okolicy?**

- 01 Zdecydowanie się zgadzam
- 02 Zgadzam się
- 03 Nie mam zdania
- 04 Nie zgadzam się
- 05 Zdecydowanie się nie zgadzam

#### Q64

**Ile osób w Twojej okolicy znasz na tyle dobrze, że mógłbyś/mogłabyś poprosić o pomoc, gdybyś jej potrzebował/a?**

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

\_\_\_\_\_ osób

#### Q66

**W jakim stopniu czujesz, że Ty i Twoi sąsiedzi macie możliwość wpływania na swoją społeczność?**

- 01 W dużym stopniu
- 02 W pewnym stopniu
- 03 W niewielkim stopniu
- 04 Wcale

**Q67**

**W jakim stopniu ufasz władzom lokalnym, że robią to, co jest dobre dla Twojej społeczności?**

- 01 W dużym stopniu
- 02 W pewnym stopniu
- 03 W niewielkim stopniu
- 04 Wcale

**Q68**

**W jakim stopniu ufasz swoim organom ścigania?**

- 01 W dużym stopniu
- 02 W pewnym stopniu
- 03 W niewielkim stopniu
- 04 Wcale

**Myśląc o ostatnich 12 miesiącach, czy zrobisz/aś którąkolwiek z następujących rzeczy...?**  
*Wybierz Tak lub Nie dla każdego stwierdzenia.*

CAWI: TWO COLUMN RESPONSES

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

01 Tak

02 Nie

**AA13**

Wziąłeś/wzięłaś udział w spotkaniu dotyczącym lokalnej sprawy (wirtualnie, na odległość lub osobiście)

**Q69b**

Głosowałeś/aś w ostatnich wyborach

**Q69f**

Uczestniczyłeś/aś w imprezie lub wydarzeniu w dzielnicy (wirtualnie, na odległość lub osobiście)

**Q69g**

Spotkałeś/aś się towarzysko z przyjaciółmi lub członkami rodziny (wirtualnie, na odległość lub osobiście)

**Q69h**

Zbierałeś/aś śmieci w swojej okolicy

**Q69i**

Dbasz/aś o ogród lub podwórko w swojej okolicy

**Q141**

**Czy masz w domu niezawodny dostęp do Internetu?**

- 01 Tak
- 02 Nie

ASK IF Q141=01, ELSE GO TO Q143.

**Q142**

**Jakie jest główne urządzenie, z którego korzystasz w domu, aby uzyskać dostęp do Internetu?**

- 01 Komputer stacjonarny
- 02 Laptop
- 03 Tablet
- 04 Telefon
- 05 Inne

**Section K: KORONAWIRUS I COVID-19**

**Q143**

**Czy otrzymałeś/aś pozytywny wynik testu na COVID-19 od czasu wybuchu pandemii COVID-19 w marcu 2020 roku?**

- 01 Tak
- 02 Nie

**Q144**

**Czy ktoś z Twojego domostwa, włącznie z Tobą, doświadczył żałoby po stracie kogoś, kto zmarł na COVID-19?**

- 01 Tak
- 02 Nie

**Q145**

**Czy zostałeś/aś zwolniony/a, musiałeś/aś ograniczyć godziny pracy lub miałeś/aś obniżone wynagrodzenie z powodu COVID-19?**

01 Tak

02 Nie

ASK IF Q145=01, ELSE GO TO Q149.

**Q146**

**W jakim stopniu było to spowodowane tym, że musiałeś/aś wziąć na siebie więcej obowiązków związanych z opieką nad dziećmi?**

01 W dużym stopniu

02 W pewnym stopniu

03 W niewielkim stopniu

04 Wcale

**Q147**

**W jakim stopniu było to spowodowane tym, że musiałeś/aś wziąć na siebie więcej obowiązków związanych z opieką nad osobami niepełnosprawnymi?**

01 W dużym stopniu

02 W pewnym stopniu

03 W niewielkim stopniu

04 Wcale

**Q148**

**W jakim stopniu było to spowodowane tym, że musiałeś/aś wziąć na siebie więcej obowiązków związanych z opieką nad starszymi osobami?**

01 W dużym stopniu

02 W pewnym stopniu

03 W niewielkim stopniu

04 Wcale

**Q160**

**Czy potrzebujesz pomocy w opiece z powodu wieku, niepełnosprawności lub z innych powodów?**

01 Tak

02 Nie

ASK IF Q160=01, ELSE GO TO Q149.

**Q161**

**W jakim stopniu straciłeś/aś wsparcie w opiece z powodu pandemii?**

- 01 W dużym stopniu
- 02 W pewnym stopniu
- 03 W małym stopniu
- 04 Wcale

**Q149**

**Szczepionki przeciw COVID-19 są już dostępne. Czy kiedykolwiek dostałeś/aś chociaż jedną dawkę szczepionki?**

- 01 Dostałem/am co najmniej jedną dawkę szczepionki przeciw COVID-19
- 02 Nie dostałem/am szczepionki na COVID-19, ponieważ nie miałem/am czasu
- 03 Nie dostałem/am szczepionki na COVID-19, ponieważ nie wiem, gdzie ją dostać
- 04 Nie dostałem/am szczepionki na COVID-19, ponieważ wciąż czekam
- 05 Nie dostałem/am szczepionki na COVID-19 i nie planuję jej brać
- 06 Nie dostałem/am szczepionki na COVID-19, ponieważ nie jestem zagrożony/a

**Section L: O TOBIE**

**K3**

**Ile masz lat?**

- 01 18–24
- 02 25–29
- 03 30–44
- 04 45–64
- 05 65 i powyżej

**K4**

**Czy jesteś Latynosem lub masz hiszpańskie pochodzenie?**

- 01 Tak
- 02 Nie

CAWI: IF K4=01, THEN GO TO K4a

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

#### K4a

##### **Czy powiedziałbyś/powiedziałabyś, że...?**

*Wybierz Tak lub Nie dla każdego stwierdzenia.*

CAWI: TWO COLUMN RESPONSES

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

01 Tak

02 Nie

#### K4\_1

Jesteś Meksykaninem/Meksykanką, masz meksykańsko-amerykańskie pochodzenie lub jesteś Amerykaninem/Amerykanką pochodzenia meksykańskiego

#### K4\_2

Jesteś Portorykańczykiem/Portorykanką

#### K4\_3

Jesteś Kubańczykiem/Kubanką

#### K4\_4

Masz inne latynoskie lub hiszpańskie pochodzenie

#### K5

##### **Wybierz przynajmniej jedną z poniższych na określenie swojej rasy:**

CAWI: ALLOW MULTIPLE RESPONSES.

- 01 Biała
- 02 Czarna lub Afroamerykanin/Afroamerykanka
- 03 Rdzenny/a Amerykanin/Amerykanka lub rdzenny/a mieszkaniec/mieszkanica Alaski
- 04 Azjata/Azjatka
- 05 Rodowity/a Hawajczyk/Hawajka lub mieszkaniec/mieszkanica Wysp Pacyfiku
- 06 Inna rasa

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

#### K6

##### **Czy powiedziałbyś/powiedziałabyś, że jesteś...?**

*Wybierz Tak lub Nie dla każdej opcji.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE K6 SERIES ON A SINGLE SCREEN.

01 Tak

02 Nie

**K6\_41**

Hindusem/Hinduską

**K6\_42**

Chińczykiem/Chinką

**K6\_43**

Filipińczykiem/Filipinką

**K6\_44**

Japończykiem/Japonką

**K6\_45**

Koreańczykiem/Koreanką

**K6\_46**

Wietnamczykiem/Wietnamką

**K6\_47**

Masz inne pochodzenie azjatyckie

**Q162**

**Czy jesteś głuchy/a lub masz poważne problemy ze słuchem?**

01 Tak

02 Nie

**Q163**

**Czy jesteś niewidomy/a lub masz poważne problemy ze wzrokiem, nawet w okularach?**

01 Tak

02 Nie

**Q164**

**Czy z powodu dolegliwości fizycznych, umysłowych lub emocjonalnych masz poważne problemy z koncentracją, pamięcią lub podejmowaniem decyzji?**

01 Tak

02 Nie

**Q165**

**Czy masz poważne trudności z chodzeniem lub wchodzeniem po schodach?**

- 01 Tak
- 02 Nie

**Q166**

**Czy masz trudności z ubieraniem się lub kąpielą?**

- 01 Tak
- 02 Nie

**Q167**

**Czy z powodu dolegliwości fizycznych, psychicznych lub emocjonalnych masz trudności z samodzielnym załatwianiem spraw, takich jak wizyty u lekarza lub zakupy?**

- 01 Tak
- 02 Nie

**K22**

**Czy uważasz się za...?**

- 01 Osobę heteroseksualną
- 02 Geja lub lesbijkę
- 03 Osobę biseksualną
- 04 Wolę określić sam/a CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**K25**

**Czy uważasz się za osobę transseksualną?**

*Osoba transseksualna to osoba, która uważa, że jest innej płci niż ta, która została jej przypisana przy urodzeniu, np. osoba urodzona jako kobieta, która obecnie uważa się za mężczyznę.*

- 01 Tak



02 Nie

### K8

**Czy jesteś...?**

- 01 Żonaty/zamężna
- 02 Rozwiedziony/rozwiedziona
- 03 Wdowcem/wdową
- 04 W separacji
- 05 Kawalerem/panną
- 06 W związku, który nie jest związkiem małżeńskim
- 07 W związku cywilnym

### K11

**Jaką najwyższą klasę lub rok szkolny ukończyłeś/aś?**

- 01 Poniżej szkoły średniej
- 02 Szkołę średnią (klasa 12 lub GED)
- 03 Szkołę pomaturalną lub szkołę techniczną
- 04 Tytuł associate
- 05 Tytuł licencjata
- 06 Dyplom lub tytuł zawodowy

### K12a

**Czy obecnie...?**

- 01 Jesteś zatrudniony i otrzymujesz wynagrodzenie
- 02 Jesteś samozatrudniony/a
- 03 Jesteś bezrobotny/a od przynajmniej 1 roku
- 04 Jesteś bezrobotny/a od mniej niż 1 roku
- 05 Zajmujesz się domem
- 06 Jesteś studentem/ką
- 07 Jesteś emerytem/ką
- 08 Jesteś niezdolny/a do pracy

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

### Q106a

**Czy masz więcej niż jedną pracę?**

*Oznacza to więcej niż jednego pracodawcę, a nie tylko kilka miejsc pracy.*

- 01 Tak
- 02 Nie

#### Q150

**Myśląc o swojej głównej pracy, jaki rodzaj pracy wykonujesz? Na przykład: pielęgniarka, dozorca, kasjer lub mechanik samochodowy.**

[Open text] CAWI: OPEN END. LIMIT TO 100 CHARACTERS.

#### Q151

**Myśląc o swojej głównej pracy, w jakiego rodzaju biznesie lub branży pracujesz? Na przykład: szpital, szkoła podstawowa, restauracja lub sklep spożywczy.**

[Open text] CAWI: OPEN END. LIMIT TO 100 CHARACTERS.

#### K21

**Czy jesteś właścicielem/ką domu czy najemcą?**

- 01 Własny dom
- 02 Wynajem
- 03 Inne

#### Q153

**Czy kiedykolwiek, nie wliczając tej ankiety, brałeś/aś udział w jakichkolwiek badaniach dotyczących zdrowia?**

- 01 Tak
- 02 Nie

#### Q154

**Czy wzięłbyś/wzięłabyś udział w badaniach dotyczących zdrowia, gdybyś miał/a taką możliwość?**

- 01 Tak
- 02 Nie
- 03 Nie wiem

### K9

#### Ile osób, łącznie z Tobą, mieszka w Twoim domostwie?

*Policz osoby, które spędzają większość czasu w Twoim domu. Wpisz liczbę dla każdej kategorii. Jeśli nie ma żadnej, wpisz 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

Dorośli, przynajmniej 18 lat

### K10a

Dzieci, 11–17 lat

### K10b

Dzieci, 6–10 lat

### K10c

Dzieci, 1–5 lat

### K10d

Dzieci poniżej 1 roku życia

CAWI: IF K10a $\geq$ 1 OR K10bc $\geq$ 1 OR K10c $\geq$ 1 OR K10de $\geq$ 1, THEN GO TO CM1. ELSE GO TO K14.

### CM1

*Jeśli jesteś rodzicem, przybranym rodzicem, rodzicem zastępczym lub opiekunem dzieci poniżej 18 roku życia, chcielibyśmy dowiedzieć się więcej o członkach Twojej rodziny. Potrzebujemy tych informacji, aby zrozumieć specyficzne potrzeby zdrowotne rodzin.*

#### **Dla ilu z tych dzieci jesteś rodzicem, przybranym rodzicem, rodzicem zastępczym lub opiekunem?**

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

\_\_\_\_\_ dzieci

### K14

#### **Jaki jest łączny roczny dochód Twojego domostwa?**

*Przez dochód domostwa rozumiemy łączny dochód wszystkich osób mieszkających w danym domu, w tym współlokatorów lub osób o dochodach z tytułu niezdolności do pracy.*

*Twoja odpowiedź jest prywatna i poufna oraz nie może być użyta w celu wpłynięcia na Twoje świadczenia.*

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

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

### Q155

**Czy w ciągu ostatnich 12 miesięcy otrzymywałeś/aś kartki żywnościowe, zwane również SNAP (*Supplemental Nutrition Assistance Program*) na kartę EBT?**

- 01 Tak
- 02 Nie

## Section M: DZIĘKUJEMY!

### Q111

**Wybierz, w jaki sposób chcesz otrzymać swoje 20\$.**

- 01 Elektroniczna karta upominkowa wysłana pocztą elektroniczną
- 02 Czek wysłany pocztą tradycyjną

### Q112

**Czy możemy się z Tobą skontaktować, jeśli będziemy mieli więcej pytań?**

- 01 Tak
- 02 Nie

### Q113

**Podaj swoje informacje kontaktowe.**

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

*Adres e-mail jest potrzebny do wysłania elektronicznej karty podarunkowej i/lub do ponownego kontaktu w przypadku pytań.*

### Q113NAMEINTRO

*Imię i nazwisko są potrzebne do wysłania czeku i/lub do ponownego kontaktu w przypadku pytań.*

### Q113PHONEINTRO

*Oprócz imienia i nazwiska oraz adresu e-mail potrzebny jest również numer telefonu, aby móc ponownie skontaktować się z Tobą w przypadku pytań.*

### Q113NAME

Imię \_\_\_\_\_  
Nazwisko \_\_\_\_\_

### Q113EMAIL

Adres e-mail \_\_\_\_\_ CAWI: COLLECT EMAIL ADDRESS. ADD PROMPT TO VALIDATE EMAIL IF FORMAT IS INVALID.

### Q113PHONE

Wprowadź swój dziesięciocyfrowy numer telefonu.

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

### THANKS

**Kliknij przycisk WYŚLIJ poniżej, aby przestać Twoje odpowiedzi. Dziękujemy za wypełnienie ankiety**

**2021 Healthy Chicago Survey**  
**CAWI Specifications**  
Version 5  
Last edited: 7/1/2021

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**, *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.
- Enable a soft prompt at each question and display: “ □ □ □ □ □ □ □ .” . If a respondent attempts to proceed without answering the question after the prompt, allow the respondent to continue.
- 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).
- The footer should read: “ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  
HealthyChicagoSurvey@rti.org □ □ □ 866-784-7723 □ □ □ □ .”
- Enable the bolded “ □ □ □ □ □ ” 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.
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.

Miscellaneous instructions throughout instrument:

□ □	
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□ □ □ □ □ □ □ □	
□ □ □ □ □ □	

















01     
02  

CAWI: IF J2=03 OR MISSING, THEN GO TO J4  
CAWI: IF J2=01 OR 02, THEN GO TO J5

**J4**

01     1   
02   1         5   
03   5        10   
04   10      
05  

**J5**

/    /                   **JUUL**  **Blu**  **NJOY**

01     
02  

CAWI: IF J5=01, THEN GO TO J5a  
CAWI: IF J5=02 OR MISSING, THEN GO TO Q15

**J5a**

01      
02        
03  

**Section D:**

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

**2020**  **1**  **1**                    **CBD**     **THC**

**Q15**

□ □

01    □  
02    □

CAWI: IF Q15=01, THEN GO TO Q15a  
CAWI: IF Q15=02 OR MISSING, THEN GO TO L1

**JJ1**

□ □ □ **30** □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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

\_\_\_\_\_ □

CAWI: IF Q15a ≥ 1, THEN GO TO Q15b  
CAWI: IF Q15a = 0 OR MISSING, THEN GO TO Q16

**JJ2**

□ □ □ □ □ **30** □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ ..... □

01    □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  
02    □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  
03    □ □ □ □ □ □ □ □ □ □

**JJ3**

□ □ □ **30** □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ ..... □

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

01 □                    02 □

**JJ3\_1**

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

**JJ3\_2**

□ □

**JJ3\_3**

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

JJ3\_4

JJ3\_5

JJ3\_6

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

Q134

**12**  **COVID-19**

01

02

**Section E:**

L1

/ /

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 50.

\_\_\_\_

L2

/ /

CAWI: TWO DIGIT NUMERIC RESPONSE. SET RANGE TO 0 – 50.







04

05

**Q23**

**12**

01

02

03

04

05

06

**Q24**

**7**

01

02

03

**K15**

CAWI: FEET: ONE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 4 – 7. INCHES: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 12.

\_\_\_\_\_       \_\_\_\_\_

**K16**

▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧ ▧

CAWI: THREE DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 50 – 600.

\_\_\_\_\_













02

CAWI: IF P3=01, THEN GO TO P3a  
CAWI: IF P3=02 OR MISSING, THEN GO TO S1

**P3a**

01

02

**P4**

01   12

02   1     2

03   2     3

04   3     5

05 5

**Section H:**

30             .....

CAWI: FIVE COLUMN RESPONSES  
CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01     02     03     04     05

**S1**

.....

**S2**

.....

**S3**

.....

S4

..... □

S5

..... □ □ □ □ □ □ □ □ □

S6

..... □ □ □ □ □

Q135

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

01    □ □ □ □

02    □ □ □ □

03    □ □

Q136

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

01    □ □ □ □

02    □ □ □ □

03    □ □

Q137

□ □ □ □ □ □ □ □ □ □ □ □ □

01    □ □ □ □

02    □ □ □ □

03    □ □

Q137CONTACT

□ <https://www.namichicago.org> □ NAMI  
Chicago □ □ □.

Q138

□ COVID-19 □



















**Q141**

- 01
- 02

ASK IF Q141=01, ELSE GO TO Q143.

**Q142**

- 01
- 02
- 03
- 04
- 05

**Section K:      COVID-19**

**Q143**

**2020**  **3**  **COVID-19**                 **COVID-19**

- 01
- 02

**Q144**

**COVID-19**

- 01
- 02

**Q145**

**COVID-19**

- 01
- 02

ASK IF Q145=01, ELSE GO TO Q149.

**Q146**

- 01
- 02
- 03
- 04

**Q147**

- 01
- 02
- 03
- 04

**Q148**

- 01
- 02
- 03
- 04

**Q160**

- 01
- 02

ASK IF Q160=01, ELSE GO TO Q149.

**Q161**

- 01
- 02
- 03

04

**Q149**

**COVID-19**

- 01            **COVID-19**
- 02       **COVID-19**
- 03       **COVID-19**
- 04       **COVID-19**
- 05       **COVID-19**
- 06       **COVID-19**                   **COVID-19**

**Section L:**

**K3**

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

**K4**

- 01
- 02

CAWI: IF K4=01, THEN GO TO K4a  
CAWI: IF K4=02 OR MISSING, THEN GO TO K5

**K4a**

.....

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

01  02

**K4\_1**

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

**K4\_2**

□ □ □ □ □

**K4\_3**

□ □ □

**K4\_4**

□ □

**K5**

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

CAWI: ALLOW MULTIPLE RESPONSES.

- 01 □ □
- 02 □ □ □ □ □ □ □ □ □ □
- 03 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
- 04 □ □ □
- 05 □ □ □ □ □ □ □ □ □ □ □ □ □ □
- 06 □ □ □ □ □ □

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

**K6**

□ □ □ □ □ .....□  
 // // // // // // // // // // // // // // // //

CAWI: TWO COLUMN RESPONSES  
 CAWI: DISPLAY THE ENTIRE K6 SERIES ON A SINGLE SCREEN.

01 □                      02 □

**K6\_41**

□ □ □ □ □

**K6\_42**

□ □ □

**K6\_43**

**K6\_44**

**K6\_45**

**K6\_46**

**K6\_47**

**Q162**

01

02

**Q163**

01

02

**Q164**

01

02

**Q165**

01

02













**Q113NAMEINTRO**

□□□□□□□□□□□□□□□□□□□□□□/□□ COVID-19 □□□□□□□□□□

**Q113PHONEINTRO**

□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ COVID-19 □□□□  
□□□□□□

**Q113NAME**

□□ \_\_\_\_\_  
□□ \_\_\_\_\_

**Q113EMAIL**

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

**Q113PHONE**

□□□□□□□□□□□□□□

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

**THANKS**

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**APPENDIX B**  
**2021 HCS PAPI – ENGLISH, 2021 HCS PAPI – SPANISH**

**COVER HERE**

## 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 (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:

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

Yes

No → Skip to question 24

→ 23. Do you still have asthma?

Yes

No

In this example, if you answer “Yes” to Question 22, you should continue to Question 23.

If you answer “No” to Question 22, you should skip to Question 24.

- 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. About how long has it been since you last visited a doctor or health care provider for a routine checkup?**

*A routine checkup is when a doctor checks your general health (e.g., blood pressure, temperature, height and weight, eyes, ears, nose and throat).*

- Within the past year
- One or more years ago
- Never

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

- Very happy
- Somewhat happy
- Not at all happy
- 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 Medicaid, Medicare, or Indian Health Services?**

- Yes
- No → *Skip to question 9 on Page 3*

**7. What is the main 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

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

- Never
- Sometimes
- Usually
- Always
- I didn't need care, tests, therapy or treatment in the past 12 months

9. In the past 12 months, have you sought an accommodation for your healthcare services because of a disability or underlying health condition? *Examples of accommodations for healthcare services may include requesting a sign language interpreter, allowing a service dog to be present for an appointment, and requesting a reader or speech-to-speech translation service.*

- Yes
- No → **Skip to question 11**

→10. Was the requested accommodation provided?

- Yes
- No

11. Were you able to access health care or therapy when you needed it since the COVID-19 pandemic started in March 2020?

- Yes
- No

12. Have you missed or postponed one or more medical or therapy appointments since the COVID-19 pandemic started in March 2020?

