



[Cover here]



--	--	--	--	--	--	--	--	--	--



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 15 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, call us toll-free at 1-866-784-7723, or email us at 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.

INSTRUCTIONS

- 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).
- Answer all of the questions by completely filling in the circle to the left of your answer, like this:
 - Yes
 - No
- You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you which question to answer next, like this:

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

Yes

No

→ Go to #13

12a. Do you still have asthma?

Yes

No

In this example, if you answer “Yes” to Question 12, you should continue to Question 12a.

If you answer “No” to Question 12, you should continue to Question 13.

- Use a black or blue pen, if available.





START HERE



GENERAL HEALTH

1. **Would you say that in general your health is...?**
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

2. **Do you have at least one person you think of as your personal doctor or health care provider?**
 - Yes
 - No

3. **Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Services?**
 - Yes → **Go to #5**
 - No

4. **Since the COVID-19 pandemic started in March 2020, did you lose your health care coverage?**
 - Yes } **Go to #6**
 - No }

5. **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

ACCESS TO CARE

6. **Were you able to access healthcare when you needed it since the COVID-19 pandemic started in March 2020?**
 - Yes
 - No

7. **Have you missed or postponed one or more medical or therapy appointments since the COVID-19 pandemic started in March 2020?**
 - Yes
 - No → **Go to #10**

8. **Were any of these urgent appointments that you missed or postponed?**
 - Yes
 - No

9. **What are the reasons you missed or postponed appointments during COVID-19?**
Select all that apply.
 - My clinic cancelled my appointment because of COVID-19
 - My clinic is 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

--	--	--	--	--	--	--	--

10. 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 → Go to #12

11. What were the reason(s) for your telehealth appointment with a healthcare provider during the COVID-19 pandemic?

Select all that apply.

- Prescription medication renewal(s)
- Chronic disease management
- Post-surgery or inpatient follow up
- Urgent care
- Mental health
- Other

Go to #13

12. For what reasons did you choose not to have a telehealth appointment with a healthcare provider?

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
- Other

CORONAVIRUS & COVID-19

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

- Yes
- No

14. Has someone else in your household been let go, had to reduce work hours, or had a reduction in pay because of coronavirus or COVID-19?

- Yes
- No → Go to #16

15a. To what extent was this because of increased childcare responsibilities?

- A great extent
- Somewhat
- A little
- Not at all

15b. To what extent was this because of increased responsibilities for people living with disabilities in your household?

- A great extent
- Somewhat
- A little
- Not at all

15c. To what extent was this because of increased responsibilities for elderly people living in your household?

- A great extent
- Somewhat
- A little
- Not at all

16. New vaccines for COVID-19 are now available to some people. Have you received a vaccine shot?

- I am eligible, and have gotten a COVID-19 vaccine shot → Go to #19
 - I am eligible, but have not gotten a COVID-19 vaccine shot
 - I am not yet eligible for the COVID-19 vaccine
 - I am not sure if I am eligible for the COVID-19 vaccine
- Go to #17

--	--	--	--	--	--	--	--

17. How likely are you to get the COVID-19 vaccine?

Very likely → **Go to #19**

Somewhat likely

Not likely

I'm not sure

18. Which of the following, if any, best describes why you feel this way?

Select 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

Personally, 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

FINANCIAL SECURITY

19. 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

20. In the past 12 months, how often did you put off paying for food to pay for...

Select an answer for each statement.

	Often	Sometimes	Rarely	Never
a. Housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Utility bills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Medicine or health care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gas or transportation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

--	--	--	--	--	--	--	--

EMPLOYMENT STATUS

21. What was your employment status immediately prior to the COVID-19 pandemic in March 2020?

- Full-time employed
- Part-time employed
- Self-employed
- Unemployed
- Retired
- Disabled

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

- Yes
- No → *Go to #24*

23a. To what extent was this because you had to take on increased childcare responsibilities?

- A great extent
- Somewhat
- A little
- Not at all