- Yes
- No → **Skip to question 14**

13. What are the reasons you missed or postponed appointments during COVID-19? *Check all that apply.*

- My clinic cancelled my appointment because of COVID-19
- My clinic closed because of COVID-19
- I had symptoms of COVID-19, so I stayed home
- I cancelled the appointment to avoid being around others
- I cancelled the appointment because I did not want to be in a healthcare setting
- I felt okay or good enough
- It cost too much
- I didn't want to take public transportation and had no other way to get there
- I forgot to go or just missed my appointment
- I felt disrespected by the office or medical staff

14. Since the COVID-19 pandemic started in March 2020, have you had a telehealth appointment with a healthcare provider? *A telehealth appointment is where you talk to your doctor or therapist on the phone or on a computer.*

- Yes
- No

15. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

- Yes
- No

## 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.

16. 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

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

- Yes
- No

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

- Yes
- No

19. Has a doctor, nurse, or other health professional ever told you that you had a stroke?

- Yes
- No

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

- Yes
- Yes, but only while I was pregnant
- No

21. 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

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

- Yes
- No → Skip to question 24

23. Do you still have asthma?

- Yes
- No

24. Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- Yes
- No

25. Has a doctor, nurse, or other health professional ever told you that you had skin cancer?

- Yes
- No

26. Has a doctor, nurse, or other health professional ever told you that you had any other type of cancer?

- Yes
- No

27. Has a doctor, nurse, or other health professional ever told you that you had Hepatitis B?

- Yes
- No

28. Has a doctor, nurse, or other health professional ever told you that you had Hepatitis C?

- Yes
- No → *Skip to question 30*

→29. Do you still have Hepatitis C?

- Yes
- No

30. Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

- Yes
- No

## TOBACCO USE

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

- Yes
- No → *Skip to question 36*

→32. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all → *Skip to question 35*

33. 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

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

- Yes
- No } *Skip to question 36*

35. 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

36. 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 → *Skip to question 38 on Page 6*

→37. How often do you use e-cigarettes or vape now?

- Every day
- Some days
- Not at all

## 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.

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

- Yes  
 No → **Skip to question 43**

**→39. During the past 30 days, on how many days did you use marijuana or cannabis?**

Days

→ **If you answered 0, skip to question 43**

**40. 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

**41. During the past 30 days, how did you use marijuana? Did you ...?**  
 Select Yes or No for each statement.

	Yes	No
a. Smoke it (like in a joint, bong, pipe or blunt)	<input type="radio"/>	<input type="radio"/>
b. Eat it (like in brownies, cakes, cookies or candy)	<input type="radio"/>	<input type="radio"/>
c. Drink it (like in tea, cola or alcohol)	<input type="radio"/>	<input type="radio"/>
d. Vape it (like in an e-cigarette-like vaporizer)	<input type="radio"/>	<input type="radio"/>
e. Dab it (like using butane hash oil, wax or concentrates)	<input type="radio"/>	<input type="radio"/>
f. Other (please specify) ↓	<input type="radio"/>	<input type="radio"/>

**42. In the past 12 months, have you started or increased using cannabis to cope with stress or emotions related to COVID-19?**

- Yes  
 No

## DIET & PHYSICAL ACTIVITY

**43. 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 0.*

Servings

**44. 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 0.*

Servings

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

- Very difficult
- Somewhat difficult
- Somewhat easy
- Very easy

**46. 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

**47. How often do you get a meal from a convenience store or gas station?**

- Multiple times a week
- 1-2 times a week
- 3-4 times a month
- 2 or fewer times a month
- A few times a year
- Never

**48. 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 0.*

Drinks

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

- Drinks per day
- Drinks per week
- Drinks per month

**49. Which of the following best describes the water that you most often drink at home?**

- Unfiltered tap water
- Filtered tap water
- Bottled water
- Water from another source

**50. 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

**51. In the past 12 months, how often did you or someone in your household use the parks, playgrounds, and/or 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

52. In the past 12 months, how often did you or someone in your household garden at a community garden?

- Once a week or more
- Several times a month
- At least once a month
- A few times a year
- Never

53. In the past 12 months, how often have you ridden a bicycle, adult tricycle, or adaptive 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

54. During the past 7 days, did you ever walk or use a wheelchair or scooter 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 or scooter

55. About how tall are you without shoes?

Feet  Inches

56. About how much do you weigh without shoes? *If you are currently pregnant, how much did you weigh before your pregnancy?*

Pounds

57. What is your gender?

- Male → *Skip to question 60*
- Female
- Third gender or nonbinary
- Prefer to self-describe

58. Are you currently pregnant?

- Yes → *Skip to question 60*
- No

59. Have you been pregnant in the past 12 months?

- Yes
- No

## ALCOHOL & PRESCRIPTION DRUGS

60. *The next few questions are about drinking alcohol. 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.*

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

*If none, enter 0.*

Days

→ *If you answered 0, skip to question 63 on Page 9.*

61. *[If you are male]* Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

*If none, enter 0.*

Times

62. *[If you are not male]* Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on one occasion?

*If none, enter 0.*

Times



**63. In the past 12 months, have you started or increased drinking alcohol to cope with stress or emotions related to COVID-19?**

- Yes
- No

*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.*

**64. 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 → *Skip to question 66*

→ **65. 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

**66. 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

*The next few questions are about drug use. The answers that people give us about their drug use help us provide services to those who need them. We know this information is personal but remember your answers will be kept confidential.*

**67. Have you ever, even once, used any form of heroin?**

- Yes
- No → *Skip to question 69*

→ **68. How long has it been since you last used any form of heroin?**

- Within the past 30 days
- More than 30 days ago but within the past 12 months
- More than 12 months ago

## CANCER SCREENING

**69. → If you are male, skip to question 74 on Page 10. Else, continue here.**

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

- Yes
- No → *Skip to question 71 on Page 10*

→ **70. 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



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

- Yes
- No → *Skip to question 73*

→ **72. 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

**73. Have you had a hysterectomy?**

- Yes
- No

**74. 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 → *Skip to question 76*

→ **75. 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

**76. 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 → *Skip to question 79 on Page 11*

→ **77. Was your most recent exam a sigmoidoscopy or a colonoscopy?**

- Sigmoidoscopy
- Colonoscopy

**78. 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

## MENTAL HEALTH

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

79. ...nervous?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

80. ...hopeless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

81. ...restless or fidgety?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

82. ... 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

83. ... 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

84. During the past 30 days, how often did you feel worthless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

85. How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

86. How often do you feel left out?

- Hardly ever
- Some of the time
- Often

87. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

*If you or someone you know is struggling with mental health, please contact NAMI Chicago by visiting <https://www.namichicago.org>*

88. How would you describe your mental health compared to before the COVID-19 pandemic?

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

89. 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

90. 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 → *Skip to question 92*

91. 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
a. You couldn't afford the cost	<input type="radio"/>	<input type="radio"/>
b. 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"/>
c. You were concerned that getting mental health treatment or counseling might have a negative effect on your job	<input type="radio"/>	<input type="radio"/>
d. Your health insurance does not cover or pay enough for mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>
e. You did not know where to go to get services	<input type="radio"/>	<input type="radio"/>
f. You were concerned that the information you gave the counselor might not be kept confidential	<input type="radio"/>	<input type="radio"/>
g. You were concerned that you might be committed to a psychiatric hospital or might have to take medicine	<input type="radio"/>	<input type="radio"/>
h. You tried to get mental health treatment or counseling but were put on a waitlist	<input type="radio"/>	<input type="radio"/>
i. You could not find a therapist who was culturally or disability competent	<input type="radio"/>	<input type="radio"/>
j. Other (please specify) ↓	<input type="radio"/>	<input type="radio"/>

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

Hours  Minutes

## FINANCIAL SECURITY

93. 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

94. 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
a. Put it on your credit card and pay it off in full at the next statement	<input type="radio"/>	<input type="radio"/>
b. Put it on your credit card and pay it off over time	<input type="radio"/>	<input type="radio"/>
c. Pay with the money currently in your checking/savings account or with cash	<input type="radio"/>	<input type="radio"/>
d. Use money from a bank loan or line of credit	<input type="radio"/>	<input type="radio"/>
e. Borrow from a friend or family member	<input type="radio"/>	<input type="radio"/>
f. Use a payday loan, deposit advance or overdraft	<input type="radio"/>	<input type="radio"/>
g. Sell something	<input type="radio"/>	<input type="radio"/>
h. Not be able to pay for the expense right now	<input type="radio"/>	<input type="radio"/>
i. Other (please specify) ↓	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

## YOUR NEIGHBORHOOD

**96. 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
- Skip to question 100*

**97. People move for many different reasons. Thinking of your most recent move, did you move...? Select Yes or No for each statement.**

	Yes	No
a. To be closer to work or school	<input type="radio"/>	<input type="radio"/>
b. To be closer to family or friends	<input type="radio"/>	<input type="radio"/>
c. For better quality neighborhood or schools	<input type="radio"/>	<input type="radio"/>
d. Because you received an eviction notice	<input type="radio"/>	<input type="radio"/>
e. Because your previous home or apartment was foreclosed	<input type="radio"/>	<input type="radio"/>
f. Your rent increased at previous home or apartment	<input type="radio"/>	<input type="radio"/>
g. Your landlord would not fix things at previous home or apartment	<input type="radio"/>	<input type="radio"/>
h. To save money	<input type="radio"/>	<input type="radio"/>
i. To relocate to new city	<input type="radio"/>	<input type="radio"/>
j. Because your family status changed (e.g. marriage, divorce, children, adult child moved out)	<input type="radio"/>	<input type="radio"/>
k. For a better quality or larger home	<input type="radio"/>	<input type="radio"/>
l. Because you bought a home	<input type="radio"/>	<input type="radio"/>
m. Other (please specify)	<input type="radio"/>	<input type="radio"/>

**98. Since the start of the COVID-19 pandemic in March 2020, have you been evicted or forced to move?**

- Yes
- No

**99. Has your household had to “double up” or combine with another household since the start of the COVID-19 pandemic in March 2020?**

- Yes
- No

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

**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

**101. 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

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

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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

- Yes, all of the time
- Yes, most of the time
- Sometimes
- No, mostly not

**104. 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

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

- Yes
- No

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

- Strongly agree
- Agree
- Neither agree not disagree
- Disagree
- Strongly disagree

**107. About how many people in your neighborhood do you know well enough to ask for help if you needed it?**

*If none, enter 0.*

People

**108. 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

**109. 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

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

- A great extent
- Somewhat
- A little
- Not at all

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

*Select Yes or No for each statement.*

	Yes	No
a. Attended a neighborhood meeting about a local issue (virtually, socially distanced, or in person)	<input type="radio"/>	<input type="radio"/>
b. Voted in the last election	<input type="radio"/>	<input type="radio"/>
c. Attended a block party or event (virtually, socially distanced, or in person)	<input type="radio"/>	<input type="radio"/>
d. Got together socially with friends or family members (virtually, socially distanced, or in person)	<input type="radio"/>	<input type="radio"/>
e. Picked up litter or trash on my block	<input type="radio"/>	<input type="radio"/>
f. Cared for a garden or yard on my block	<input type="radio"/>	<input type="radio"/>

**112. Do you have reliable internet access at home?**

- Yes
- No → *Skip to question 114*

→ **113. What is the primary device you use at home to get on the internet?**

- Desktop computer
- Laptop computer
- Tablet
- Phone
- Other (please specify) →

## CORONAVIRUS & COVID-19

**114. Have you received a positive COVID-19 test result since the COVID-19 pandemic started in March 2020?**

- Yes
- No

**115. Have you or someone in your household experienced grief from losing someone who died from COVID-19?**

- Yes
- No

**116. Have you been let go, had to reduce work hours, or had a reduction in pay because of COVID-19?**

- Yes
- No → *Skip to question 122*

→ **117. To what extent was this because you had to take on increased childcare responsibilities?**

- A great extent
- Somewhat
- A little
- Not at all

**118. To what extent was this because you had to take on increased caregiving responsibilities for people with disabilities?**

- A great extent
- Somewhat
- A little
- Not at all

**119. To what extent was this because you had to take on increased caregiving responsibilities for elderly people?**

- A great extent
- Somewhat
- A little
- Not at all

**120. Do you require caregiving support due to age, disability, or any other reason?**

- Yes
- No → *Skip to question 122*

→ **121. To what extent have you lost caregiving supports due to the pandemic?**

- A great extent
- Somewhat
- A little
- Not at all

**122. Vaccines for COVID-19 are now available. Have you ever received at least one COVID-19 vaccine shot?**

- I have gotten at least one COVID-19 vaccine shot
- I have not gotten a COVID-19 vaccine shot because I haven't had the time
- I have not gotten a COVID-19 vaccine shot because I don't know where to get one
- I have not gotten a COVID-19 vaccine shot because I am still waiting
- I have not gotten a COVID-19 vaccine shot and do not plan to get one
- I have not gotten a COVID-19 vaccine shot because I am not at risk

## ABOUT YOU

**123. What is your age?**

- 18-24
- 25-29
- 30-44
- 45-64
- 65 or older

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

- Yes
- No → *Skip to question 126*

→ **125. Would you say you are...? Select Yes or No for each statement.**

	Yes	No
a. Mexican, Mexican-American, or Chicano/a	<input type="radio"/>	<input type="radio"/>
b. Puerto Rican	<input type="radio"/>	<input type="radio"/>
c. Cuban	<input type="radio"/>	<input type="radio"/>
d. Another Hispanic, Latino/a, or Spanish origin	<input type="radio"/>	<input type="radio"/>

**126. Which one or more of the following would you say is your race? Check all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

→ *If you are not Asian, skip to question 128*

→ **127. Would you say you are...? Select Yes or No for each statement.**

	Yes	No
a. Asian Indian	<input type="radio"/>	<input type="radio"/>
b. Chinese	<input type="radio"/>	<input type="radio"/>
c. Filipino	<input type="radio"/>	<input type="radio"/>
d. Japanese	<input type="radio"/>	<input type="radio"/>
e. Korean	<input type="radio"/>	<input type="radio"/>
f. Vietnamese	<input type="radio"/>	<input type="radio"/>
g. Another Asian origin	<input type="radio"/>	<input type="radio"/>

**128. Are you deaf, or do you have serious difficulty hearing?**

- Yes
- No

**129. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?**

- Yes
- No

**130. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

- Yes
- No

**131. Do you have serious difficulty walking or climbing stairs?**

- Yes
- No

**132. Do you have difficulty dressing or bathing?**

- Yes
- No

**133. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- Yes
- No



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

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Prefer to self-describe

**135. 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

**136. Are you...?**

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple
- A member of a civil union

**137. 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

**138. 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

*Skip to question 142*

**139. Do you have more than one job?**  
*This means more than one employer, not just multiple job sites.*

- Yes
- No

**140. Thinking about your main job, what kind of work do you do?** *For example, registered nurse, janitor, cashier or auto mechanic.*

**141. Thinking about your main job, what kind of business or industry do you work in?** *For example, hospital, elementary school, restaurant or grocery store.*

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

- Own
- Rent
- Some other arrangement



**143. Not including this survey, have you ever participated in any kind of health research study?**

- Yes
- No

**144. Would you take part in a health research study if you had the opportunity?**

- Yes
- No
- I'm not sure

**145. 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.*

- Adults, 18 years of age or older
- Children, 11-17 years old
- Children, 6-10 years old
- Children, 1-5 years old
- Children, less than 1 year old

**146.** *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.*

- Children

**147. 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.*

\$   ,    ,

**148. In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?**

- Yes
- No

**THANK YOU!**

**149. Please indicate how you would like to receive your \$10.**

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

**150. May we contact you if we have more questions?**

- Yes
- No

**151. 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.*

First Name:

Last Name:

Email:

Phone:

—

Area Code    Number

**Thank you for participating in the Healthy Chicago Survey!**

**Please return this questionnaire in the envelope provided or to:**

**Healthy Chicago Survey  
c/o RTI International  
0217366.001.002  
5265 Capital Boulevard  
Raleigh, NC 27690-1653**

**You will receive your \$10 in three to four weeks.**

**COVER HERE**

## 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 (18 años de edad o más) 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 rellorando completamente el círculo a la izquierda de su respuesta, de esta forma:

- Sí
- No

- A veces se le pide saltar algunas preguntas en esta encuesta. Cuando esto suceda, verá una flecha con una nota que le indica qué pregunta debe responder a continuación, de esta forma:

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

Sí

No → Pase a la n° 24

→ 23. ¿Aún tiene asma?

Sí

No

En este ejemplo, si responde “Sí” a la Pregunta 22, debe continuar con la Pregunta 23.

Si responde “No” a la Pregunta 22, debe continuar con la Pregunta 24.

- Si es posible, utilice un bolígrafo de tinta negra o azul.



**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. **Aproximadamente, ¿cuánto tiempo ha pasado desde la última vez que visitó a su médico o proveedor de atención médica para un chequeo de rutina?** *Se considera un chequeo de rutina cuando un médico revisa su salud general (por ejemplo, presión arterial, temperatura, altura y peso, ojos, oídos, nariz y garganta).*

- En los últimos 12 meses
- Uno o más años
- Nunca

4. **En general, ¿qué tan feliz se siente con respecto a la atención médica que recibió en los últimos 12 meses?**

- Muy feliz
- Un poco feliz
- No muy feliz
- 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 tales como las Organizaciones para el Mantenimiento de la Salud (HMO), planes gubernamentales como Medicare o servicios de salud indígena?**

- Sí
- No → *Pase al n° 9 en la página 3*

7. **¿Cuál es su cobertura de atención médica principal?**

- 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

8. **En los últimos 12 meses, ¿con qué frecuencia fue fácil obtener acceso a la atención, pruebas, terapias o tratamientos que consideró que necesitaba a través de su plan de salud?**

- Nunca
- Algunas veces
- Por lo general
- Siempre
- No necesité atención, ni realizarme pruebas o tratamientos en los últimos 12 meses

9. En los últimos 12 meses, ¿ha solicitado una acomodación para sus servicios de atención médica, debido a una discapacidad o condición de salud preexistente?  
*Los ejemplos de acomodaciones para los servicios de atención médica pueden incluir solicitar un intérprete de lenguaje de señas, permitir que un perro de servicio esté presente en una cita y solicitar un lector o un servicio de traducción de voz a voz.*

- Sí  
 No → *Pase al n° 11*

→10. ¿Le proporcionaron la acomodación solicitada?

- Sí  
 No

11. ¿Ha podido obtener acceso a atención médica o terapias cuando lo necesitó desde que comenzó la pandemia del COVID-19 en marzo de 2020?

- Sí  
 No

12. ¿Ha perdido o ha tenido que retrasar una o más citas médicas o de terapia desde que comenzó la pandemia del COVID-19 en marzo de 2020?

- Sí  
 No → *Pase al n° 14*

13. ¿Cuáles son las razones por las que perdió o retrasó sus citas durante el COVID-19? *Marque todas las opciones que correspondan.*

- Mi clínica canceló mi cita debido al COVID-19  
 Mi clínica está cerrada debido al COVID-19  
 Tenía síntomas de COVID-19, así que me quedé en casa  
 Cancelé la cita para evitar estar cerca de otras personas  
 Cancelé la cita porque no quería estar en un centro de atención médica  
 Me sentía bien o lo suficientemente bien  
 Son demasiado costosas  
 No quería tomar el transporte público y no tenía otra forma de llegar  
 Olvidé ir o simplemente perdí mi cita  
 Sentí que el consultorio o el personal médico me faltaron al respeto

14. Desde que comenzó la pandemia del COVID-19 en marzo de 2020, ¿ha tenido una cita de telesalud con un proveedor de atención médica? *Se considera una cita de telesalud cuando habla con su médico o terapeuta por teléfono o por medio de una computadora.*

- Sí  
 No

15. Durante los últimos 12 meses, ¿le han colocado una inyección o una vacuna contra la gripe por la nariz?

- Sí  
 No

## 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.

16. ¿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
17. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía colesterol alto?
- Sí
- No
18. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía angina de pecho o enfermedad coronaria?
- Sí
- No
19. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía un ataque cerebral?
- Sí
- No
20. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía diabetes?
- Sí
- Sí, pero solo cuando estaba embarazada
- No

21. ¿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

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

- Sí
- No → Pase al n° 24

- 23. ¿Aún tiene asma?

- Sí
- No

24. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía alguna forma de artritis, artritis reumatoide, gota, lupus o fibromialgia?

- Sí
- No

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

- Sí
- No

26. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía cualquier otro tipo de cáncer?

- Sí
- No

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

- Sí
- No

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

- Sí
- No → *Pase al n° 30*

→29. ¿Aún tiene hepatitis C?

- Sí
- No

30. Sin incluir cálculos renales, infección de la vejiga o incontinencia, ¿alguna vez le dijeron que tenía una enfermedad renal?

- Sí
- No

## USO DE TABACO

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

- Sí
- No → *Pase al n° 36*

→32. ¿Actualmente fuma cigarrillos todos los días, algunas veces o no fuma?

- Todos los días
- Algunas veces
- No fumo → *Pase al n° 35*

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

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Nunca

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

- Sí
  - No
- } *Pase al n° 36*

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

- Hace menos de un año
- Hace más de 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

36. ¿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 o cannabis.*

- Sí
- No → *Pase al n° 38 en la página 6*

→37. ¿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.

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

- Sí  
 No → Pase al n° 43

→ 39. Durante los últimos 30 días, ¿cuántos días ha consumido marihuana o cannabis?

Días

→ Si respondió 0, pase al n° 43

40. 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 divertirse o integrarse)  
 Tanto por razones médicas como no médicas

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

Marque Sí o No por cada declaración.

	Sí	No
a. La fumó (en un porro, cachimba, pipa o canuto)	<input type="radio"/>	<input type="radio"/>
b. La comió (en brownies, pasteles, galletas o caramelos)	<input type="radio"/>	<input type="radio"/>
c. La bebió (en té, cola o alcohol)	<input type="radio"/>	<input type="radio"/>
d. La vapeó (en un vaporizador parecido a un cigarrillo electrónico)	<input type="radio"/>	<input type="radio"/>
e. La untó (usando hachís de aceite butano, cera o concentrados)	<input type="radio"/>	<input type="radio"/>
f. Otro (especifique) ↓	<input type="radio"/>	<input type="radio"/>

42. En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de cannabis para afrontar el estrés o las emociones relacionadas con el COVID-19?

- Sí  
 No

## DIETA Y ACTIVIDAD FÍSICA

43. ¿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.

Porciones

**44. ¿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.*

Porciones

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

- Muy difícil
- Un poco difícil
- Un poco fácil
- Muy fácil

**46. ¿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”**

- Frecuentemente cierta
- Algunas veces cierta
- No es cierta

**47. ¿Con qué frecuencia compra comidas en una tienda de conveniencia o estación de servicio?**

- Varias veces a la semana
- 1 o 2 veces a la semana
- 3 o 4 veces al mes
- 2 o menos veces al mes
- Algunas veces al año
- Nunca

**48. 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.*

Bebidas

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

- Bebidas al día
- Bebidas a la semana
- Bebidas al mes

**49. ¿Cuál de las siguientes opciones describe mejor el agua que bebe con más frecuencia en su casa?**

- Agua del grifo sin filtrar
- Agua del grifo filtrada
- Agua embotellada
- Agua de otra fuente

**50. 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

**51. En los últimos 12 meses, ¿con qué frecuencia usted o alguien de su familia usó los parques, áreas de juego o 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

52. En los últimos 12 meses, ¿con qué frecuencia usted o alguien de su familia cultivó en un jardín comunitario?

- Una vez a la semana o más
- Varias veces al mes
- Al menos una vez al mes
- Algunas veces al año
- Nunca

53. En los últimos 12 meses, ¿con qué frecuencia ha montado bicicleta, triciclo para adultos o bicicleta adaptable 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

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

- Sí
- No
- No estoy en condiciones físicas para caminar, usar silla de ruedas o escúter

55. ¿Cuánto mide aproximadamente sin zapatos?

Pies  Pulgadas

56. ¿Cuánto pesa aproximadamente sin zapatos? Si actualmente está embarazada, ¿cuánto pesaba antes de su embarazo?

Libras

57. ¿Cuál es su género?

- Hombre → Pase al n° 60
- Mujer
- Tercer género o no binario
- Prefiere describirse a sí mismo

58. ¿Actualmente está embarazada?

- Sí → Pase al n° 60
- No

59. ¿Ha estado embarazada en los últimos 12 meses?

- Sí
- No

## ALCOHOL Y MEDICAMENTOS RECETADOS

60. 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.

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

Si no las tomó, ingrese 0.

Días

→ Si respondió 0, pase al n° 63 en la página 9.

*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.*

- 61. [Si es hombre] Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces, durante los últimos 30 días, tomó 5 o más bebidas en una ocasión?**

*Si no las tomó, ingrese 0.*

Veces

- 62. [Si no es hombre] Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces, durante los últimos 30 días, tomó 4 o más bebidas en una ocasión?**

*Si no las tomó, ingrese 0.*

Veces

- 63. En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de alcohol para afrontar el estrés o las emociones relacionadas con el COVID-19?**

- Sí  
 No

*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.*

- 64. 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° 66**

- 65. 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

- 66. 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

*Las siguientes preguntas se refieren al consumo de drogas. Las respuestas que las personas nos suministran sobre su consumo de drogas nos ayudan a brindarles servicios a quienes los necesitan. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.*

- 67. ¿Alguna vez, aunque sea una vez, ha consumido alguna forma de heroína?**

- Sí  
 No → **Pase al n° 69**

- 68. ¿Cuánto tiempo ha pasado desde la última vez que consumió alguna forma de heroína?**

- Dentro de los últimos 30 días  
 Hace más de 30 días, pero en los últimos 12 meses  
 Hace más de 12 meses

## DETECCIÓN DE CÁNCER

69. Si es hombre, pase al n° 74 en la página 10. De lo contrario, continúe aquí.

Una mamografía es una radiografía de cada seno para detectar el cáncer de seno. ¿Alguna vez le han hecho una mamografía?

- Sí
- No → Pase al n° 71 en la página 10

→70. ¿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

71. 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° 73

→72. ¿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

73. ¿Le han hecho una histerectomía?

- Sí
- No

74. 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° 76

→75. ¿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

76. 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 sedarle y le piden que tenga a una persona que pueda llevarle a casa después de la prueba.*

¿Alguna vez le han hecho uno de estos exámenes?

- Sí
- No → Pase al n° 79 en la página 11

77. ¿Fue su último examen una sigmoidoscopia o una colonoscopia?

- Sigmoidoscopia
- Colonoscopia

78. **¿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

## SALUD MENTAL

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

79. **...nervioso(a)?**

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

80. **...sin esperanzas?**

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

81. **...impaciente o inquieto(a)?**

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

82. **...tan deprimido(a) que nada podía animarle?**

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

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

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

84. **...inútil?**

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

85. **¿Con qué frecuencia siente que le falta compañía?**

- Casi nunca
- Algunas veces
- Con frecuencia

86. **¿Con qué frecuencia se siente excluido(a)?**

- Casi nunca
- Algunas veces
- Con frecuencia

87. **¿Con qué frecuencia se siente solo(a)?**

- Casi nunca
- Algunas veces
- Con frecuencia

***Si usted o alguien que conoce necesita ayuda con problemas de salud mental, comuníquese con NAMI Chicago por medio de la página web <https://www.namichicago.org>***

88. **¿Cómo describiría su salud mental en comparación a como estaba antes de la pandemia del COVID-19?**

- Mucho mejor
- Un poco mejor
- Casi igual
- Un poco peor
- Mucho peor



89. ¿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

90. 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° 92*

91. ¿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
a. No podía cubrir el costo	<input type="radio"/>	<input type="radio"/>
b. 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"/>
c. 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"/>
d. Su seguro médico no cubre ni paga lo suficiente por el tratamiento o asesoría de salud mental	<input type="radio"/>	<input type="radio"/>
e. No sabía a dónde ir a buscar los servicios	<input type="radio"/>	<input type="radio"/>
f. Le preocupaba que la información que le diera el asesor pudiera no mantenerse confidencial	<input type="radio"/>	<input type="radio"/>
g. Le preocupaba que pudieran enviarle a un hospital psiquiátrico o tuviera que tomar medicamentos	<input type="radio"/>	<input type="radio"/>
h. Intentó recibir tratamiento o asesoría de salud mental, pero lo/la pusieron en una lista de espera	<input type="radio"/>	<input type="radio"/>
i. No pudo encontrar un terapeuta que fuera competente desde el punto de vista cultural o en el tratamiento de discapacidades	<input type="radio"/>	<input type="radio"/>
j. Otro (especifique) ↓	<input type="radio"/>	<input type="radio"/>

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

Horas  Minutos

## SEGURIDAD FINANCIERA

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

- Siempre  
 Por lo general  
 Algunas veces  
 Nunca

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

*Seleccione Sí o No por cada declaración.*

	Sí	No
a. Pagaría con tarjeta de crédito y luego pagaría por completo en el próximo resumen de cuenta	<input type="radio"/>	<input type="radio"/>
b. Lo pondría en la tarjeta de crédito y luego pagaría con el tiempo	<input type="radio"/>	<input type="radio"/>
c. Pagaría con el dinero que actualmente tiene en su cuenta corriente o de ahorros, o con efectivo	<input type="radio"/>	<input type="radio"/>
d. Usaría el dinero de un préstamo bancario o línea de crédito	<input type="radio"/>	<input type="radio"/>
e. Pediría prestado a un amigo o familiar	<input type="radio"/>	<input type="radio"/>
f. Usaría un préstamo del día de pago, depósito anticipado o sobregiro	<input type="radio"/>	<input type="radio"/>
g. Vendería algo	<input type="radio"/>	<input type="radio"/>
h. No podría pagar el gasto en este momento	<input type="radio"/>	<input type="radio"/>
i. Otro (especifique) ↓	<input type="radio"/>	<input type="radio"/>

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

- Sí  
 No

## SU VECINDARIO

96. ¿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

Pase a la n° 100

97. Las personas se mudan por distintas razones. Piense en su mudanza más reciente. ¿Se mudó...?

Seleccione Sí o No por cada declaración.

	Sí	No
a. Para estar más cerca del trabajo o la escuela	<input type="radio"/>	<input type="radio"/>
b. Para estar más cerca de la familia o amigos	<input type="radio"/>	<input type="radio"/>
c. Por vecindarios o escuelas de mejor calidad	<input type="radio"/>	<input type="radio"/>
d. Porque recibió un aviso de desalojo	<input type="radio"/>	<input type="radio"/>
e. Porque su hogar o apartamento previo fue embargado	<input type="radio"/>	<input type="radio"/>
f. Porque aumentó el alquiler de su hogar o apartamento previo	<input type="radio"/>	<input type="radio"/>
g. Porque el arrendador no reparó las cosas de su hogar o apartamento previo	<input type="radio"/>	<input type="radio"/>
h. Para ahorrar dinero	<input type="radio"/>	<input type="radio"/>
i. Para reubicarse en una ciudad nueva	<input type="radio"/>	<input type="radio"/>
j. Porque cambió su condición familiar (p. ej., matrimonio, divorcio, hijos, un hijo adulto se mudó)	<input type="radio"/>	<input type="radio"/>
k. Para tener una mejor calidad de vida o una casa más grande	<input type="radio"/>	<input type="radio"/>
l. Porque compró una casa	<input type="radio"/>	<input type="radio"/>
m. Otro (especifique)	<input type="radio"/>	<input type="radio"/>

98. Desde el inicio de la pandemia del COVID-19 en marzo de 2020, ¿ha sido desalojado(a) u obligado(a) a mudarse?

- Sí  
 No

99. ¿Su hogar ha tenido que “duplicarse” o combinarse con otro hogar desde el inicio de la pandemia del COVID-19 en marzo de 2020?

- Sí  
 No

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

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

101. 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

102. 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



**103. ¿Se siente seguro(a) en su vecindario?**

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

**104. 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

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

- Sí
- No

**106. ¿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

**107. ¿Aproximadamente a cuántas personas de su vecindario conoce lo suficientemente bien como para pedirles ayuda, si la necesitara?**

*Si no es así, ingrese 0.*

Personas

**108. ¿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

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

- En gran medida
- De cierta forma
- Un poco
- De ninguna forma

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

- En gran medida
- De cierta forma
- Un poco
- De ninguna forma

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

*Seleccione Sí o No por cada declaración.*

	Sí	No
a. Asistió a una reunión del vecindario sobre un problema local (de forma virtual, aplicando el distanciamiento social o en persona)	<input type="radio"/>	<input type="radio"/>
b. Votó en las últimas elecciones	<input type="radio"/>	<input type="radio"/>
c. Asistió a una fiesta o evento de la cuadra (de forma virtual, aplicando el distanciamiento social o en persona)	<input type="radio"/>	<input type="radio"/>
d. Se reunió socialmente con amigos o familiares (de forma virtual, aplicando el distanciamiento social o en persona)	<input type="radio"/>	<input type="radio"/>
e. Recogió la basura o desperdicios en su cuadra	<input type="radio"/>	<input type="radio"/>
f. Cuidó un jardín o patio en su cuadra	<input type="radio"/>	<input type="radio"/>

112. ¿Tiene acceso a Internet confiable en casa?

- Sí
- No → *Pase al n° 114*

→ 113. ¿Cuál es el dispositivo principal que usa en casa para conectarse a Internet?

- Computadora de escritorio
- Computadora portátil
- Tableta
- Teléfono
- Otro (especifique) ↓

## CORONAVIRUS Y COVID-19

114. ¿Ha recibido alguna prueba positiva del COVID-19 desde que comenzó la pandemia del COVID-19 en marzo de 2020?

- Sí
- No

115. ¿Usted o alguien de su hogar ha sentido dolor por perder a alguien que murió por el COVID-19?

- Sí
- No

116. ¿Le despidieron, tuvo que reducir el horario de trabajo o le redujeron el pago debido al COVID-19?

- Sí
- No → *Pase al n° 122*

→ 117. ¿En qué medida se debió a que tuvo que asumir mayores responsabilidades en el cuidado de los niños?

- En gran medida
- De alguna manera
- Un poco
- No del todo

118. ¿En qué medida se debió a que tuvo que asumir mayores responsabilidades en el cuidado de personas con discapacidades?

- En gran medida
- De alguna manera
- Un poco
- No del todo

119. ¿En qué medida se debió esto a que tuvo que asumir mayores responsabilidades en el cuidado de personas mayores?

- En gran medida
- De alguna manera
- Un poco
- No del todo

120. ¿Usted requiere apoyo para cuidado de personas debido a su edad, discapacidad o cualquier otra razón?

- Sí
- No → *Pase al n° 122*

→ 121. ¿En qué medida ha perdido los apoyos para cuidado de personas debido a la pandemia?

- En gran medida
- De alguna manera
- Un poco
- No del todo

122. Vacunas contra el COVID-19 ya están disponibles. ¿Ha recibido por lo menos una dosis de vacuna contra el COVID-19?

- He recibido al menos una dosis de vacuna contra el COVID-19
- No he recibido una vacuna contra el COVID-19 porque no he tenido tiempo
- No he recibido una vacuna contra el COVID-19 porque no sé dónde conseguirla
- No he recibido una vacuna contra el COVID-19 porque aún estoy esperando
- No he recibido una vacuna contra el COVID-19 y no planeo en recibir una
- No he recibido una vacuna contra el COVID-19 porque no soy de alto riesgo

## ACERCA DE USTED

### 123. ¿Qué edad tiene?

- 18 a 24 años
- 25 a 29 años
- 30 a 44 años
- 45 a 64 años
- Más de 65 años

### 124. ¿Es usted hispano(a) o latino(a), o de origen español?

- Sí
- No → *Pase al n° 126*

### →125. ¿Diría que usted es...?

*Seleccione Sí o No por cada opción.*

	Sí	No
a. Mexicano(a), mexicano(a) americano(a) o chicano(a)	<input type="radio"/>	<input type="radio"/>
b. Puertorriqueño(a)	<input type="radio"/>	<input type="radio"/>
c. Cubano(a)	<input type="radio"/>	<input type="radio"/>
d. Otro origen hispano, latino o español	<input type="radio"/>	<input type="radio"/>

### 126. ¿Cuál o cuáles de las siguientes opciones diría que es su raza? Marque todas las opciones que correspondan.

- Blanca
  - Negro o afroamericana
  - Indígena de las Américas o nativa de Alaska
  - Asiática
  - Nativa de Hawái u otra de las islas del Pacífico
  - Alguna otra raza
- *Si no es de raza asiática, pase al n° 128*

### →127. ¿Diría que usted es...?

*Seleccione Sí o No por cada opción.*

	Sí	No
a. Indio(a) asiático(a)	<input type="radio"/>	<input type="radio"/>
b. Chino(a)	<input type="radio"/>	<input type="radio"/>
c. Filipino(a)	<input type="radio"/>	<input type="radio"/>
d. Japonés(a)	<input type="radio"/>	<input type="radio"/>
e. Coreano(a)	<input type="radio"/>	<input type="radio"/>
f. Vietnamita	<input type="radio"/>	<input type="radio"/>
g. Otro origen asiático	<input type="radio"/>	<input type="radio"/>

### 128. ¿Es sordo(a) o tiene dificultades graves para oír?

- Sí
- No

### 129. ¿Es ciego(a) o tiene dificultades graves para ver, incluso si usa anteojos?

- Sí
- No

### 130. Debido a una condición física, mental o emocional, ¿tiene dificultades graves para concentrarse, recordar o tomar decisiones?

- Sí
- No

### 131. ¿Tiene dificultades graves para caminar o subir escaleras?

- Sí
- No

### 132. ¿Tiene dificultades para vestirse o bañarse?

- Sí
- No

### 133. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer diligencias solo(a), como visitar el consultorio del médico o ir de compras?

- Sí
- No

**134. ¿Se considera usted...?**

- Heterosexual o straight, o sea, no es gay ni lesbiana
- Gay o lesbiana
- Bisexual
- Prefiere describirse a sí mismo

**135. ¿Se considera usted transgénero?**

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

- Sí
- No

**136. ¿Está usted...?**

- Casado(a)
- Divorciado(a)
- Viudo(a)
- Separado(a)
- Nunca se ha casado
- Miembro de una pareja no casada
- Miembro de una unión civil

**137. ¿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

**138. ¿Actualmente es usted...?**

- Empleado(a) y recibe salario
- Independiente
- No ha trabajado por 1 año o más
- No ha trabajado por menos de 1 año
- Encargado(a) del hogar
- Estudiante
- Jubilado(a)
- No puede trabajar

**Pase al  
n° 142**

**139. ¿Tiene más de un trabajo? Es decir, más de un empleador, no solo varios lugares de trabajo.**

- Sí
- No

**140. Piense en su trabajo principal, ¿qué tipo de trabajo realiza? Por ejemplo, enfermero registrado, conserje, cajero o mecánico de automóviles.**

**141. Piense en su trabajo principal, ¿en qué tipo de empresa o industria trabaja? Por ejemplo, hospital, escuela primaria, restaurante o supermercado.**

**142. ¿Es propietario(a) o alquila su vivienda?**

- Es propia
- Es alquilada
- Algún otro arreglo

**143. Sin incluir esta encuesta, ¿ha participado alguna vez en algún tipo de estudio de investigación relacionado con la salud?**

- Sí  
 No

**144. ¿Participaría en un estudio de investigación relacionado con la salud si tuviera la oportunidad?**

- Sí  
 No  
 No estoy seguro

**145. ¿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, responda 0.*

- Adultos, mayores de 18 años  
  Niños, entre 11 y 17 años  
  Niños, entre 6 y 10 años  
  Niños, entre 1 y 5 años  
  Niños, menores de 1 año

**146. Si usted es el padre, la madre, el padrastro, la madrastra, el padre adoptivo o la madre adoptiva 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 adoptivo o madre adoptiva o tutor legal? Si no hay ninguno, responda 0.**

Niños

**147. ¿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.*

\$   ,    ,

**148. En los últimos 12 meses, ¿ha recibido cupones de alimentos del Programa de Asistencia de Nutrición Suplementaria (Supplemental Nutrition Assistance Program, SNAP) en una tarjeta de transferencia electrónica de beneficios (Electronic Benefit Transfer, EBT)?**

- Sí  
 No

**¡GRACIAS!**

**149. Indique cómo desea recibir sus \$20 dólares.**

- Tarjeta electrónica de regalo enviada por correo electrónico  
 Cheque enviado por correspondencia

**150. ¿Podemos comunicarnos con usted en caso de que tengamos más preguntas?**

- Sí  
 No

→ *Las preguntas continúan en la página siguiente.*

**151. Proporcione su información de contacto.** *Se requiere una dirección de correo electrónico (email) para enviar la tarjeta electrónica de regalo. Se requiere un nombre y apellido para enviar el cheque. Toda la información es necesaria para comunicarnos de nuevo con usted en caso de que tengamos preguntas.*

Nombre:

Apellido:

Correo electrónico (email):

Teléfono:

—

Código de  
área

Número

**¡Gracias por participar en la Encuesta Healthy Chicago  
(Chicago saludable)!**

**Envíe este cuestionario en el sobre proporcionado a:**

**Healthy Chicago Survey  
c/o RTI International  
0217366.001.002  
5265 Capital Boulevard  
Raleigh, NC 27690-1653**

**Recibirá sus \$10 dólares en tres o cuatro semanas.**

**APPENDIX C**  
**2021 HCS USABILITY TESTING REPORT**

**May 2021**

# **2021 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 0217366.001

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## I. Introduction

In 2020, RTI designed the Healthy Chicago Survey (HCS) for self-administration by web and mail. An important benefit of completing the survey via self-administration 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. Administering HCS using web and mail as modes 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 Craigslist, Reddit, Facebook, and Upwork advertisements in the Chicago, IL area (Attachment A - Advertisements). Interested participants were asked to complete a short web-based online screening form with questions about 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 advertisements included a URL for interested participants to complete the online screening.

### **Usability interviews**

A total of 111 people completed the screener, while 44 people partially completed the screener. A total of 24 people 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, 19 participants completed the interview; 4 participants did not show for the interview, and one interview experienced technical issues and did not want to reschedule.

Completed interviews included 13 by desktop/laptop computer and 9 by Android/iPhone. A total of 15 respondents tested the web survey and 6 tested the paper survey. Two of the 15 respondents tested the 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. The recordings were used solely to assist interviewers in completing their notes. 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. Only one respondent did not give consent to be recorded and so their interview was not recorded.

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 selected a paper check or VISA digital code in the amount of \$60.00 as a token of appreciation for completing the interview.

**Table 1: Distribution of Usability Participant<sup>1</sup>s**

P	Age	Gender	Education	Income	Race	Ethnicity	Interview Mode	Interview Device
1	62	Male	Some college	>\$30,000	White	Not Hispanic	Web	Computer
2	34	Male	College graduate	>\$30,000	White	Not Hispanic	Web	Computer
3	27	Female	College graduate	>\$30,000	White	Not Hispanic	Web	Android
4	44	Female	College graduate	>\$30,000	Black	Not Hispanic	Paper	Computer
5	38	Male	College graduate	>\$30,000	Black	Not Hispanic	Paper	Android
6	63	Male	College graduate	>\$30,000	White	Not Hispanic	Web	Computer
7	25	Female	College graduate	>\$30,000	White	Not Hispanic	Paper	Android
8	63	Female	College graduate	>\$30,000	White	Not Hispanic	Paper	Computer
9	39	Female	College graduate	>\$30,000	White	Not Hispanic	Web	Computer
10	42	Female	College graduate	>\$30,000	Black	Not Hispanic	Paper	iPhone
11	32	Male	Some college	<\$30,000	Black	Not Hispanic	Web	Computer
12	28	Male	College graduate	>\$30,000	Black	Not Hispanic	Web	Android
13	38	Male	College graduate	>\$30,000	Black	Not Hispanic	Web	Android
14	58	Male	Some college	>\$30,000	White	Not Hispanic	Web	Android
15	29	Male	College graduate	>\$30,000	Black	Not Hispanic	Paper	Android
16	24	Male	Some college	<\$30,000	Black	Not Hispanic	Web	Computer
17 <sup>2</sup>	27	Female	High school graduate	>\$30,000	White	Hispanic	Web	Android
18	50	Male	Some college	<\$30,000	White	American Indian or Alaska Native	Web	iPhone
19 <sup>3</sup>	34	Male	Some College	>\$30,000	White	Not Hispanic	Paper	Computer
20 <sup>4</sup>	26	Female	Some college	>\$30,000	White	Not Hispanic	Web	Computer
21	50s	Male	Less than high school		White	Hispanic	Web	Phone
22		Female						
23 <sup>5</sup>								
24	50s	Female	College graduate		White	Hispanic	Web	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

<sup>1</sup> Participants 21, 22, 23, and 24 were recruited for Spanish usability testing. Because convenience sampling (in-person, word of mouth) was used, we were not able to record the same demographic data we have for the other participants who completed the online screener prior to being scheduled for the interview. Thus, there are many missing cells for these participants' demographic data.

<sup>2</sup> This respondent decided not to participate and did not attend the scheduled interview.

<sup>3</sup> This respondent decided not to participate and did not attend the scheduled interview.

<sup>4</sup> This respondent decided not to participate and did not attend the scheduled interview.

<sup>5</sup> This respondent decided not to participate and did not attend the scheduled interview.

text. Others referred to them only when they needed help answering a question. We do not 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.

- During the paper survey testing, some users reported difficulty reading the questions from top to bottom of the page. They were more naturally inclined to read across the page in a left-to-right manner. All testers with this issue did self-correct and continued to read the questions in numerical order, following the two-column format as organized on the paper survey.
- The web survey tested the ability to break off or exit the survey to return later and complete the questions. All users were able to exit and log back on, but not all selected the ‘save and close section’ tab. Some users simply closed the survey window. If the save and close tab is not selected, the programming still saves all responses recorded at the point and data collection is not impacted.
- Testers of the web survey were asked to go back a question and change a response. All respondents were successfully able to complete this task and no issues were reported.
- Overall, respondents felt the survey was easy to follow along and understand. Most people were comfortable with the length of the survey, especially given the promised incentive amount.

Overall, we have no major concerns about the usability of the web survey. As with the usability testing of 2020 HCS, we feel confident about the quality and functionality of the web survey program.

While we are confident that the paper survey contains the necessary instructions and formatting 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. A few questions were specifically probed on because they were new to the 2021 instrument.

#### **Q13 (PAPI). What are the reasons you missed or postponed appointments during COVID-19? Check all that apply.**

This was a new question to the HCS and we wanted to test whether respondents thought the list of response options was exhaustive. Most people did not experience any issues with the list and thought it was complete. One respondent said they canceled an appointment due to a reason other than COVID-19 and also said that option 6 (“I felt okay or good enough”) was not clear. Another respondent wanted an open field to elaborate on why they selected their answer.

*Recommendation: RTI recommends no change to this question.*

**Q57 (PAPI). What is your gender?**

A new response category was added to the question this year: “Third gender or nonbinary”. We noted any reactions or confusion to the categories and recorded nothing.

*Recommendation: RTI recommends no change to this question.*

**Q73 (PAPI). Have you had a hysterectomy?**

One male respondent and one female respondent each said they thought we needed to explain or define what a hysterectomy is.

*Recommendation: RTI believes people who have had a hysterectomy know what it is but defer to CDPH on whether a definition is necessary. Last year, this was discussed and ultimately decided that a definition was not necessary.*

**Q135 (PAPI). Do you consider yourself to be transgender?**

One male respondent thought this question would offend people and should be left out. Another male respondent thought more information is needed and that there should be a way for someone to indicate if they had surgery or not. Neither of these respondents identifies as transgender.

*Recommendation: A definition is currently provided for the term ‘transgender’ and RTI believes the definition is sufficient. Most people who identify as transgender are familiar with the term to correctly answer the question and the definition provides guidance if they are not familiar with the term. Capturing whether a respondent has had gender affirming surgery appears is beyond the scope or intention of the question. RTI recommends no change to this question.*

**Q140/Q141 (PAPI). Thinking about your main job, what kind of work do you do? / Thinking about your main job, what kind of business or industry do you work in?**

These were new questions to the HCS and we noted any reactions or difficulty in answering these questions. Although one respondent noted that self-employed people may have difficulty answering because they can work in multiple industries, most respondents experienced no issues answering these questions.

*Recommendation: RTI recommends no change to these questions.*

## IV. Spanish

Recruiting for participants to test the Spanish versions of the survey was a challenge as it was in 2020. The population most likely to complete the survey in Spanish are native Spanish speakers, who would be more comfortable answering questions in Spanish than in English. 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. We set up a separate screener targeting native Spanish speakers and successfully identified two people. To augment this number, our Spanish interviewer resorted to word-of-mouth, convenience sampling while she was on a trip to Chicago during the week of interviewing.

In 2020, we completed only one interview in Spanish and we tested the paper instrument. This year, we recruited and scheduled four people to complete the usability interview in Spanish. Of these, only two people completed the interview. The other two were no-shows, despite efforts to recontact them and reschedule. Although two interviews are obviously not representative of the entire Spanish-speaking population in Chicago, overall the CAWI tested well in Spanish. One goal for the interviews this year was to observe any confusion over terms in the translation that would indicate translation quality issues.

At the sexual orientation question, the one male respondent said, “I am me.” When he re-read the question, he was able to identify himself as “straight”. Sexual orientation terms are commonly misunderstood by respondents in Spanish. Misunderstanding is often dependent on age and education. RTI believes the translation for this question is correct.

For Q128 (How often do you get a meal from a convenience store or gas station?), the one female respondent did not understand the term for “convenience store”, thinking it meant “supermarket”. Our interviewer believes that the translation is a literal translation of “convenience store,” which most native Spanish speakers would not naturally use. She believes the translation is valid and acceptable, adding that the question also references the term “gas station,” which people should be able to understand given that contextual clue.

## V. Mailing Materials

The 2020 usability testing included tests of the mailing materials, which were drafted for the first time for 2020 HCS. Except for a new invitation letter created for the Sequential design, the mailing materials contained the same, essential content and were not tested during 2021 usability testing.

## Attachments

### Attachment A – Advertisements

reply

favorite

hide

flag

Posted 14 days ago

[print](#)

#### Chicago Participants Needed to Test a Survey \$60.00 PAID (Chicago)



RTI International, a non-for-profit research organization is seeking individuals to provide input on a health survey of Chicago residents. We are looking for individuals 18+ to participate.

Must be able to access the Internet via smartphone or computer to take the survey. Some respondents may be asked to complete a paper version of the survey.

Participants will receive a \$60.00 incentive check to complete a 60-minute or less interview conducted online. You will be required to download the Zoom application on your computer or smartphone to complete the interview. All information will be kept confidential.

Interviews will be conducted the week of May 17th, evenings and weekends OK to schedule your slot.

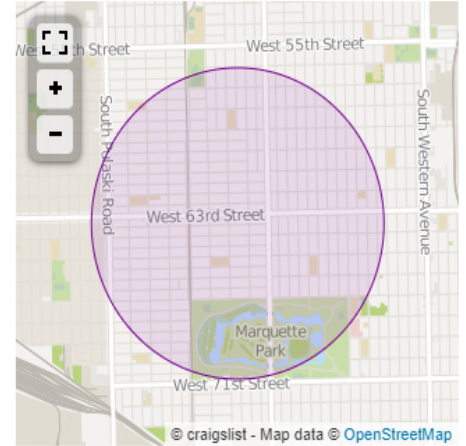
For more information and to determine eligibility, please complete a short online form: <https://survey.alchemer.com/s3/6334517/HealthyChicago>

- do NOT contact me with unsolicited services or offers

post id: 7319774819

posted: 14 days ago

♥ best of <sup>21</sup>



compensation: \$60.00



### Paid Survey Gig - Chicago

Reach 6x more Top Rated talent | upgrade this job

VIEW JOB POST    INVITE FREELANCERS (Unanswered Invites (6))    REVIEW PROPOSALS (4)    HIRE (0)

#### Job details

Market Research  
Posted 13 days ago

Only freelancers located in the U.S. may apply.

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+ to participate.

Must be able to access the Internet via smartphone or computer to take the survey. Some respondents may be asked to complete a paper version of the survey.

Participants will receive a \$60.00 incentive check to complete a 60-minute or less interview conducted online. You will be required to download the Zoom application on your computer or smartphone to complete the interview. All information will be kept confidential.

Interviews will be conducted the week of May 17th, evenings and weekends OK to schedule your slot.

Please contact me at [lkessler@rti.org](mailto:lkessler@rti.org) if interested.

- Less than 30 hrs/week (Hourly)
- Less than a month (Project Length)
- Entry level (I am looking for freelancers with the lowest rates)
- \$60.00 (Hourly)

- View posting
- Edit posting
- Remove posting
- Reuse posting
- Make private



HEALTHY CHICAGO

**\$60.00  
PAID  
HEALTH  
SURVEY**

WEEK OF MAY 17TH  
DAYTIME/EVENINGS

Online via ZOOM  
Chicago Residents Age 18+

RTI International, a not-for-profit research organization is seeking individuals to provide input for a health survey of Chicago residents.

Must be age 18+ and have access to the Internet via a device or computer. The interview will take less than 1 hour, and we can schedule it at your convenience.

You will receive a \$60.00 incentive for your time. All survey information is kept confidential.

**Please complete this brief form if you are interested:**

<https://survey.alchemer.com/s3/6334517/HealthyChicago>

Contact Lisa Kessler or Jordan Hudson if you have questions or concerns:

[lkessler@rti.org](mailto:lkessler@rti.org) [jhudson@rti.org](mailto:jhudson@rti.org)

### Chicago [\$60.00 Paid] Survey - 1 hour online

RTI International, a non-for-profit research organization is seeking individuals to provide input on a health survey of Chicago residents. We are looking for individuals 18+ to participate.

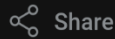
Must be able to access the Internet via smartphone or computer to take the survey. Some respondents may be asked to complete a paper version of the survey.

Participants will receive a \$60.00 incentive check to complete a 60-minute or less interview conducted online. You will be required to download the Zoom application on your computer or smartphone to complete the interview. All information will be kept confidential.

Interviews will be conducted the week of May 17th, evenings and weekends OK to schedule your slot.

For more information and to determine eligibility, please complete a short online form:<https://survey.alchemer.com/s3/63334517/HealthyChicago>

If you have any questions, please message me here or contact me via email [kessler@rti.org](mailto:kessler@rti.org)



SINGLE COMMENT THREAD

VIEW ALL

## 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

### 2021 HCS Usability Protocol – CAWI

**Participant ID:**

**Usability interviewer:**

**Date of interview:**

#### Introduction/Consent

*Welcome the participant.*

Thank you for agreeing to participate in this interview. Before we begin, I want to tell you a little more about the study. The Healthy Chicago 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 Chicagoans.

We have developed a draft survey that we are testing with 24 people to ensure that the instructions make sense, the questions and answer options are clear, the survey is easy for you to navigate, and to help us determine if you have any challenges in completing the survey.

We expect this interview to last no longer than one hour. As a token of appreciation for your time, we will provide you with \$60.

#### [INSTRUCTIONS]

There are no right or wrong answers. We are not planning to keep or use your answers to the survey questions. We just want to see how you complete the survey and if you have any challenges.

*As you complete the survey, I would like you to read the questions out loud and tell me your answer. (Again, it does not matter what your answer is to the question, so if you're more comfortable, you can make up an answer. I care more about whether the question or answer choices are confusing to you.)*

#### [PERMISSION TO RECORD]

I would like to record today's session. We will only record your voice as you complete the survey. You do not have to share your video. You can also leave out any information that may identify you, like names of people and streets.

Would it be okay to record the session?

*If yes, START ZOOM 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 if 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?

### [OPENING SURVEY LINK AND ENTERING PIN]

*(Confirm that the respondent is completing the survey using the device mentioned in the invitation.)*

Let's have you open up the actual survey. Please click on the link sent to you in your invitation. Please enter this PIN *(Provide PIN from Master Schedule)*.

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 / COGNITIVE ISSUES AS PARTICIPANT COMPLETES THE SURVEY. PROBE AS NEEDED.**

#### **Introduction**

- *Did respondent read the introduction?*  
*If No: Have them read the introduction before moving on.*

#### **Survey Instructions**

- *Did respondent read the instructions?*  
*If No: Have them read the introduction before moving on.*

#### **General Health Section**

- *C7 – did respondent read the definition statement before answering?*
- *Q156 – did respondent read the instruction statement before answering?*
- *Q116 – **PROBE:** What did you think about the list of responses? Is there anything that's unclear? Is there anything that you think is missing?*
- *Q117 – did respondent read the definition statement before answering?*

#### **Chronic Health Conditions Section**

- *E1 – did respondent read the instruction statement before answering?*
  - *Did respondent select the right "Yes" option?*
- *G7 – did respondent select the right "Yes" option?*

#### **AT G4, ASK RESPONDENT TO BACK UP**

- *Let's pretend you realized you chose the wrong answer in the previous question and wanted to change your answer. Can you show me what you would do?*

- *E1 grid: Did respondent answer each item before moving on?*

### **Tobacco Use Section**

#### **AFTER QUESTION J1 – ASK PARTICIPANT TO BREAK OFF**

- *Pretend that you need to close the survey because something came up. You intend to come back and finish later. Show me what you would do.*
- *Note how the respondent would re-access the survey.*
- *Note any issues.*
  
- *J5 – did respondent read the instruction statement before answering?*

### **Cannabis Use Section**

- *Q15 – did respondent read the instruction statement before answering?*
- *JJ1 – Note how respondent entered response – any issue with the field?*
- *JJ3 – did respondent answer each statement?*

### **Diet & Physical Activity Section**

- *L1 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *L2 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *L6 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *K16 – did respondent read the instruction statement before answering?*
- *K1 – Note any reactions to the new response category number 3 (“third gender or nonbinary”).*

### **Alcohol & Prescription Drugs**

- *W1 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*



- *W3\_M / W3\_F – Note how respondent entered response – any issue with the field?*
- *W5 – did respondent read the instruction statement before answering?*
- *Q158 – did respondent read the instruction statement before answering?*

### **Cancer Screening Section**

- *P3 – did respondent read the instruction statement before answering?*

### **Mental Health Section**

- *S1 series – did respondent answer each statement?*
- *S9 series – did respondent answer each statement?*
- *Q46 – Note how respondent entered response – any issue with the field?*

### **Financial Security Section**

- *FS1 series – did respondent answer each statement?*

### **Your Neighborhood Section**

- *AA7 series – did respondent answer each statement?*
- *Q56 – did respondent read the instruction statement before answering?*
- *Q64 – Note how respondent entered response – any issue with the field?*
- *Q69 series – did respondent answer each statement?*

### **Coronavirus & COVID-19 Section**

- *Q149 – did respondent have any difficulties answering this question?*

### **About You Section**

- *K4a – did respondent answer each statement?*
- *K5 – was it clear that this was a Check All That Apply question?*
- *K6 – did respondent answer each statement?*

- *K22 and K25 – Note any reactions to the question.*
- *K25 – did respondent read the instruction statement before answering?*
- *Q106a – did respondent read the instruction statement before answering?*
- *Q150 and Q151 – did respondent experience any difficulty answering these questions?*
  - *Did respondent read the instruction statement before answering?*
- *K9 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the fields?*
- *CM1 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *K14 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *Sending the survey back – were these instructions clear?*

### **Debriefing Questions**

- D1. Overall, what did you think of the survey?*
- D2. What did you think about the layout of the survey? Was everything easy to read?*
- D3. What did you think of the skip instructions? Were they clear to follow? Did you know which questions to answer?*
- D4. Was there anything challenging about taking this survey?*
- D5. Were there any questions that were difficult for you to answer?*
- D6. What did you think about the length of the survey?*
- D7. Is there anything else that you'd like to share about this survey?*
- D8. How did you find out about this interview? (E.g. Reddit)*

## Attachment D – Paper Usability Protocol

### 2021 HCS Usability Protocol – PAPI

**Participant ID:**  
**Usability interviewer:**  
**Date of interview:**

#### Introduction/Consent

*Welcome the participant.*

Thank you for agreeing to participate in this interview. Before we begin, I want to tell you a little more about the study. The Healthy Chicago 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 Chicagoans.

We have developed a draft survey that we are testing with 24 people to ensure that the instructions make sense, the questions and answer options are clear, the survey is easy for you to navigate, and to help us determine if you have any challenges in completing the survey.

We expect this interview to last no longer than one hour. As a token of appreciation for your time, we will provide you with \$60.

#### [INSTRUCTIONS]

There are no right or wrong answers. We are not planning to keep or use your answers to the survey questions. We just want to see how you complete the survey and if you have any challenges.

As you complete the survey, I would like you to read the questions out loud and tell me your answer. *(Again, it does not matter what your answer is to the question, so if you're more comfortable, you can make up an answer. I care more about whether the question or answer choices are confusing to you.)*

#### [PERMISSION TO RECORD]

I would like to record today's session. We will only record your voice as you complete the survey. You do not have to share your video. You can also leave out any information that may identify you, like names of people and streets.

Would it be okay to record the session?

*If yes, START ZOOM 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 if 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?

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 / COGNITIVE ISSUES AS PARTICIPANT COMPLETES THE SURVEY. PROBE AS NEEDED.**

### **Introduction**

- *Did respondent read the introduction?*  
*If No: Have them read the introduction before moving on.*

### **Survey Instructions**

- *Did respondent read the instructions?*  
*If No: Have them read the introduction before moving on.*

### **General Health Section**

- *Q3 – did respondent read the instruction statement before answering?*
- *Q6 – did respondent miss skip logic?*
- *Q9 – did respondent miss skip logic?*
  - *Did respondent read the instruction statement before answering?*
- *Q12 – did respondent miss skip logic?*
- *Q13 – **PROBE**: What did you think about the list of responses? Is there anything that's unclear? Is there anything that you think is missing?*
- *Q14 – did respondent read the instruction statement before answering?*

### **Chronic Health Conditions Section**

- *Q16 – did respondent read the instruction statement before answering?*
  - *Did respondent select the right "Yes" option?*
- *Q20 – did respondent select the right "Yes" option?*
- *Q22 – did respondent miss skip logic?*
- *Q28 – did respondent miss skip logic?*

### Tobacco Use Section

- Q31 – did respondent miss skip logic?
- Q32 – did respondent miss skip logic?
- Q34 – did respondent miss skip logic?
- Q36 – did respondent miss skip logic?
  - Did respondent read the instruction statement before answering?

### Cannabis Use Section

- Q38 – did respondent read the instruction statement before answering?
  - Did respondent miss skip logic?
- Q39 – did respondent miss skip logic?
  - **PROBE:** How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q41 – did respondent answer each statement?

### Diet & Physical Activity Section

- Q43 – did respondent read the instruction statement before answering?
  - **PROBE:** How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q44 – did respondent read the instruction statement before answering?
  - **PROBE:** How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q48 – did respondent read the instruction statement before answering?
  - **PROBE:** How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q56 – did respondent read the instruction statement before answering?
- Q57 – did respondent miss skip logic?

- *Note any reactions to the new response category number 3 (“third gender or nonbinary”).*
- *Q58 – did respondent miss skip logic?*

### **Alcohol & Prescription Drugs**

- *Q60 – did respondent read the instruction statement before answering?*
  - *PROBE: How would you enter your answer here? Have respondent report the number and in what field they would enter.*
  - *Did respondent miss skip logic?*
- *Q61 and Q62 – Did respondent miss skip logic?*
  - *PROBE: How would you enter your answer here? Have respondent report the number and in what field they would enter.*
- *Q64 – did respondent read the instruction statement before answering?*
  - *Did respondent miss skip logic?*
- *Q67 – did respondent read the instruction statement before answering?*
  - *Did respondent miss skip logic?*

### **Cancer Screening Section**

- *Q69 – did respondent miss skip logic?*
- *Q71 – did respondent miss skip logic?*
- *Q74 – did respondent miss skip logic?*
- *Q76 – did respondent read the instruction statement before answering?*
  - *Did respondent miss skip logic?*

### **Mental Health Section**

- *Q90 – did respondent miss skip logic?*
- *Q91 – did respondent answer each statement?*
- *Q92 – PROBE: How would you enter your answer here? Have respondent report the number and in what field they would enter.*

### **Financial Security Section**

- Q94 – did respondent answer each statement?

### **Your Neighborhood Section**

- Q96 – did respondent miss skip logic?
- Q97 – did respondent answer each statement?
- Q100 – did respondent read the instruction statement before answering?
- Q107 – **PROBE**: How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q111 – did respondent answer each statement?
- Q112 – did respondent miss skip logic?

### **Coronavirus & COVID-19 Section**

- Q116 – did respondent miss skip logic?
- Q120 – did respondent miss skip logic?
- Q122 – did respondent have any difficulties answering this question?

### **About You Section**

- Q124 – did respondent miss skip logic?
- Q125 – did respondent answer each statement?
- Q126 – was it clear that this was a Check All That Apply question?
  - Did respondent miss skip logic?
- Q127 – did respondent answer each statement?
- Q134 and Q135 – Note any reactions to the question.
- Q135 – did respondent read the instruction statement before answering?
- Q138 – did respondent miss skip logic?

- Q139 – *did respondent read the instruction statement before answering?*
- Q140 and Q141 – *did respondent experience any difficulty answering these questions?*
  - *Did respondent read the instruction statement before answering?*
- Q145 – *did respondent read the instruction statement before answering?*
  - **PROBE:** *How would you enter your answer here? Have respondent report the number and in what field they would enter.*
- Q146 – *did respondent read the instruction statement before answering?*
  - **PROBE:** *How would you enter your answer here? Have respondent report the number and in what field they would enter.*
- Q147 – *did respondent read the instruction statement before answering?*
  - **PROBE:** *How would you enter your answer here? Have respondent report the number and in what field they would enter.*
- *Sending the survey back – were these instructions clear?*
  - **PROBE:** *Do you think you would notice the return address instructions on the last page if we weren't scrolling through it like this?*

### Debriefing Questions

- D1. *Overall, what did you think of the survey?*
- D2. *What did you think about the layout of the survey? Was everything easy to read?*
- D3. *What did you think of the skip instructions? Were they clear to follow? Did you know which questions to answer?*
- D4. *Was there anything challenging about taking this survey?*
- D5. *Were there any questions that were difficult for you to answer?*
- D6. *What did you think about the length of the survey?*
- D7. *Is there anything else that you'd like to share about this survey?*
- D8. *How did you find out about this interview? (E.g. Reddit)*



**APPENDIX D**  
**2021 HCS PILOT TEST REPORT**

July 20, 2021

# **2021 Healthy Chicago Survey (HCS)**

## **Pilot Test 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 0217366.001



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## Objectives of the HCS Pilot Test

In June, RTI conducted a pilot test of the 2021 HCS web and paper instruments. The goal of the pilot test is to test RTI's systems, processes, and applications that will be used during data collection. Although RTI completed testing during programming and development, it is always beneficial to collect real data and to verify that everything is working as intended.

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 relying on simulated data alone.
- **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 stage, recording that data into Symphony. All paper surveys are batched and scanned. Scanned data is then committed into the TeleForm survey dataset on RTI's secure network. All paper data is verified using a two-step process, where one clerk enters data, then a senior clerk verifies and makes necessary corrections. The Symphony programmer merges both web and paper survey data for the team of statisticians to check.

## Sample

The pilot sample consisted of 200 records from the first sample release, 100 using the Choice+ protocol and 100 using the sequential protocol. A total of 30 cases in the Choice+ portion of the pilot sample (15% of total pilot sample) were designated to receive a Spanish PAPI instrument. These are households flagged as most likely to contain one or more Hispanic individuals, based on data from two sources: (1) American Community Survey estimated density of Hispanics at the Census block group level associated with the sampled address; and (2) surname information from our enhanced ABS frame, where available, matched against a look-up file the Census Bureau publishes containing race/ethnicity probabilities of a given surname. Note that drop point units were excluded from the pilot sample while we finalized substitution procedures.

## **Instrument Development**

The survey versions administered during the pilot contained revisions based on RTI and CDPH's testing of the CAWI and review of the PAPI. There was one revision to the instrument that could not be incorporated into the pilot versions of the instruments: the addition of a resource after the new mental health questions. This change will be incorporated into the programs used for data collection.

## **Data Collection Protocol**

For the pilot test, on June 14, Grace Printing mailed out invitation letters with CAWI login credentials to the 100 sequential cases. For the Choice+ cases, Grace Printing mailed a survey packet containing CAWI login credentials, a copy the paper survey, and a business reply envelope. The 30 addresses flagged as likely to contain one or more Hispanics individuals 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 June 30, the pilot collected a total of 20 CAWI interviews. There were 4 PAPI surveys returned by July 16. All surveys were completed in English.

Of the 20 CAWI interviews, 4 completed on a smartphone device, 15 completed on a desktop, and 1 completed on a tablet.

The average completion time of CAWI was 25 minutes. This is comparable with the average CAWI timing for 2020 HCS of 24 minutes. This time is also in line with the estimated timing reported to respondents at the beginning of the survey of approximately 20 minutes.

There were 2 cases that dropped out or suspended, meaning 91% of the respondents who accessed the CAWI and started the survey also completed the survey. Of these 2 cases, 1 dropped out at the introduction, while the other suspended at Q15 (a question about cannabis use). The former case may have not been interested enough to start the survey. The second case may have been turned off by the possible sensitivity of the cannabis question and decided not to continue the survey.

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

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

## Select Demographic Data

### Community Area (CA\_ID)

Value	Completes	Percent
3-Uptown	1	4.2%
4-Lincoln Square	1	4.2%
5-North Center	1	4.2%
6-Lake View	1	4.2%
8-Near North Side	3	12.5%
10-Norwood Park	1	4.2%
12-Forest Glen	1	4.2%
15-Portage Park	2	8.3%
23-Humboldt Park	1	4.2%
24-West Town	2	8.3%
32-The Loop	1	4.2%
34-Armour Square	2	8.3%
47-Burnside	1	4.2%
49-Roseland	1	4.2%
58-Brighton Park	1	4.2%
65-West Lawn	1	4.2%
69-Greater Grand Crossing	1	4.2%
72-Beverly	1	4.2%
77-Edgewater	1	4.2%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

### Gender (K1)

Value	Completes	Percent
01-Male	9	37.5%
02-Female	15	62.5%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

### Age (K3)

Value	Completes	Percent
01-18-24	3	12.5%
02-25-29	2	8.3%
03-30-44	6	25.0%
04-45-64	5	20.8%
05-65 or older	8	33.3%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

#### Hispanic/Latino (K4)

Value	Completes	Percent
Missing	1	4.2%
01-Yes	4	16.7%
02-No	19	79.2%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

#### Race (K5)

Value	Completes	Percent
01-White	11	45.8%
02-Black or African American	5	20.8%
03-American Indian or Alaska Native	0	0.0%
04-Asian	6	25.0%
05-Native Hawaiian or Pacific Islander	0	0.0%
06-Some other race	2	8.3%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

#### Education Level (K11 / Q105)

Value	Completes	Percent
01-Less than high school graduation	1	4.2%
02-High school graduation (Grade 12 or GED)	0	0.0%
03-Some college or technical school	6	25.0%
04-Associate degree	0	0.0%
05-Bachelor's degree	7	29.2%
06-Graduate or professional degree	10	41.7%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

## Conclusion

After completing all systems tests and checking CAWI/PAPI pilot test data, RTI is confident that main data collection is ready to begin.

**APPENDIX E**  
**2021 HCS CHOICE+ MAILING MATERIALS IN ENGLISH AND SPANISH**





\*<<CaseID>>\*

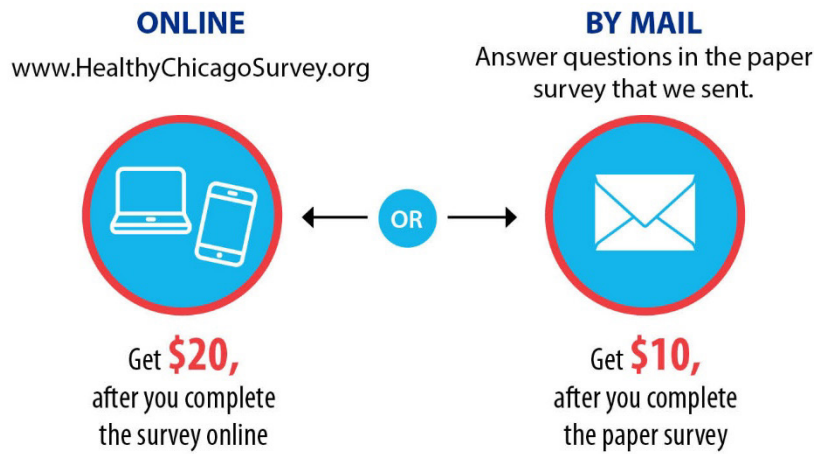
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<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



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).

Sincerely,

Allison Arwady, MD, MPH  
Commissioner, Chicago Department of Public Health



\*<<CaseID>>\*

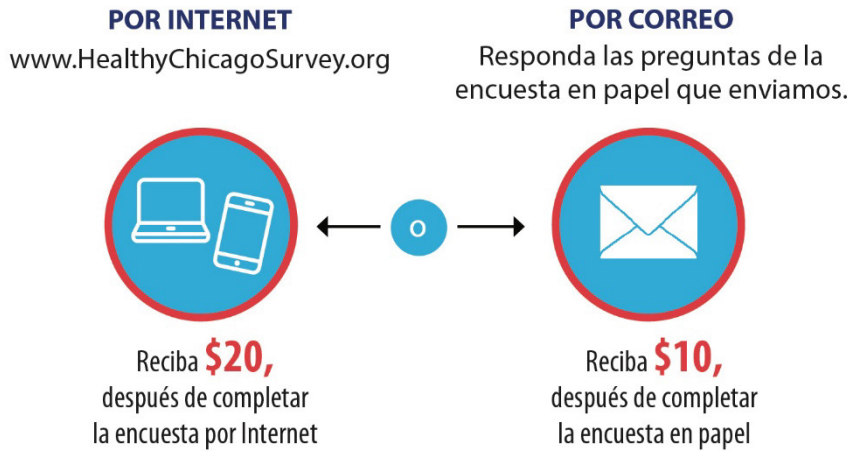
<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



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



RTI International  
Attn: Data Capture (0217366.001.002)  
5265 Capital Boulevard  
Raleigh, NC 27690-1653

\*<<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

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).

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*Many thanks,  
Muchas gracias,*

Allison Arwady, MD, MPH  
Commissioner  
Chicago Department of Public Health  
Comisionada  
Departamento de Salud Pública de Chicago



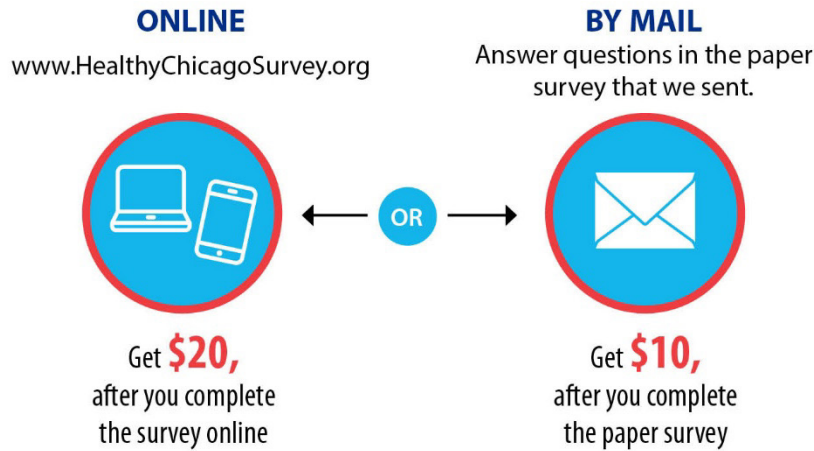
\*<<CaseID>>\*

<<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 participating in the Healthy Chicago Survey. The survey is ending soon, and we would greatly appreciate your participation. 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.

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).

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Sincerely,

Allison Arwady, MD, MPH  
Commissioner, Chicago Department of Public Health



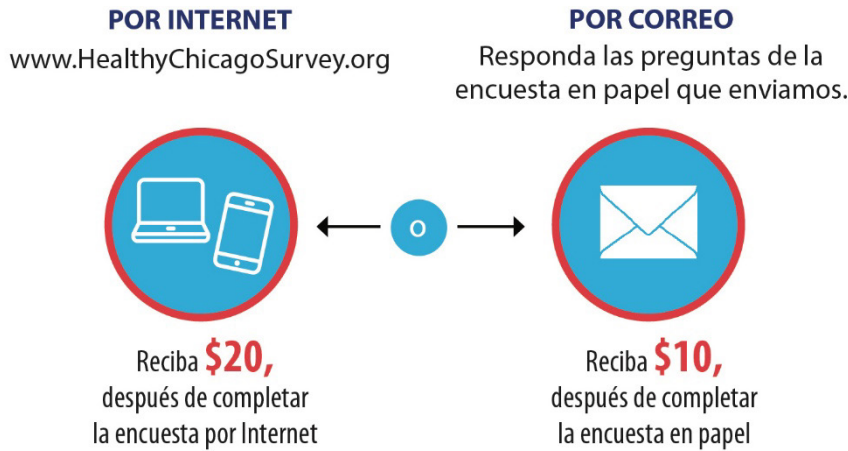
\*<<CaseID>>\*

<<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 participar en la Encuesta de la salud pública de Chicago. La encuesta finalizará pronto, y agradeceríamos mucho su participación. 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.

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](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



RTI International  
Attn: Data Capture (0217366.001.002)  
5265 Capital Boulevard  
Raleigh, NC 27690-1653

\*<<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:**

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[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

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 F**  
**2021 HCS SEQUENTIAL MAILING MATERIALS IN ENGLISH AND SPANISH**



\*<<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 online:

**ONLINE**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Get **\$20**,  
after you complete  
the survey online

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).

Sincerely,

A handwritten signature in black ink that reads "Allison Arwady, MD, MPH".

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 por internet:

**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>>**

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](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



RTI International  
Attn: Data Capture (0217366.001.002)  
5265 Capital Boulevard  
Raleigh, NC 27690-1653

\*<<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.

**The survey is easy and may be completed online:**

**ONLINE**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Get **\$20**, after you complete the survey online

Enter your LoginID: <<LoginID>>

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.

**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>>

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.

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



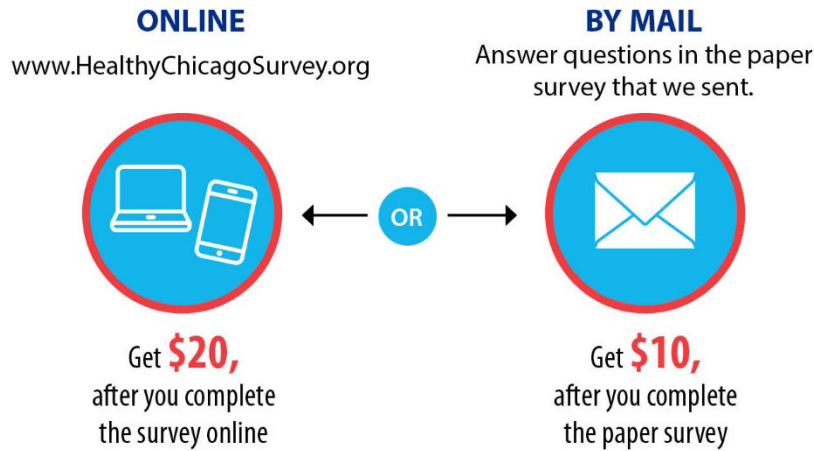
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<<SYMPH\_CaseID\_Barcode>>/<<StagelD>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>

Dear Fellow Chicagoan:

We have been trying to reach you about participating in the Healthy Chicago Survey. The survey is ending soon, and we would greatly appreciate your participation. 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.

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



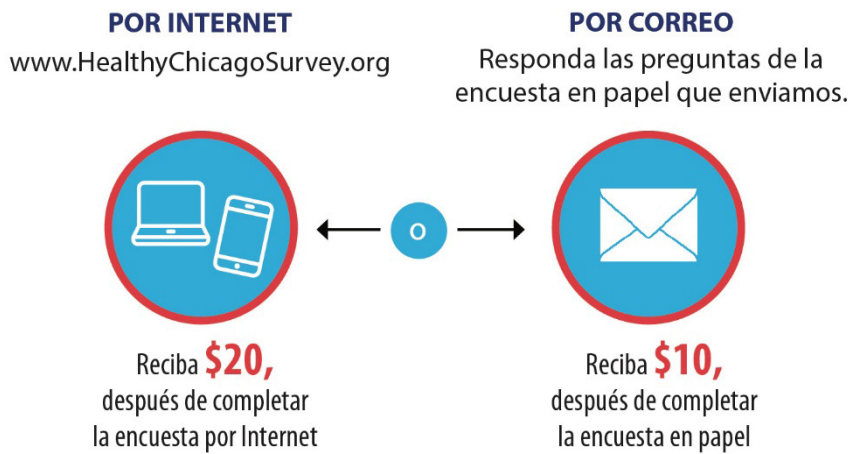
\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>

Estimado(a) residente de Chicago:

Hemos estado tratando de comunicarnos con usted sobre participar en la Encuesta de la salud pública de Chicago. La encuesta finalizará pronto, y agradeceríamos mucho su participación. 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.

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](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).

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**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

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 G**  
**2022 HCS COVID SIS CAWI SPECIFICATIONS**

## 2022 Healthy Chicago Survey COVID-19 Social Impact Survey (2022 HCS COVID SIS)

### CAWI Specifications

Version 4.1

Last edited: 4/12/2022

#### 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**, *italics*).
- Banner title should list the survey name: “Healthy Chicago: COVID-19 Impact 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.
- 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.
- 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).
- 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.
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.

CAWI VARIABLES ARE LISTED IN PURPLE

CORRESPONDING PAPI/TELEFORM VARIABLES ARE LISTED IN BLUE

#### QUESTIONNAIRE

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##### INTRODUCTION

**Thank you for completing the Healthy Chicago: COVID-19 Impact 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 and the impact of the coronavirus pandemic in *your* household, and how to make things better. For example, your information will help CDPH plan its response to COVID-19, improve access to health services (including vaccinations), and ensure all Chicagoans can get healthy food.**

**Completing this survey takes about 12 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.HCSCCOVID19.org](http://www.HCSCCOVID19.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 how the COVID-19 pandemic has affected such things as your health, access to care, and employment.

This survey must be completed by the adult whose name is on the envelope (or by the person who completed the Healthy Chicago Survey last year if there is no name).

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 / 1**

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

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

**A3 / 2**

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

- 01 Yes
- 02 No

ASK IF A3=02, ELSE GO TO B1.

**A4 / 3**

**In the past 12 months, did you lose your healthcare coverage?**

- 01 Yes
- 02 No

**SECTION B: ACCESS TO CARE**

**B1 / 4**

**In the past 12 months, were you able to access healthcare when you needed it?**

- 01 Yes
- 02 No

**B2 / 5**

**In the past 12 months, have you missed or postponed one or more medical appointments?**

- 01 Yes
- 02 No

ASK IF B2=01, ELSE GO TO B3.

**B2a / 6**

**Were any of these *urgent* appointments that you missed or postponed?**

- 01 Yes
- 02 No

**B3 / 7**

**In the past 12 months, have you had a telehealth appointment with a healthcare provider? A telehealth appointment is where you talk to your doctor or therapist on the phone or on a computer.**

- 01 Yes
- 02 No

ASK IF B3=01, ELSE GO TO B5.

**B4 / 8**

**What were the reason(s) for your telehealth appointment with a healthcare provider in the past 12 months? Please select all that apply.**

- 01 Prescription medication refill(s)/renewal(s)
- 02 Chronic disease management
- 03 Post-surgery or inpatient follow up
- 04 Urgent care
- 05 Mental health
- 06 Other

ASK IF B3=02, ELSE GO TO C6.

**B5 / 9**

**Which of the following were reasons why you did not have a telehealth appointment with a healthcare provider? Please select all that apply.**

CAWI: MULTIPLE RESPONSES

- 01 I prefer in-person care
- 02 I was concerned about my online privacy
- 03 I wasn't sure how payment or reimbursement would work with a telehealth appointment
- 04 I didn't know how to use the technology
- 05 I did not need a telehealth appointment
- 06 I was not offered a telehealth appointment
- 07 Other

**SECTION C: CORONAVIRUS & COVID-19**

**C6 / 10**

**Have you ever received at least one dose of the COVID-19 vaccine?**

- 01 Yes
- 02 No

ASK IF C6=02, ELSE GO TO D1.

**C8 / 11**

**From the list below, please select the reasons you have *not* gotten a COVID-19 vaccine. Please select all that apply.**

CAWI: MULTIPLE RESPONSES

- 01 I have had a previous bad experience with other vaccines
- 02 I have concerns about the COVID-19 vaccine safety, effectiveness, and approval process
- 03 I don't have enough information about the vaccine
- 04 I don't trust the government due to past negative experiences
- 05 I don't trust the medical community due to past negative experiences
- 06 I don't believe I am at high risk for COVID-19 complications
- 07 I don't believe my friends/family are at high risk for COVID-19 complications
- 08 I think that the seriousness of COVID-19 is blown out of proportion
- 09 I have already had COVID-19 and have antibodies
- 10 I don't have time to get the COVID-19 vaccine
- 11 I don't know where to go to get the COVID-19 vaccine

ASK IF C6=02, ELSE GO TO D1.

**C6a / 12**

**How likely are you to get a COVID-19 vaccine? Would you say:**

- 01 Very likely
- 02 Somewhat likely
- 03 Not too likely
- 04 Not likely at all

**SECTION D: FINANCIAL SECURITY**

**D1 / 13**

**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

**SECTION E: EMPLOYMENT STATUS**

**E1 / 14**

**What best describes your current employment status?**

- 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

ASK IF E1 LE 2, ELSE GO F1.

**E1a / 15**

**Where does most of your pay come from?**

- 01 Salary
- 02 Hourly wage
- 03 Tips
- 04 Commission

**E2A / 16**

**In what type of job(s) do you work? Please select all that apply.**

CAWI: ENABLE MULTIPLE RESPONSES

- 01 Construction
- 02 Community and Social Service
- 03 Education/Training/Library
- 04 Finance
- 05 Food and Beverage Services
- 06 Government
- 07 Healthcare
- 08 Hospitality
- 09 Information Technology
- 10 Legal
- 11 Manufacturing
- 12 Media and Communication
- 13 Transportation
- 14 Other, please specify: CAWI: OTHER SPECIFY. SET TO MAX 100 CHARACTERS

**E4 / 17**

**Have you lost a job, had to reduce work hours, or had a reduction in pay because of COVID-19?**

- 01 Yes
- 02 No

ASK IF E4=01, ELSE GO TO E3a.

**To what extent was this because...**

*Select an answer for each statement.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

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

**E4a / 18A**

**...you had to take on increased childcare responsibilities?**

**E4b / 18B**

**...you had to take on increased responsibilities for people living with disabilities in your household?**

**E4c / 18C**

**...you had to take on increased responsibilities for elderly people living in your household?**



**E4d / 18D**

...your employer shut down or went out of business?

**E4e / 18E**

...your employer downsized?

**E4f / 18F**

...you were physically sick due to COVID-19 and had to isolate?

**E3a / 19**

Does your job allow you to work remotely, for example, from home?

- 01 Yes
- 02 No

**E3 / 20**

What best describes how you currently work?

- 01 I work remotely (from home) all the time now
- 02 I work in person all the time now
- 03 I work both remotely (from home) and in person now

**E5 / 21**

Does your job provide paid time off?

- 01 Yes
- 02 No

**E7 / 22**

In the past 12 months, have you changed jobs by your own choice?

- 01 Yes
- 02 No

ASK IF E7=01, ELSE GO TO E8

**E7a / 23**

For what reason(s) did you voluntarily change jobs? Please select all that apply.

- 01 My previous job was not providing enough pay
- 02 My previous job was not providing enough benefits
- 03 I wanted to do something else professionally
- 04 I wanted to find a less stressful position
- 05 I wanted to be closer to home/The new job is easier to get to
- 06 The new job provides me better hours

**E8 / 24**

**How would you describe your work-related stress now compared to before the COVID-19 pandemic?**

- 01 Much better
- 02 Somewhat better
- 03 About the same
- 04 Somewhat worse
- 05 Much worse

**SECTION F: HOUSING SECURITY**

**F1 / 25**

**In the past 12 months, have you been evicted or forced to move?**

- 01 Yes
- 02 No

**F2 / 26**

**In the past 12 months, has your household had to “double up” or combine with another household?**

- 01 Yes
- 02 No

**F4 / 27**

**How many bedrooms are in your household?**

\_\_\_\_ Number of bedrooms

CAWI: OPEN TEXT BOX. LIMIT TO 2 CHARACTERS, NUMERIC ONLY. RANGE: 0 TO 9.

CAWI: INCLUDE F3A AND F3B ON A SINGLE SCREEN.

**How many people, including yourself, currently live in your household?**

**F3a / 28A**

\_\_\_\_ Number of Adults

CAWI: OPEN TEXT BOX. LIMIT TO 2 CHARACTERS, NUMERIC ONLY. RANGE: 1 TO 20.

**F3b / 28B**

\_\_\_\_ Number of Children

CAWI: OPEN TEXT BOX. LIMIT TO 2 CHARACTERS, NUMERIC ONLY. RANGE: 0 TO 20.

**SECTION H: CHILD CARE AND CHILD EDUCATION**

ASK IF F3b > 0, ELSE GO TO J1.

**H10 / 29**

**Are any children in your household enrolled in school (K-12)?**

- 01 Yes
- 02 No

ASK IF H10=01. ELSE GO TO H15.

**H10a / 30**

**What type(s) of school have your children enrolled in the past 12 months? Please select all that apply.**

- 01 Chicago Public School, including charter schools
- 02 Private or parochial school
- 03 Other, please specify: CAWI: OTHER SPECIFY, 100 CHARACTER LIMIT

**H11 / 31**

**In the past 12 months, were any children in your household enrolled in schools or classrooms that closed for any amount of time due to an identified case or outbreak of COVID-19?**

- 01 Yes
- 02 No

ASK IF H11=01. ELSE GO TO H12.

**H11a / 32**

**How many days in total were your children's schools or classrooms closed any time during the past 12 months?**

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

\_\_\_ Days

**H12 / 33**

**In the past 12 months, were any children in your household quarantined at home from school for more than one day because of COVID-19?**

- 01 Yes
- 02 No

ASK IF H12=01. ELSE GO TO H13a.

**H12a / 34**

**How many days in total were your children quarantined during the past 12 months due to COVID-19?**

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

\_\_\_ Days

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE H13 ENTIRE SERIES ON A SINGLE SCREEN

**How much do you agree or disagree with the following statements?**

01 Strongly agree      02 Agree      03 Disagree      04 Strongly disagree

**H13a / 35A**

**I am concerned about my child getting COVID-19 at school and becoming sick.**

**H13b / 35B**

**I am concerned about my child getting COVID-19 at their school and getting someone else sick.**

**H14 / 36**

**During 2021-22 school year, did your children ever engage in remote learning, where they participated in school from home?**

01 Yes

02 No

**H15 / 37**

**Do any children in your household attend day care or childcare centers?**

01 Yes

02 No

ASK IF H15=01. ELSE GO TO H19.

**H16 / 38**

**What type(s) of childcare do your children attend? Please select all that apply.**

01 Childcare center

02 In-home daycare

03 Other, please specify:

CAWI: OTHER SPECIFY, 100 CHARACTER LIMIT

ASK IF H15=01. ELSE GO TO H19.

**H2 / 39**

**At any time during the past 12 months, did any of your children's in-home daycare or childcare centers close because of COVID-19?**

01 Yes

02 No

ASK IF H2=01. ELSE GO TO H17.

**H2b / 40**

**During the past 12 months, how many days in total did your children's in-home daycare or childcare centers close?**

CAWI: SET TWO DIGIT NUMERIC RESPONSE. LIMIT RANGE TO 0 TO 50.

\_\_\_\_\_ Days

**H17 / 41**

**In the past 12 months, were any children in your household quarantined at home from in-home daycare or childcare centers for more than one day because of COVID-19?**

01 Yes

02 No

ASK IF H17=01. ELSE GO TO H18.

**H17a / 42**

**How many days in total were your children who attended in-home daycare or childcare centers quarantined during the past 12 months?**

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

\_\_\_\_\_ Days

**How much do you agree or disagree with the following statements?**

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE H18 ENTIRE SERIES ON A SINGLE SCREEN

01 Strongly agree

02 Agree

03 Disagree

04 Strongly disagree

**H18a / 43A**

**I am concerned about my child getting COVID-19 at their in-home daycare or childcare center and becoming sick**

**H18b / 43B**

**I am concerned about my child contracting COVID-19 at their in-home daycare or childcare center and getting someone else sick**

**H19 / 44**

**To what extent do you believe your children's mental health has been negatively impacted by COVID-19?**

01 A great extent

02 Somewhat

03 A little

04 Not at all

**H20 / 45**

**In the past 12 months, how easy or difficult has it been for you to access mental health services for your children, when needed?**

01 Very easy

02 Somewhat easy

03 Neither easy nor difficult

04 Somewhat difficult

05 Very difficult

06 I haven't needed mental health services for my children in the past 12 months

**SECTION J: EXPERIENCE OF VIOLENCE**

CAWI: INCLUDE THE TEXT BELOW ON A SEPARATE SCREEN.

The next questions are about experiences of personal and family violence that may happen to any person or any family. Knowing about the occurrence of such experiences will help us to develop or improve citywide programs for prevention, education, and support services. We recognize these questions may feel uncomfortable, therefore you may skip any questions you do not want to answer. Your answers will be kept confidential.

*For support and resources for healing, please visit [www.chicagoconnects.com](http://www.chicagoconnects.com).*

CAWI: J1 SHOULD BE ON NEW SCREEN.

**J1 / 46**

**In the past 12 months, have you witnessed violence in your neighborhood?**

- 01 Yes
- 02 No

**J2 / 47**

**In the past 12 months, have you personally experienced violence in your neighborhood?**

- 01 Yes
- 02 No

*If you need assistance, please call 311. If you need immediate help, please call 911.*

**J3 / 48**

**In the past 12 months, have you experienced violence or mistreatment within your home? Please select all that apply.**

CAWI: ENABLE MULTIPLE RESPONSES

- 01 Yes, I experienced sexual violence
  - 02 Yes, I experienced physical violence
  - 03 Yes, I experienced psychological violence
  - 04 Yes, I experienced other forms of violence
  - 05 No, I have not
- CAWI: SINGLE SELECT

*If you need assistance, please call 311. If you need immediate help, please call 911.*

ASK IF J3 LE 04, ELSE GO TO J4.

**J3a / 49**

**In the past 12 months, has the violence or mistreatment become more frequent and/or severe?**

- 01 Yes
- 02 No

*If you need assistance, please call 311. If you need immediate help, please call 911.*

**J4 / 50**

**Do you know of friends or family members who experienced violence or mistreatment within their home in the past 12 months? Please select all that apply.**

CAWI: ENABLE MULTIPLE RESPONSES

- 01 Yes, they experienced sexual violence
  - 02 Yes, they experienced physical violence
  - 03 Yes, they experienced psychological violence
  - 04 Yes, they experienced other forms of violence
  - 05 No, I do not
- CAWI: SINGLE SELECT

ASK IF J4 LE 04, ELSE GO TO K1a.

**J4a / 51**

**Has the violence or mistreatment become more frequent and/or severe over the past 12 months?**

- 01 Yes
- 02 No



**Section K: MENTAL HEALTH**

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

*Select an answer for each statement.*

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE K1 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

**K1a / 52a**

**...nervous?**

**K1b / 52b**

**...hopeless?**

**K1c / 52c**

**...restless or fidgety?**

**K1d / 52d**

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

**K1e / 52e**

**...everything was an effort?**

**K1f / 52f**

**...worthless?**

**How often do you feel...**

*Select an answer for each statement.*

CAWI: THREE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE K2 SERIES ON A SINGLE SCREEN

01 Hardly ever

02 Some of the time

03 Often

**K2a / 53a**

**...that you lack companionship?**

**K2b / 53b**

**...left out?**

**K2c / 53c**

**...isolated from others?**

**K3 / 54**

**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

**K4 / 55**

**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

**K5 / 56**

**How would you describe your mental health now compared to before the COVID-19 pandemic?**

- 01 My mental health now is much better
- 02 My mental health now is somewhat better
- 03 My mental health now is about the same as before the pandemic
- 04 My mental health now is somewhat worse
- 05 My mental health now is much worse

**K6 / 57**

**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 – 59.

**K6H / 57H**

\_\_\_\_ Hours

**K6M / 57M**

\_\_\_\_ Minutes

**SECTION L: CANNABIS USE**

**L1 / 58**

**During the past 30 days, have you used marijuana or cannabis?**

- 01 Yes
- 02 No

ASK IF L1=01. ELSE GO TO M1.

**L2 / 59**

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

\_\_\_ Days      CAWI: SET TO TWO DIGIT, NUMERIC RESPONSE. LIMIT RANGE TO 0 TO 30.

**L3 / 60**

**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

ASK IF L3 = 01 or 03. ELSE GO TO L4

**L3a / 61**

**Do you have a State of Illinois medical marijuana card?**

- 01      Yes
- 02      No

**L4 / 62**

**In the past 12 months, have you started or increased using marijuana or cannabis to cope with stress or emotions related to COVID-19?**

- 01      Yes
- 02      No

**SECTION M:    ALCOHOL**

**M1 / 63**

**What is your gender?**

- 01      Male
- 02      Female
- 03      Third gender or nonbinary
- 04      Prefer to self-describe      CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**M2 / 64**

**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.*

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

ASK IF (M1=01) AND (M2 > 0), ELSE GO TO M4.

**M3m / 65**

**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.*

\_\_\_ Times      CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – RESPONSE TO M2.

ASK IF (M1 GT 1) AND (M2 > 0), ELSE GO TO M4.

**M3w / 66**

**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.*

\_\_\_ Times      CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – RESPONSE TO M2.

**M4 / 67**

**In the past 12 months, have you started or increased drinking alcohol to cope with stress or emotions related to COVID-19?**

- 01      Yes
- 02      No

**SECTION N: SOURCES OF PUBLIC HEALTH INFORMATION**

**How much do you rely on the following sources to provide reliable information about COVID-19?**

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE N1 ENTIRE SERIES ON A SINGLE SCREEN

01 A great extent

02 Somewhat

03 A little

04 Not at all

05 Not applicable

**N1a / 68A**

**Chicago Department of Public Health or other City of Chicago officials**

**N1b / 68B**

**Illinois Department of Public Health or other State of Illinois officials**

**N1c / 68C**

**CDC or other Federal government officials**

**N1d / 68D**

**My medical provider(s)**

**N1e / 68E**

**My religious leader(s), neighborhood leader(s), and/or community organizer(s)**

**N1f / 68F**

**Television, radio or print news outlets**

**N1g / 68G**

**Social media**

**N1h / 68H**

**Other, please specify:**

CAWI: OTHER SPECIFY, LIMIT TO 100 CHARACTERS

**SECTION O: THANK YOU!**

**Q111 / 69**

Please select how you would like to receive your \$10.

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

**Q113 / 70**

Please provide your contact information.

CAWI: IF Q111=MISSING THEN GO TO THANKS.

CAWI: IF Q111=01, DISPLAY Q113NAME AND THEN Q113EMAIL. THEN GO TO THANKS.

CAWI: IF Q111=02, DISPLAY Q113NAME, Q113PHONE, THEN Q113ADDRESS. THEN GO TO THANKS.

CAWI: REQUIRE RESPONSE FOR ALL Q113 FIELDS EXCEPT APT.

CAWI: DISPLAY ALL ADDRESS FIELDS ON A SINGLE SCREEN.

**Q113NAME**

*A name is needed to send a check and/or to recontact you with additional questions.*

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

ASK IF Q111=1, ELSE GO TO Q113PHONE.

**Q113EMAIL**

*An email is needed to send an electronic gift card and/or to recontact you with additional questions.*

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

ASK IF Q111=2, ELSE GO TO Q113STREET.

**Q113PHONE**

Please enter your ten-digit phone number. *A phone number is needed to recontact you with additional questions.*

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

ASK IF Q111=2, ELSE GO TO CLOSING.

**Q113STREET**

Please confirm or update your mailing address below.

Street Address: \_\_\_\_\_

CAWI: OPEN END FOR STREET ADDRESS.

**Q113CITY**

City: \_\_\_\_\_

CAWI: OPEN END FOR CITY

**Q113STATE**

State: \_\_\_\_\_

CAWI: DROP DOWN WITH STATE CHOICES

**Q113ZIP**

Zip code: \_\_\_\_\_

CAWI: LIMIT TO 5 NUMERIC DIGITS.

**CLOSING**

**Thank you for completing this survey! Please click on the Submit button before closing your browser.**

CAWI: SUBMIT BUTTON IN LOWER RIGHT CORNER.

## 2022 Healthy Chicago Survey COVID-19 Social Impact Survey (2022 HCS COVID SIS)

### CAWI Specifications - SPANISH

Version 2.1, based on English Version 4.1

Last edited: 4/12/2022

#### 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**, *italics*).
- Banner title should list the survey name: “Healthy Chicago: COVID-19 Impact 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.
- Enable a soft prompt at each question and display: “Ingrese una respuesta completa.”. If a respondent attempts to proceed without answering the question after the prompt, allow the respondent to continue.
- 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).
- The footer should read: “¿Preguntas? Contáctenos en HealthyChicagoSurvey@rti.org o 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.
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.

CAWI VARIABLES ARE LISTED IN PURPLE

CORRESPONDING PAPI/TELEFORM VARIABLES ARE LISTED IN BLUE

*CAWI SPANISH Translations for miscellaneous instructions 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 esta 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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### INTRODUCTION

¡Gracias por completar Healthy Chicago: encuesta del impacto que ha causado el COVID-19! Esta encuesta se está realizando en nombre del Departamento de Salud Pública de Chicago (CDPH, por sus siglas en inglés). La información que proporcione ayudará al CDPH a conocer sobre la salud de las personas y el impacto de la pandemia del coronavirus en su hogar y a cómo mejorar las cosas. Por ejemplo, su aporte ayudará al CDPH a planear su respuesta ante la COVID-19, a mejorar el acceso a los servicios de salud (incluida la vacunación) y a asegurarse de que todos los habitantes de Chicago tengan acceso a alimentos saludables.

La encuesta se puede completar en aproximadamente 12 minutos y cualquier información que usted proporcione se mantendrá confidencial. La participación es voluntaria.

Si tiene preguntas o inquietudes sobre esta encuesta, puede visitar la página de Internet [www.HCSCCOVID19.org](http://www.HCSCCOVID19.org), puede llamarnos gratis al 1-866-784-7723 o puede enviarnos un mensaje electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Le haremos preguntas sobre cómo la pandemia de la COVID-19 ha afectado aspectos como su salud, acceso al cuidado y empleo.

Esta encuesta la debe completar el adulto cuyo nombre está en el sobre (o la persona que completó la encuesta el año pasado si no hay nombre).

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

### Section A: SALUD GENERAL

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

A1 / 1

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

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

**A3 / 2**

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

- 01 Sí
- 02 No

ASK IF A3=02, ELSE GO TO B1.

**A4 / 3**

En los últimos 12 meses ¿perdió su cobertura de atención médica?

- 01 Sí
- 02 No

**SECTION B: ACCESO A LA ATENCIÓN**

**B1 / 4**

En los últimos 12 meses, ¿recibió atención médica cuando la necesitó?

- 01 Sí
- 02 No

**B2 / 5**

En los últimos 12 meses, ¿faltó o retrasó una o más citas médicas?

- 01 Sí
- 02 No

ASK IF B2=01, ELSE GO TO B3.

**B2a / 6**

¿Alguna de estas citas que perdió o retrasó era *urgente*?

- 01 Sí
- 02 No

**B3 / 7**

En los últimos 12 meses, ¿ha tenido una cita de telesalud con un proveedor de atención médica? En la cita de telesalud, usted habla con su médico o terapeuta por teléfono o a través de la computadora.

- 01 Sí
- 02 No

ASK IF B3=01, ELSE GO TO B5.

**B4 / 8**

**¿Cuál fue el motivo de su cita de telesalud con un proveedor de atención médica en los últimos 12 meses? Seleccione todos los que corresponda.**

- 01 Recarga o renovación de medicamentos recetados
- 02 Control de una enfermedad crónica
- 03 Seguimiento posquirúrgico u hospitalario
- 04 Atención de urgencia
- 05 Salud mental
- 06 Otra

ASK IF B3=02, ELSE GO TO C6.

**B5 / 9**

**¿Cuáles de las siguientes razones fueron las que le impidieron tener una cita de telesalud con un proveedor de atención médica? Seleccione todos los que corresponda.**

CAWI: MULTIPLE RESPONSES

- 01 Prefiero recibir atención en persona
- 02 Me preocupaba mi privacidad al usar el Internet
- 03 No estaba seguro(a) de cómo se realizaría el pago o el reembolso de una cita de telesalud
- 04 No sabía cómo usar la tecnología
- 05 No necesitaba una cita de telesalud
- 06 No me ofrecieron ninguna cita de telesalud
- 07 Otra

## **SECTION C: CORONAVIRUS Y COVID-19**

**C6 / 10**

**¿Alguna vez ha recibido al menos una dosis de la vacuna contra la COVID-19?**

- 01 Sí
- 02 No

ASK IF C6=02, ELSE GO TO D1.

**C8 / 11**

**De la siguiente lista, seleccione las razones por las que no se ha vacunado contra la COVID-19. Por favor, seleccione todas las que correspondan.**

CAWI: MULTIPLE RESPONSES

- 01 He tenido mala experiencia con otras vacunas.
- 02 Me preocupa la seguridad, la eficacia y el proceso de aprobación de la vacuna contra la COVID-19.
- 03 No tengo suficiente información sobre la vacuna.
- 04 No confío en el gobierno debido a experiencias negativas.
- 05 No confío en la comunidad médica debido a experiencias negativas.
- 06 No creo que tenga propensión a sufrir complicaciones por la COVID-19.
- 07 No creo que mis amigos y familiares tengan propensión a sufrir complicaciones por la COVID-19.
- 08 Creo que la gravedad de la COVID-19 es exagerada.
- 09 Ya he tenido COVID-19 y tengo anticuerpos.
- 10 No tengo tiempo para vacunarme contra la COVID-19.
- 11 No sé dónde ir para conseguir la vacuna de la COVID-19.

ASK IF C6=02, ELSE GO TO D1.

**C6a / 12**

**¿Qué probabilidades tiene de vacunarse contra la COVID-19? Diría:**

- 01 Muy probable
- 02 Algo probable
- 03 No muy probable
- 04 Absolutamente improbable

## **SECTION D: SEGURIDAD FINANCIERA**

**D1 / 13**

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

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

**SECTION E: SEGURIDAD DE LA VIVIENDA**

**E1 / 14**

**¿Qué es lo que mejor describe su situación laboral actual?**

- 01 Empleado(a) 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(a) del hogar
- 06 Estudiante
- 07 Jubilado(a)
- 08 No puede trabajar

ASK IF E1 LE 2, ELSE GO F1.

**E1a / 15**

**¿De dónde procede la mayor parte de su sueldo?**

- 01 Salario
- 02 Salario por hora
- 03 Propinas
- 04 Comisión

**E2A / 16**

**¿En qué tipo de trabajo(s) labora? Seleccione todo lo que corresponda.**

CAWI: ENABLE MULTIPLE RESPONSES

- 01 Construcción
- 02 Servicio comunitario y social
- 03 Educación / Formación / Biblioteca
- 04 Finanzas
- 05 Servicios de alimentación y bebidas
- 06 Gobierno
- 07 Atención médica
- 08 Hospitalidad
- 09 Tecnología de la información
- 10 Legal
- 11 Fabricación
- 12 Medios y Comunicación
- 13 Transporte
- 14 Otros, especifique: CAWI: OTHER SPECIFY. SET TO MAX 100 CHARACTERS

**E4 / 17**

¿Ha perdido un empleo, ha tenido que reducir las horas de trabajo o ha sufrido una reducción de sueldo a causa de la COVID-19?

- 01 Sí
- 02 No

ASK IF E4=01, ELSE GO TO E3a.

¿Hasta qué punto...

*Seleccione una respuesta para cada afirmación.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

01 En gran medida

02 En cierta medida

03 Un poco

04 En absoluto

**E4a / 18A**

...ha tenido que asumir más responsabilidades en el cuidado de los niños?

**E4b / 18B**

...ha tenido que asumir mayores responsabilidades con respecto a las personas con discapacidad en su hogar?

**E4c / 18C**

...ha tenido que asumir mayores responsabilidades con las personas mayores que viven en su casa?

**E4d / 18D**

...su empresa cerró o quebró?

**E4e / 18E**

...su empleador redujo la plantilla?

**E4f / 18F**

...estuvo físicamente enfermo debido a la COVID-19 y tuvo que aislarse?

**E3a / 19**

¿Su trabajo le permite trabajar a distancia, por ejemplo, desde casa?

- 01 Sí
- 02 No

**E3 / 20**

**¿Qué describe mejor su forma de trabajo actual?**

- 01 Ahora trabajo a distancia (desde casa) todo el tiempo.
- 02 Ahora trabajo de forma presencial todo el tiempo.
- 03 Ahora trabajo tanto a distancia (desde casa) como en persona.

**E5 / 21**

**¿Su trabajo proporciona tiempo libre remunerado?**

- 01 Sí
- 02 No

**E7 / 22**

**En los últimos 12 meses, ¿ha cambiado de trabajo por decisión propia?**

- 01 Sí
- 02 No

ASK IF E7=01, ELSE GO TO E8

**E7a / 23**

**¿Por qué motivo cambió voluntariamente de trabajo? Seleccione todo lo que corresponda.**

- 01 Mi anterior trabajo no me pagaba lo suficiente.
- 02 Mi anterior trabajo no ofrecía suficientes beneficios.
- 03 Quería dedicarme a otra actividad profesionalmente.
- 04 Quería encontrar un puesto menos estresante.
- 05 Quería estar más cerca de casa / Es más fácil llegar al nuevo sitio de trabajo.
- 06 El nuevo trabajo me brinda mejores horarios.

**E8 / 24**

**¿Cómo describiría su estrés laboral ahora en comparación con antes de la pandemia de COVID-19?**

- 01 Mucho mejor
- 02 Algo mejor
- 03 Más o menos lo mismo
- 04 Algo peor
- 05 Mucho peor

**SECTION F: SEGURIDAD DE LA VIVIENDA**

**F1 / 25**

**En los últimos 12 meses, ¿ha sido desalojado o se ha visto obligado a mudarse?**

- 01 Sí
- 02 No

**F2 / 26**

**En los últimos 12 meses, ¿su hogar ha tenido que “duplicarse” o combinarse con otro hogar?**

- 01 Sí
- 02 No

**F4 / 27**

**¿Cuántas habitaciones hay en su hogar?**

\_\_\_\_\_ Número de habitaciones

CAWI: OPEN TEXT BOX. LIMIT TO 2 CHARACTERS, NUMERIC ONLY. RANGE: 0 TO 9.

CAWI: INCLUDE F3A AND F3B ON A SINGLE SCREEN.

**¿Cuántas personas, incluyéndose usted, viven actualmente en su hogar?**

**F3a / 28A**

\_\_\_\_\_ Número de adultos

CAWI: OPEN TEXT BOX. LIMIT TO 2 CHARACTERS, NUMERIC ONLY. RANGE: 1 TO 20.

**F3b / 28B**

\_\_\_\_\_ Número de niños

CAWI: OPEN TEXT BOX. LIMIT TO 2 CHARACTERS, NUMERIC ONLY. RANGE: 0 TO 20.

**SECTION H: CUIDADO Y EDUCACIÓN INFANTIL**

ASK IF F3b > 0, ELSE GO TO J1.

**H10 / 29**

**¿Hay algún niño en su casa matriculado en la escuela (K-12)?**

- 01 Sí
- 02 No



ASK IF H10=01. ELSE GO TO H15.

**H10a / 30**

**¿A qué tipo de escuela se han matriculado sus hijos en los últimos 12 meses? Seleccione todos los que corresponda.**

- 01 Escuela pública de Chicago, incluidas las escuelas subvencionadas.
- 02 Escuela privada o parroquial.
- 03 Otros, especifique: CAWI: OTHER SPECIFY, 100 CHARACTER LIMIT

**H11 / 31**

**En los últimos 12 meses, ¿estuvo algún niño de su hogar matriculado en escuelas o aulas que cerraron durante algún tiempo debido a un caso o brote identificado de la COVID-19?**

- 01 Sí
- 02 No

ASK IF H11=01. ELSE GO TO H12.

**H11a / 32**

**¿Cuántos días en total estuvieron cerradas las escuelas o aulas de sus hijos en algún momento de los últimos 12 meses?**

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

\_\_\_ Días

**H12 / 33**

**En los últimos 12 meses, ¿alguno de los niños de su hogar estuvo en cuarentena en su casa para no ir a la escuela durante más de un día debido a la COVID-19?**

- 01 Sí
- 02 No

ASK IF H12=01. ELSE GO TO H13a.

**H12a / 34**

**¿Cuántos días en total estuvieron sus hijos en cuarentena durante los últimos 12 meses debido a la COVID-19?**

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

\_\_\_ Días

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE H13 ENTIRE SERIES ON A SINGLE SCREEN

**¿En qué medida está de acuerdo o en desacuerdo con las siguientes preguntas?**

01 Muy de acuerdo    02 De acuerdo    03 En desacuerdo    04 Muy en desacuerdo

**H13a / 35A**

**Me preocupa que mi hijo se contagie de la COVID-19 en la escuela y se enferme.**

**H13b / 35B**

**Me preocupa que mi hijo se contagie de la COVID-19 en su escuela y que contagie a otra persona.**

**H14 / 36**

**Durante el curso escolar 2021-2022, ¿sus hijos realizaron alguna vez un aprendizaje a distancia, en el que participaron en la escuela desde casa?**

01    Sí  
02    No

**H15 / 37**

**¿Hay niños en su casa que asistan a guarderías o centros de cuidado infantil?**

01    Sí  
02    No

ASK IF H15=01. ELSE GO TO H19.

**H16 / 38**

**¿A qué tipo de guardería asisten sus hijos? Seleccione todos los que corresponda.**

01    Guardería  
02    Guardería a domicilio  
03    Otros, especifique:

CAWI: OTHER SPECIFY, 100 CHARACTER LIMIT

ASK IF H15=01. ELSE GO TO H19.

**H2 / 39**

**En algún momento de los últimos 12 meses, ¿cerró alguna de las guarderías o centros de cuidado infantil de sus hijos a causa de la COVID-19?**

01    Sí  
02    No

ASK IF H2=01. ELSE GO TO H17.

**H2b / 40**

**Durante los últimos 12 meses, ¿cuántos días en total cerraron las guarderías o los centros de cuidado infantil de sus hijos?**

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

\_\_\_\_\_ Días

**H17 / 41**

**En los últimos 12 meses, ¿estuvo algún niño de su hogar en cuarentena en casa desde las guarderías durante más de un día a causa de la COVID-19?**

01 Sí  
02 No

ASK IF H17=01. ELSE GO TO H18.

**H17a / 42**

**¿Cuántos días en total estuvieron en cuarentena sus hijos que asistían a guarderías a domicilio durante los últimos 12 meses?**

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

\_\_\_\_\_ Días

**¿En qué medida está usted de acuerdo o en desacuerdo con las siguientes afirmaciones?**

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE H18 ENTIRE SERIES ON A SINGLE SCREEN

01 Muy de acuerdo    02 De acuerdo    03 En desacuerdo    04 Muy en desacuerdo

**H18a / 43A**

**Me preocupa que mi hijo se contagie de COVID-19 en su guardería a domicilio o en el centro de cuidado infantil y se enferme.**

**H18b / 43B**

**Me preocupa que mi hijo se contagie de la COVID-19 en su guardería a domicilio o en el centro de cuidado infantil y que enferme a otra persona.**

**H19 / 44**

**¿En qué medida cree que la salud mental de sus hijos se ha visto afectada por la COVID-19?**

- 01 En gran medida
- 02 Algo
- 03 Un poco
- 04 En absoluto

**H20 / 45**

**En los últimos 12 meses, ¿hasta qué punto le ha resultado fácil o difícil acceder a los servicios de salud mental para sus hijos, cuando los ha necesitado?**

- 01 Muy fácil
- 02 Algo fácil
- 03 Ni fácil ni difícil
- 04 Algo difícil
- 05 Muy difícil
- 06 No he necesitado servicios de salud mental para mis hijos en los últimos 12 meses

**SECTION J: EXPERIENCIA DE VIOLENCIA**

CAWI: INCLUDE THE TEXT BELOW ON A SEPARATE SCREEN.

Las siguientes preguntas se tratan sobre experiencias de violencia personal y familiar que le pueden pasar a cualquier persona o familia. Conocer la ocurrencia de tales experiencias nos ayudará a desarrollar o mejorar los programas de prevención, educación y servicios de apoyo en toda la ciudad. Reconocemos que estas preguntas pueden resultar incómodas, por lo tanto, puede omitir cualquiera que no desee responder. Sus respuestas se mantendrán con carácter confidencial.

*Para recibir apoyo y recursos para la sanación, visite [www.chicagoconnects.com](http://www.chicagoconnects.com).*

CAWI: J1 SHOULD BE ON NEW SCREEN.

**J1 / 46**

**En los últimos 12 meses, ¿ha sido testigo de un acto violento en su vecindario?**

- 01 Sí
- 02 No

**J2 / 47**

**En los últimos 12 meses, ¿ha experimentado personalmente un acto violento en su vecindario?**

- 01 Sí
- 02 No

*Si necesita ayuda, llame al 311. Si necesita ayuda inmediata, llame al 911.*

**J3 / 48**

**En los últimos 12 meses, ¿ha sufrido violencia o malos tratos en su hogar? Seleccione todo lo que corresponda.**

- 01 Sí, he sufrido violencia sexual.
- 02 Sí, he sufrido violencia física.
- 03 Sí, he sufrido violencia psicológica.
- 04 Sí, he sufrido otras formas de violencia.
- 05 No, no tengo.

*Si necesita ayuda, llame al 311. Si necesita ayuda inmediata, llame al 911.*

ASK IF J3=01, ELSE GO TO J4.

**J3a / 49**

**En los últimos 12 meses, ¿la violencia o el maltrato se han vuelto más frecuentes o graves?**

- 01 Sí
- 02 No

*Si necesita ayuda, llame al 311. Si necesita ayuda inmediata, llame al 911.*

**J4 / 50**

**¿Conoce a algún amigo o familiar que haya sufrido violencia o malos tratos en su hogar en los últimos 12 meses? Seleccione todo lo que corresponda.**

- 01 Sí, han sufrido violencia sexual.
- 02 Sí, han sufrido violencia física.
- 03 Sí, experimentaron violencia psicológica.
- 04 Sí, experimentaron otras formas de violencia.
- 05 No, no lo sé.

ASK IF J4 LE 04, ELSE GO TO K1a.

**J4a / 51**

**¿La violencia o el maltrato se han vuelto más frecuentes o graves durante los últimos 12 meses?**

- 01 Sí
- 02 No

**Section K: SALUD MENTAL**

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

*Seleccione una respuesta para cada declaración.*

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE K1 ENTIRE SERIES ON A SINGLE SCREEN

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

**K1a / 52a**

**... nervioso(a)?**

**K1b / 52b**

**... sin esperanzas?**

**K1c / 52c**

**... impaciente o inquieto(a)?**

**K1d / 52d**

**... tan deprimido que nada podía animarlo(a)?**

**K1e / 52e**

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

**K1f / 52f**

**... inútil?**

**¿Con qué frecuencia se siente...**

*Seleccione una respuesta para cada enunciado.*

CAWI: THREE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE K2 SERIES ON A SINGLE SCREEN

01 Casi nunca

02 Algunas veces

03 A menudo

**K2a / 53a**

**...que le falta compañía?**

**K2b / 53b**

**...excluido(a)?**

**K2c / 53c**

**...aislado(a) de los demás?**

**K3 / 54**

¿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

**K4 / 55**

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

- 01 Sí
- 02 No

**K5 / 56**

¿Cómo describiría su salud mental ahora en comparación con la que tenía antes de la pandemia de COVID-19?

- 01 Mi salud mental ahora es mucho mejor.
- 02 Mi salud mental ahora es algo mejor.
- 03 Mi salud mental ahora es más o menos la misma que antes de la pandemia.
- 04 Mi salud mental ahora es algo peor.
- 05 Mi salud mental ahora es mucho peor.

**K6 / 57**

**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 – 59.

\_\_\_ Horas    \_\_\_ Minutos

**SECTION L:    CONSUMO DE CANNABIS**

**L1 / 58**

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

- 01 Sí
- 02 No

ASK IF L1=01. ELSE GO TO M1.

**L2 / 59**

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

\_\_\_ Días      CAWI: SET TO TWO DIGIT, NUMERIC RESPONSE. LIMIT RANGE TO 0 TO 30.

**L3 / 60**

**Quando 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

ASK IF L3 = 01 or 03. ELSE GO TO L4

**L3a / 61**

**¿Tiene una tarjeta de marihuana medicinal del estado de Illinois?**

- 01      Sí
- 02      No

**L4 / 62**

**En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de marihuana o cannabis para afrontar el estrés o las emociones relacionadas con el COVID-19?**

- 01      Sí
- 02      No

**SECTION M:    ALCOHOL**

**M1 / 63**

**¿Cuál es su género?**

- 01      Hombre
- 02      Mujer
- 03      Tercer género o no binario
- 04      Prefiere describirse a sí mismo(a)

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS



**M2 / 64**

**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.*

\_\_\_ **Días**      CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 30.

ASK IF (M1=01) AND (M2 > 0), ELSE GO TO M4.

**M3m / 65**

**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.*

\_\_\_ **Veces**      CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – RESPONSE TO M2.

ASK IF (M1 GT 1) AND (M2 > 0), ELSE GO TO M4.

**M3w / 66**

**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.*

\_\_\_ **Veces**      CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – RESPONSE TO M2.

**M4 / 67**

**En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de alcohol para afrontar el estrés o las emociones relacionadas con el COVID-19?**

- 01      **Sí**
- 02      **No**

**SECTION N: FUENTES DE INFORMACIÓN DE SALUD PÚBLICA**

**¿En qué medida confía en las siguientes fuentes para obtener información fiable sobre la COVID-19?**

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE N1 ENTIRE SERIES ON A SINGLE SCREEN

01 En gran medida    02 En cierta medida    03 Un poco    04 En absoluto    05 No aplicable

**N1a / 68A**

**Departamento de Salud Pública de Chicago u otras autoridades de la ciudad de Chicago**

**N1b / 68B**

**Departamento de Salud Pública de Illinois u otras autoridades del estado de Illinois**

**N1c / 68C**

**Los Centros para el Control y la Prevención de Enfermedades u otras autoridades del gobierno federal**

**N1d / 68D**

**Mis proveedores medicos**

**N1e / 68E**

**Mis líderes religiosos, líderes del vecindario u organizadores de la comunidad**

**N1f / 68F**

**Prensa, radio o televisión**

**N1g / 68G**

**Redes sociales**

**N1h / 68H**

**Otra (especifique):**

CAWI: OTHER SPECIFY, LIMIT TO 100 CHARACTERS

**SECTION O: ¡GRACIAS!**

**Q111 / 69**

**Seleccione cómo desea recibir sus \$10 dólares.**

- 01 Tarjeta electrónica de regalo enviada por correo electrónico
- 02 Cheque enviado por correspondencia

**Q113 / 70**

**Proporcione su información de contacto.**

CAWI: IF Q111=MISSING THEN GO TO THANKS.

CAWI: IF Q111=01, DISPLAY Q113NAME AND THEN Q113EMAIL. THEN GO TO THANKS.

CAWI: IF Q111=02, DISPLAY Q113NAME, Q113PHONE, THEN Q113ADDRESS. THEN GO TO THANKS.

CAWI: REQUIRE RESPONSE FOR ALL Q113 FIELDS EXCEPT APT.

CAWI: DISPLAY ALL ADDRESS FIELDS ON A SINGLE SCREEN.

**Q113NAME**

*Se requiere un nombre para enviar el cheque y/o para comunicarnos de nuevo con usted en caso de que tengamos preguntas adicionales.*

Nombre \_\_\_\_\_

Apellido \_\_\_\_\_

ASK IF Q111=1, ELSE GO TO Q113PHONE.

**Q113EMAIL**

*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 adicionales.*

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

ASK IF Q111=2, ELSE GO TO Q113STREET.

**Q113PHONE**

*Toda la información es necesaria para comunicarnos de nuevo con usted en caso de que tengamos preguntas adicionales.*

Ingrese su número de teléfono de diez dígitos. \_\_\_\_\_ CAWI: COLLECT PHONE NUMBER. ADD PROMPT TO VALIDATE PHONE NUMBER IF FORMAT IS INVALID.

ASK IF Q111=2, ELSE GO TO CLOSING.

**Q113STREET**

Por favor proporciona tu dirección postal para enviar un cheque.

Dirección: \_\_\_\_\_

CAWI: OPEN END FOR STREET ADDRESS.

**Q113CITY**

Ciudad: \_\_\_\_\_

CAWI: OPEN END FOR CITY

### Q113STATE

Estado: \_\_\_\_\_

CAWI: DROP DOWN WITH STATE CHOICES

### Q113ZIP

Código postal: \_\_\_\_\_

CAWI: LIMIT TO 5 NUMERIC DIGITS.

### CLOSING

**¡Gracias por completar esta encuesta! Haga clic en el botón “Enviar” antes de cerrar su navegador.**

CAWI: SUBMIT BUTTON IN LOWER RIGHT CORNER.

**APPENDIX H**  
**2022 HCS COVID SIS PAPI**





# Healthy Chicago: COVID-19 Impact Survey

## INTRODUCTION

Thank you for completing the Healthy Chicago: COVID-19 Impact 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 and the impact of the coronavirus pandemic in your household, and how to make things better. For example, your information will help CDPH plan its response to COVID-19, improve access to health services (including vaccinations), and ensure all Chicagoans can get healthy food.

Completing this survey takes about 12 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.HCSCCOVID19.org](http://www.HCSCCOVID19.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 how the COVID-19 pandemic has affected such things as your health, access to care, and employment.

This survey must be completed by the adult whose name is on the envelope (or by the person who completed the Healthy Chicago Survey last year if there is no name).

## INSTRUCTIONS

- 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:

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

Yes

No → Skip to question 24

→23. Do you still have asthma?

Yes

No

In this example, if you answer “Yes” to Question 22, you should continue to Question 23.

If you answer “No” to Question 22, you should skip to Question 24.

- 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 currently have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicaid, Medicare, or Indian Health Services?**

- Yes → *Skip to question 4*
- No

→ 3. **In the past 12 months, did you lose your healthcare coverage?**

- Yes
- No

## ACCESS TO CARE

4. **In the past 12 months, were you able to access healthcare when you needed it?**

- Yes
- No

5. **In the past 12 months, have you missed or postponed one or more medical appointments?**

- Yes
- No → *Skip to question 7*

→ 6. **Were any of these urgent appointments that you missed or postponed?**

- Yes
- No

7. **In the past 12 months, have you had a telehealth appointment with a healthcare provider? A telehealth appointment is where you talk to your doctor or therapist on the phone or on a computer.**

- Yes
- No → *Skip to question 9*

→ 8. **What were the reason(s) for your telehealth appointment with a healthcare provider in the past 12 months? Please select all that apply.**

- Prescription medication refill(s)/renewal(s)
- Chronic disease management
- Post-surgery or inpatient follow up
- Urgent care
- Mental health
- Other

→ *Skip to question 10 on page 3*

9. **Which of the following were reasons why you did not have a telehealth appointment with a healthcare provider? Please select all that apply.**

- I prefer in-person care
- I was concerned about my online privacy
- I wasn't sure how payment or reimbursement would work with a telehealth appointment
- I didn't know how to use the technology
- I did not need a telehealth appointment
- I was not offered a telehealth appointment
- Other



## CORONAVIRUS & COVID-19

10. Have you ever received at least one dose of the COVID-19 vaccine?

- Yes → *Skip to question 13*
- No

→ 11. From the list below, please select the reasons you have not gotten a COVID-19 vaccine. Choose all that apply.

- I have had a previous bad experience with other vaccines
- I have concerns about the COVID-19 vaccine safety, effectiveness, and approval process
- I don't have enough information about the vaccine
- I don't trust the government due to past negative experiences
- I don't trust the medical community due to past negative experiences
- I don't believe I am at high risk for COVID-19 complications
- I don't believe my friends/family are at high risk for COVID-19 complications
- I think that the seriousness of COVID-19 is blown out of proportion
- I have already had COVID-19 and have antibodies
- I don't have time to get the COVID-19 vaccine
- I don't know where to go to get the COVID-19 vaccine

12. How likely are you to get a COVID-19 vaccine? Would you say:

- Very likely
- Somewhat likely
- Not too likely
- Not likely at all

## FINANCIAL SECURITY

13. 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

## EMPLOYMENT STATUS

### 14. What best describes your current employment status?

- 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

*Skip to question 25 on page 5*

### 15. Where does most of your pay come from?

- Salary
- Hourly wage
- Tips
- Commission

### 16. In what type of job(s) do you work?

*Please select all that apply.*

- Construction
- Community and Social Service
- Education/Training/Library
- Finance
- Food and Beverage Services
- Government
- Healthcare
- Hospitality
- Information Technology
- Legal
- Manufacturing
- Media and Communication
- Transportation
- Other, please specify:

### 17. Have you lost a job, had to reduce work hours, or had a reduction in pay because of COVID-19?

- Yes
- No → *Skip to question 19*

### 18. To what extent was this because... *Select an answer for each statement.*

	A great extent	Somewhat	A little	Not at all
a. ...you had to take on increased childcare responsibilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...you had to take on increased responsibilities for people living with disabilities in your household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...you had to take on increased responsibilities for elderly people living in your household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...your employer shut down or went out of business?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...your employer downsized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...you were physically sick due to COVID-19 and had to isolate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Does your job allow you to work remotely, for example, from home?

- Yes
- No

20. What best describes how you currently work?

- I work remotely (from home) all the time now
- I work in person all the time now
- I work both remotely (from home) and in person now

21. Does your job provide paid time off?

- Yes
- No

22. In the past 12 months, have you changed jobs by your own choice?

- Yes
- No → *Skip to question 24*

→ 23. For what reason(s) did you voluntarily change jobs? Please select all that apply.

- My previous job was not providing enough pay
- My previous job was not providing enough benefits
- I wanted to do something else professionally
- I wanted to find a less stressful position
- I wanted to be closer to home/The new job is easier to get to
- The new job provides me better hours

24. How would you describe your work-related stress now compared to before the COVID-19 pandemic?

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

## HOUSING SECURITY

25. In the past 12 months, have you been evicted or forced to move?

- Yes
- No

26. In the past 12 months, has your household had to “double up” or combine with another household?

- Yes
- No

27. How many bedrooms are in your household?

Number of bedrooms

28. How many people, including yourself, currently live in your household?

Number of Adults

Number of Children

→ *If you do not have children living in your household, go to question 46 on page 8*

## CHILD CARE AND CHILD EDUCATION

**29. Are any children in your household enrolled in school (K-12)?**

- Yes  
 No → *Skip to question 37 on page 7*

**30. What type(s) of school have your children enrolled in the past 12 months? Please select all that apply.**

- Chicago Public School, including charter schools  
 Private or parochial school  
 Other, please specify:

**31. In the past 12 months, were any children in your household enrolled in schools or classrooms that closed for any amount of time due to an identified case or outbreak of COVID-19?**

- Yes  
 No → *Skip to question 33*

**32. How many days in total were your children's schools or classrooms closed any time during the past 12 months?**

Days

**33. In the past 12 months, were any children in your household quarantined at home from school for more than one day because of COVID-19?**

- Yes  
 No → *Skip to question 35*

**34. How many days in total were your children quarantined during the past 12 months due to COVID-19?**

Days

**35. How much do you agree or disagree with the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
a. I am concerned about my child getting COVID-19 at their school and becoming sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am concerned about my child getting COVID-19 at their school and getting someone else sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**36. During the 2021-22 school year, did your children ever engage in remote learning, where they participated in school from home?**

- Yes  
 No

37. Do any children in your household attend day care or childcare centers?

- Yes
- No → Skip to question 44

38. What type(s) of childcare do your children attend? Please select all that apply.

- Childcare center
- In-home daycare
- Other, please specify:

39. At any time during the past 12 months, did any of your children’s in-home daycare or childcare centers close because of COVID-19?

- Yes
- No → Skip to question 41

40. During the past 12 months, how many days in total did your children’s in-home daycare or childcare centers close?

Days

41. In the past 12 months, were any children in your household quarantined at home from childcare centers for more than one day because of COVID-19?

- Yes
- No → Skip to question 43

42. How many days in total were your children who attended in-home daycare or childcare centers quarantined during the past 12 months?

Days

43. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. I am concerned about my child getting COVID-19 at their in-home daycare or childcare center and becoming sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am concerned about my child getting COVID-19 at their in-home daycare or childcare center and getting someone else sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. To what extent do you believe your children’s mental health has been negatively impacted by COVID-19?

- A great extent
- Somewhat
- A little
- Not at all

45. In the past 12 months, how easy or difficult has it been for you to access mental health services for your children, when needed?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult
- I haven’t needed mental health services for my children in the past 12 months

## EXPERIENCE OF VIOLENCE

*The next questions are about experiences of personal and family violence that may happen to any person or any family. Knowing about the occurrence of such experiences will help us to develop or improve citywide programs for prevention, education, and support services. We recognize these questions may feel uncomfortable, therefore you may skip any questions you do not want to answer. Your answers will be kept confidential.*

*For support and resources for healing, please visit [www.chicagoconnects.com](http://www.chicagoconnects.com).*

**46. In the past 12 months, have you witnessed violence in your neighborhood?**

- Yes
- No

**47. In the past 12 months, have you personally experienced violence in your neighborhood?**

- Yes
- No

*If you need assistance, please call 311. If you need immediate help, please call 911.*

**48. In the past 12 months, have you experienced violence or mistreatment within your home? Please select all that apply.**

- Yes, I experienced sexual violence
- Yes, I experienced physical violence
- Yes, I experienced psychological violence
- Yes, I experienced other forms of violence
- No, I have not → **Skip to question 50**

*If you need assistance, please call 311. If you need immediate help, please call 911.*

**49. In the past 12 months, has the violence or mistreatment become more frequent and/or severe?**

- Yes
- No

*If you need assistance, please call 311. If you need immediate help, please call 911.*

**50. Do you know of friends or family members who experienced violence or mistreatment within their home in the past 12 months? Please select all that apply.**

- Yes, they experienced sexual violence
- Yes, they experienced physical violence
- Yes, they experienced psychological violence
- Yes, they experienced other forms of violence
- No, I do not → **Skip to question 52 on page 9**

**51. Has the violence or mistreatment become more frequent and/or severe over the past 12 months?**

- Yes
- No

## MENTAL HEALTH

**52. During the past 30 days, how often did you feel... Select an answer for each statement.**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**53. How often do you feel... Select an answer for each statement.**

	Hardly ever	Some of the time	Often
a. ...that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**54. 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

**55. 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

**56. How would you describe your mental health now compared to before the COVID-19 pandemic?**

- My mental health now is much better  
 My mental health now is somewhat better  
 My mental health now is about the same as before the pandemic  
 My mental health now is somewhat worse  
 My mental health now is much worse

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

Hours      Minutes

## CANNABIS USE

58. During the past 30 days, have you used marijuana or cannabis?

- Yes  
 No → **Skip to question 63**

→ 59. During the past 30 days, on how many days did you use marijuana or cannabis?

Days

60. 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

61. Do you have a State of Illinois medical marijuana card?

- Yes  
 No

62. In the past 12 months, have you started or increased using cannabis to cope with stress or emotions related to COVID-19?

- Yes  
 No

64. 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.*

Days

→ **If you answered 0, skip to question 67.**

65. *[If you are male]* 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.*

Times

66. *[If you are not male]* 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.*

Times

## ALCOHOL

63. What is your gender?

- Male  
 Female  
 Third gender or nonbinary  
 Prefer to self-describe: ↓

67. In the past 12 months, have you started or increased drinking alcohol to cope with stress or emotions related to COVID-19?

- Yes  
 No



## SOURCES OF PUBLIC HEALTH INFORMATION

**68. How much do you rely on the following sources to provide reliable information about COVID-19?**

	A great extent	Somewhat	A little	Not at all	Not applicable
a. Chicago Department of Public Health or other City of Chicago officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Illinois Department of Public Health or other State of Illinois officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. CDC or other Federal government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My medical provider(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My religious leader(s), neighborhood leader(s), and/or community organizer(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Television, radio or print news outlets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## THANK YOU!

**69. Please indicate how you would like to receive your \$10.**

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

**70. 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.*

First Name:

Last Name:

Email:

Phone:

Area Code    Number

**You will receive your \$10 in three to four weeks.**

**Please return this questionnaire in the envelope provided to:**

**Healthy Chicago Survey  
c/o RTI International  
0217366.002.002  
5265 Capital Boulevard  
Raleigh, NC 27616-2925**



# Healthy Chicago: COVID-19 Impact Survey



## INTRODUCCIÓN

¡Gracias por completar Healthy Chicago: encuesta del impacto que ha causado el COVID-19! Esta encuesta se está realizando en nombre del Departamento de Salud Pública de Chicago (CDPH, por sus siglas en inglés). La información que proporcione ayudará al CDPH a conocer sobre la salud de las personas y el impacto de la pandemia del coronavirus en su hogar y a cómo mejorar las cosas. Por ejemplo, su aporte ayudará al CDPH a planear su respuesta ante la COVID-19, a mejorar el acceso a los servicios de salud (incluida la vacunación) y a asegurarse de que todos los habitantes de Chicago tengan acceso a alimentos saludables.

La encuesta se puede completar en aproximadamente 12 minutos y cualquier información que usted proporcione se mantendrá confidencial. La participación es voluntaria.

Si tiene preguntas o inquietudes sobre esta encuesta, puede visitar la página de Internet [www.HCSCCOVID19.org](http://www.HCSCCOVID19.org), puede llamarnos gratis al 1-866-784-7723 o puede enviarnos un mensaje electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Le haremos preguntas sobre cómo la pandemia de la COVID-19 ha afectado aspectos como su salud, acceso al cuidado y empleo.

Esta encuesta la debe completar el adulto cuyo nombre está en el sobre (o la persona que completó la encuesta el año pasado si no hay nombre).

## INSTRUCCIONES

- Esta encuesta la debe completar el adulto cuyo nombre está en el sobre (o la persona que completó la encuesta el año pasado si no hay nombre).
- 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 alguna vez le dijo que tenía... asma?

Sí  
 No → Pase al n° 13

12a. ¿Aún tiene asma?

Sí  
 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 algún tipo de cobertura de atención médica, incluyendo seguro de salud, planes prepagados como Organizaciones para el Mantenimiento de la Salud (HMO, por sus siglas en inglés), planes gubernamentales como Medicaid, Medicare o servicios de salud indígena?

- Sí → *Pase al n°4*
- No

→3. En los últimos 12 meses ¿perdió su cobertura de atención médica?

- Sí
- No

## ACCESO A LA ATENCIÓN

4. En los últimos 12 meses, ¿recibió atención médica cuando la necesitó?

- Sí
- No

5. En los últimos 12 meses, ¿faltó o retrasó una o más citas médicas?

- Sí
- No → *Pase al n°7*

→6. ¿Alguna de estas citas que perdió o retrasó era urgente?

- Sí
- No

7. En los últimos 12 meses, ¿ha tenido una cita de telesalud con un proveedor de atención médica? *En la cita de telesalud, usted habla con su médico o terapeuta por teléfono o a través de la computadora.*

- Sí
- No → *Pase al n°9*

→8. ¿Cuál fue el motivo de su cita de telesalud con un proveedor de atención médica en los últimos 12 meses? *Seleccione todos los que corresponda.*

- Recarga o renovación de medicamentos recetados
- Control de una enfermedad crónica
- Seguimiento posquirúrgico u hospitalario
- Atención de urgencia
- Salud mental
- Otra

→ *Pase al n°10 en la página 3*

9. ¿Cuáles de las siguientes razones fueron las que le impidieron tener una cita de telesalud con un proveedor de atención médica? *Seleccione todos los que corresponda.*

- Prefiero recibir atención en persona
- Me preocupaba mi privacidad al usar el Internet
- No estaba seguro(a) de cómo se realizaría el pago o el reembolso de una cita de telesalud
- No sabía cómo usar la tecnología
- No necesitaba una cita de telesalud
- No me ofrecieron ninguna cita de telesalud
- Otra

## CORONAVIRUS Y COVID-19

10. ¿Alguna vez ha recibido al menos una dosis de la vacuna contra la COVID-19?

- Sí → *Pase al n°13*
- No

11. De la siguiente lista, seleccione las razones por las que no se ha vacunado contra la COVID-19. Por favor, seleccione todas las que correspondan.

- He tenido mala experiencia con otras vacunas
- Me preocupa la seguridad, la eficacia y el proceso de aprobación de la vacuna contra la COVID-19
- No tengo suficiente información sobre la vacuna
- No confío en el gobierno debido a experiencias negativas
- No confío en la comunidad médica debido a experiencias negativas
- No creo que tenga propensión a sufrir complicaciones por la COVID-19
- No creo que mis amigos y familiares tengan propensión a sufrir complicaciones por la COVID-19
- Creo que la gravedad de la COVID-19 es exagerada
- Ya he tenido COVID-19 y tengo anticuerpos
- No tengo tiempo para vacunarme contra la COVID-19
- No sé dónde ir para conseguir la vacuna de la COVID-19

12. ¿Qué probabilidades tiene de vacunarse contra la COVID-19? Diría:

- Muy probable
- Algo probable
- No muy probable
- Absolutamente improbable

## SEGURIDAD FINANCIERA

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

- Siempre
- Por lo general
- Algunas veces
- Nunca

## SEGURIDAD DE LA VIVIENDA

### 14. ¿Qué es lo que mejor describe su situación laboral actual?

- Empleado(a) y recibe salario
- Independiente
- No ha trabajado por 1 año o más
- No ha trabajado por menos de 1 año
- Encargado(a) del hogar
- Estudiante
- Jubilado(a)
- No puede trabajar

*Pase al n°25 en la página 5*

### 15. ¿De dónde procede la mayor parte de su sueldo?

- Salario
- Salario por hora
- Propinas
- Comisión

### 16. ¿En qué tipo de trabajo(s) labora? Seleccione todo lo que corresponda.

- Construcción
- Servicio comunitario y social
- Educación / Formación / Biblioteca
- Finanzas
- Servicios de alimentación y bebidas
- Gobierno
- Atención médica
- Hospitalidad
- Tecnología de la información
- Legal
- Fabricación
- Medios y Comunicación
- Transporte
- Otros, especifique:

### 17. ¿Ha perdido un empleo, ha tenido que reducir las horas de trabajo o ha sufrido una reducción de sueldo a causa de la COVID-19?

- Sí
- No → *Pase al n°19*

### 18. ¿Hasta qué punto... Seleccione una respuesta para cada afirmación.

	En gran medida	En cierta medida	Un poco	En absoluto
a. ...ha tenido que asumir más responsabilidades en el cuidado de los niños?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...ha tenido que asumir mayores responsabilidades con respecto a las personas con discapacidad en su hogar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...ha tenido que asumir mayores responsabilidades con las personas mayores que viven en su casa?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...su empresa cerró o quebró?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...su empleador redujo la plantilla?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...estuvo físicamente enfermo debido a la COVID-19 y tuvo que aislarse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. ¿Su trabajo le permite trabajar a distancia, por ejemplo, desde casa?

- Sí  
 No

20. ¿Qué describe mejor su forma de trabajo actual?

- Ahora trabajo a distancia (desde casa) todo el tiempo  
 Ahora trabajo de forma presencial todo el tiempo  
 Ahora trabajo tanto a distancia (desde casa) como en persona

21. ¿Su trabajo proporciona tiempo libre remunerado?

- Sí  
 No

22. En los últimos 12 meses, ¿ha cambiado de trabajo por decisión propia

- Sí  
 No → *Pase al n°24*

→ 23. ¿Por qué motivo cambió voluntariamente de trabajo?  
*Seleccione todo lo que corresponda.*

- Mi anterior trabajo no me pagaba lo suficiente  
 Mi anterior trabajo no ofrecía suficientes beneficios  
 Quería dedicarme a otra actividad profesionalmente  
 Quería encontrar un puesto menos estresante  
 Quería estar más cerca de casa / Es más fácil llegar al nuevo sitio de trabajo  
 El nuevo trabajo me brinda mejores horarios

24. ¿Cómo describiría su estrés laboral ahora en comparación con antes de la pandemia de COVID-19?

- Mucho mejor  
 Algo mejor  
 Más o menos lo mismo  
 Algo peor  
 Mucho peor

## SEGURIDAD DE LA VIVIENDA

25. En los últimos 12 meses, ¿ha sido desalojado o se ha visto obligado a mudarse?

- Sí  
 No

26. En los últimos 12 meses, ¿su hogar ha tenido que “duplicarse” o combinarse con otro hogar?

- Sí  
 No

27. ¿Cuántas habitaciones hay en su hogar?

Número de habitaciones

28. ¿Cuántas personas, incluyéndose usted, viven actualmente en su hogar?

Número de adultos

Número de niños

→ *Si no tiene niños viviendo en su hogar, vaya a la pregunta 46 en la página 8*

## CUIDADO Y EDUCACIÓN INFANTIL

**29. ¿Hay algún niño en su casa matriculado en la escuela (K-12)?**

- Sí  
 No → *Pase al n°37 en la página 7*

**30. ¿A qué tipo de escuela se han matriculado sus hijos en los últimos 12 meses?**  
*Seleccione todos los que corresponda.*

- Escuela pública de Chicago, incluidas las escuelas subvencionadas  
 Escuela privada o parroquial  
 Otros, especifique:

**31. En los últimos 12 meses, ¿estuvo algún niño de su hogar matriculado en escuelas o aulas que cerraron durante algún tiempo debido a un caso o brote identificado de la COVID-19?**

- Sí  
 No → *Pase al n°33*

**32. ¿Cuántos días en total estuvieron cerradas las escuelas o aulas de sus hijos en algún momento de los últimos 12 meses?**

Días

**33. En los últimos 12 meses, ¿alguno de los niños de su hogar estuvo en cuarentena en su casa para no ir a la escuela durante más de un día debido a la COVID-19?**

- Sí  
 No → *Pase al n°35*

**34. ¿Cuántos días en total estuvieron sus hijos en cuarentena durante los últimos 12 meses debido a la COVID-19?**

Días

**35. ¿En qué medida está de acuerdo o en desacuerdo con las siguientes preguntas?**

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo
a. Me preocupa que mi hijo se contagie de la COVID-19 en la escuela y se enferme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Me preocupa que mi hijo se contagie de la COVID-19 en su escuela y que contagie a otra persona	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**36. Durante el curso escolar 2021-2022, ¿sus hijos realizaron alguna vez un aprendizaje a distancia, en el que participaron en la escuela desde casa?**

- Sí  
 No



37. ¿Hay niños en su casa que asistan a guarderías o centros de cuidado infantil?

- Sí  
 No → *Pase al n°44*

38. ¿A qué tipo de guardería asisten sus hijos? *Seleccione todos los que corresponda.*

- Guardería  
 Guardería a domicilio  
 Otros, especifique:

39. En algún momento de los últimos 12 meses, ¿cerró alguna de las guarderías o centros de cuidado infantil de sus hijos a causa de la COVID-19?

- Sí  
 No → *Pase al n°41*

→40. Durante los últimos 12 meses, ¿cuántos días en total cerraron las guarderías o los centros de cuidado infantil de sus hijos?

Días

41. En los últimos 12 meses, ¿estuvo algún niño de su hogar en cuarentena en casa desde las guarderías durante más de un día a causa de la COVID-19?

- Sí  
 No → *Pase al n°43*

→42. ¿Cuántos días en total estuvieron en cuarentena sus hijos que asistían a guarderías a domicilio durante los últimos 12 meses?

Días

43. ¿En qué medida está usted de acuerdo o en desacuerdo con las siguientes afirmaciones?

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo
a. Me preocupa que mi hijo se contagie de COVID-19 en su guardería a domicilio o en el centro de cuidado infantil y se enferme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Me preocupa que mi hijo se contagie de la COVID-19 en su guardería a domicilio o en el centro de cuidado infantil y que enferme a otra persona	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. ¿En qué medida cree que la salud mental de sus hijos se ha visto afectada por la COVID-19?

- En gran medida  
 Algo  
 Un poco  
 En absoluto

45. En los últimos 12 meses, ¿hasta qué punto le ha resultado fácil o difícil acceder a los servicios de salud mental para sus hijos, cuando los ha necesitado?

- Muy fácil  
 Algo fácil  
 Ni fácil ni difícil  
 Algo difícil  
 Muy difícil  
 No he necesitado servicios de salud mental para mis hijos en los últimos 12 meses

## EXPERIENCIA DE VIOLENCIA

Las siguientes preguntas se tratan sobre experiencias de violencia personal y familiar que le pueden pasar a cualquier persona o familia. Conocer la ocurrencia de tales experiencias nos ayudará a desarrollar o mejorar los programas de prevención, educación y servicios de apoyo en toda la ciudad. Reconocemos que estas preguntas pueden resultar incómodas, por lo tanto, puede omitir cualquiera que no desee responder. Sus respuestas se mantendrán con carácter confidencial.

Para recibir apoyo y recursos para la sanación, visite [www.chicagoconnects.com](http://www.chicagoconnects.com).

46. En los últimos 12 meses, ¿ha sido testigo de un acto violento en su vecindario?

- Sí
- No

47. En los últimos 12 meses, ¿ha experimentado personalmente un acto violento en su vecindario?

- Sí
- No

Si necesita ayuda, llame al 311. Si necesita ayuda inmediata, llame al 911.

48. En los últimos 12 meses, ¿ha sufrido violencia o malos tratos en su hogar? Seleccione todo lo que corresponda.

- Sí, he sufrido violencia sexual
- Sí, he sufrido violencia física
- Sí, he sufrido violencia psicológica
- Sí, he sufrido otras formas de violencia
- No, no tengo → **Pase al n°50**

Si necesita ayuda, llame al 311. Si necesita ayuda inmediata, llame al 911.

49. En los últimos 12 meses, ¿la violencia o el maltrato se han vuelto más frecuentes o graves?

- Sí
- No

Si necesita ayuda, llame al 311. Si necesita ayuda inmediata, llame al 911.

50. ¿Conoce a algún amigo o familiar que haya sufrido violencia o malos tratos en su hogar en los últimos 12 meses? Seleccione todo lo que corresponda.

- Sí, han sufrido violencia sexual
- Sí, han sufrido violencia física
- Sí, experimentaron violencia psicológica
- Sí, experimentaron otras formas de violencia
- No, no lo sé → **Pase al n°52 en la página 9**

51. ¿La violencia o el maltrato se han vuelto más frecuentes o graves durante los últimos 12 meses?

- Sí
- No

## SALUD MENTAL

**52. Durante los últimos 30 días, ¿con qué frecuencia se sintió... Seleccione una respuesta para cada declaración.**

	Todo el tiempo	La mayor parte del tiempo	Algunas veces	Casi nunca	Nunca
a. ... nervioso(a)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... sin esperanzas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... impaciente o inquieto(a)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... tan deprimido que nada podía animarlo(a)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... que debía esforzarse para todo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... inútil?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**53. ¿Con qué frecuencia se siente... Seleccione una respuesta para cada enunciado.**

	Casi nunca	Algunas veces	A menudo
a. ...que le falta compañía?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...excluido(a)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...aislado(a) de los demás?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**54. ¿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

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

- Sí  
 No

**56. ¿Cómo describiría su salud mental ahora en comparación con la que tenía antes de la pandemia de COVID-19?**

- Mi salud mental ahora es mucho mejor  
 Mi salud mental ahora es algo mejor  
 Mi salud mental ahora es más o menos la misma que antes de la pandemia  
 Mi salud mental ahora es algo peor  
 Mi salud mental ahora es mucho peor

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

Horas      Minutos

## CONSUMO DE CANNABIS

58. Durante los últimos 30 días, ¿ha consumido marihuana o cannabis?

- Sí  
 No → Pase al n°63

→ 59. Durante los últimos 30 días, ¿cuántos días ha consumido marihuana o cannabis?

Días

60. 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 divertirse o integrarse)  
 Tanto por razones médicas como no médicas

61. ¿Tiene una tarjeta de marihuana medicinal del estado de Illinois?

- Sí  
 No

62. En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de marihuana o cannabis para afrontar el estrés o las emociones relacionadas con el COVID-19?

- Sí  
 No

## ALCOHOL

63. ¿Cuál es su género?

- Hombre  
 Mujer  
 Tercer género o no binario  
 Prefiere describirse a sí mismo(a):

64. 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.

Días

→ Si respondió 0, pase a la pregunta 67.

65. [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 0.

Veces

66. [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 0.


Veces

67. En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de alcohol para afrontar el estrés o las emociones relacionadas con el COVID-19?

- Sí  
 No

## FUENTES DE INFORMACIÓN DE SALUD PÚBLICA

68. ¿En qué medida confía en las siguientes fuentes para obtener información fiable sobre la COVID-19?

	En gran medida	En cierta medida	Un poco	En absoluto	No aplicable
a. Departamento de Salud Pública de Chicago u otras autoridades de la ciudad de Chicago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Departamento de Salud Pública de Illinois u otras autoridades del estado de Illinois	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Los Centros para el Control y la Prevención de Enfermedades u otras autoridades del gobierno federal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mis proveedores médicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Mis líderes religiosos, líderes del vecindario u organizadores de la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prensa, radio o televisión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Redes sociales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Otra (especifique): 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¡GRACIAS!

69. Seleccione cómo desea recibir sus \$10 dólares.

- Tarjeta electrónica de regalo enviada por correo electrónico
- Cheque enviado por correspondencia

70. Proporcione su información de contacto. Se requiere un nombre para enviar el cheque y/o para comunicarnos de nuevo con usted en caso de que tengamos preguntas adicionales.

Nombre:

Apellido:

Correo electrónico:

Teléfono:       —

Código de área    Número

Recibirá sus \$10 dentro de tres o cuatro semanas.

Envíe este cuestionario en el sobre provisto a:

Healthy Chicago Survey  
c/o RTI International  
0217366.002.002  
5265 Capital Boulevard  
Raleigh, NC 27616-2925

**APPENDIX I**  
**2022 HCS COVID SIS MAILING MATERIALS**



\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<FIRST\_NAME>> <<LAST\_NAME>>  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



Dear Fellow Chicagoan:

Thank you for participating in the Healthy Chicago Survey a few months ago. Your responses helped the Chicago Department of Public Health (CDPH) to identify health concerns for your community, understand factors that affect health, and support the implementation of public health interventions and policies.

You have been selected to participate in the **follow-up survey**, Healthy Chicago: COVID-19 Impact Survey! By completing this survey, you will help CDPH learn about the health of people and the impact of the coronavirus pandemic in **your** household, and how to make things better. For example, your information will help CDPH plan its response to COVID-19, improve access to health services (including vaccinations), and ensure all Chicagoans can get healthy food. We ask questions about how the COVID-19 pandemic has affected such things as your health, access to care, and employment. We have included \$2 in this envelope as a thank you for your help.

The survey is easy and may be completed online or by scanning the QR code below:

Scan the QR code with your Phone's camera



OR



ONLINE  
[www.HCSCCOVID19.org](http://www.HCSCCOVID19.org)

Get **\$10**, after you complete the survey online

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.HCSCCOVID19.org](http://www.HCSCCOVID19.org), call us toll-free at 1-866-784-7723, or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Sincerely,

Allison Arwady, MD, MPH  
Commissioner, Chicago Department of Public Health



\* <<CaseID>> \*

<<SYMPH\_CaseID\_Barcode>>/<<StagelD>>/<<Control#>>  
<<FIRST\_NAME>> <<LAST\_NAME>>  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



Estimado(a) residente de Chicago:

Gracias por participar en la encuesta de Healthy Chicago hace unos meses. Sus respuestas ayudaron al Departamento de Salud Pública de Chicago (Chicago Department of Public Health, CDPH) a identificar las preocupaciones de salud para su comunidad, a entender los factores que afectan salud, y a apoyar la implementación de intervenciones y políticas de salud pública.

¡Usted ha sido seleccionado para participar en la **encuesta de seguimiento** de Healthy Chicago: impacto de la COVID-19! Al completar esta encuesta, ayudará al CDPH a obtener información sobre la salud de las personas el impacto de la pandemia por el coronavirus en su hogar, y sobre cómo mejorar la situación. Por ejemplo, su aporte ayudará al CDPH a planear su respuesta ante la COVID-19, a mejorar el acceso a los servicios de salud (incluida la vacunación) y a asegurarse de que todos los habitantes de Chicago tengan acceso a alimentos saludables. Le hacemos preguntas sobre cómo la pandemia de la COVID-19 ha afectado aspectos como su salud, acceso al cuidado y empleo. Hemos incluido \$2 en este sobre como agradecimiento por su ayuda.

La encuesta es sencilla y puede llenarla en línea o escaneando el código QR a continuación:

Escaneé el código QR con la cámara de su teléfono



POR INTERNET

[www.HCSCCOVID19.org](http://www.HCSCCOVID19.org)



Reciba **\$10** después de completar la encuesta por Internet

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.HCSCCOVID19.org](http://www.HCSCCOVID19.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





**Healthy Chicago: COVID-19 Impact Survey**

c/o RTI International  
Attn: Data Capture (0217366.002.002)  
5265 Capital Boulevard  
Raleigh, NC 27690-1653

\*<<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 \$10.

---

!Ayude a Chicago a mantenerse saludable! Abra esta tarjeta postal para saber cómo puede ayudar a las comunidades de Chicago y ganar hasta \$10.

A few days ago, we mailed you a 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.HCSCCOVID19.org](http://www.HCSCCOVID19.org)



Scan for website

OR



Get **\$10**, after you complete the survey online

Enter your LoginID: <<LoginID>>

Hace unos días, le enviamos por correo un sobre blanco que contenía **\$2** 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.HCSCCOVID19.org](http://www.HCSCCOVID19.org)



Escaneé para el sitio web

O



Reciba **\$10** después de completar la encuesta por Internet

Ingrese su identificación de inicio de sesión: <<LoginID>>

If you have questions or concerns about this survey, please visit [www.HCSCCOVID19.org](http://www.HCSCCOVID19.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.HCSCCOVID19.org](http://www.HCSCCOVID19.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



\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<FIRST\_NAME>> <<LAST\_NAME>>  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>

Dear Fellow Chicagoan:

We are reaching out again because you have been selected to participate in the Healthy Chicago: COVID-19 Impact Survey! This is a **follow-up survey** to the Healthy Chicago Survey that you responded to a few months ago. By completing this survey, you will help the Chicago Department of Public Health (CDPH) learn about the health of people and the impact of the coronavirus pandemic in **your** household, and how to make things better. Your information will help CDPH plan its response to COVID-19, improve access to health services (including vaccinations), and ensure all Chicagoans can get healthy food. We ask questions about how the COVID-19 pandemic has affected such things as your health, access to care, and employment.

The survey is easy and may be completed in one of three ways:

Scan the QR code with your Phone's camera



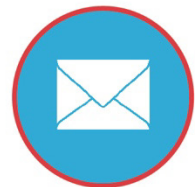
Get **\$10**, after you complete the survey online with QR code

ONLINE  
[www.HCSCCOVID19.org](http://www.HCSCCOVID19.org)



Get **\$10**, after you complete the survey online

BY MAIL  
Answer questions in the paper survey that we sent.



Get **\$10**, after you complete the paper survey

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.HCSCCOVID19.org](http://www.HCSCCOVID19.org), call us toll-free at 1-866-784-7723, or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Sincerely,

Allison Arwady, MD, MPH  
Commissioner, Chicago Department of Public Health



\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<FIRST\_NAME>> <<LAST\_NAME>>  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>

Estimado(a) residente de Chicago:

Nos estamos comunicando de nuevo porque usted ha sido seleccionado para participar en la encuesta de Healthy Chicago: impacto de la COVID-19! Esta es una **encuesta de seguimiento** a la encuesta de Healthy Chicago que respondió hace algunos meses. Al completarla, ayudará al Departamento de Salud Pública de Chicago (Chicago Department of Public Health, CDPH) a obtener información sobre la salud de las personas, el impacto de la pandemia por el coronavirus en su hogar, y sobre cómo mejorar la situación. Su aporte ayudará al CDPH a planear su respuesta ante la COVID-19, a mejorar el acceso a los servicios de salud (incluida la vacunación), y a asegurarse de que todos los habitantes de Chicago puedan obtener alimentos saludables. Le hacemos preguntas sobre cómo la pandemia de la COVID-19 ha afectado aspectos como su salud, acceso al cuidado y empleo.

La encuesta es sencilla y puede llenarla de tres maneras:

Escaneé el código QR con la cámara de su teléfono



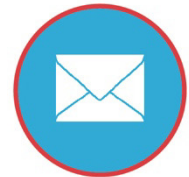
Reciba **\$10** después de completar la encuesta por Internet

**POR INTERNET**  
[www.HCSCCOVID19.org](http://www.HCSCCOVID19.org)



Reciba **\$10** después de completar la encuesta por Internet

**POR CORREO**  
Responda las preguntas de la encuesta en papel que enviamos.



Reciba **\$10** después de completar la encuesta en papel

**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.HCSCCOVID19.org](http://www.HCSCCOVID19.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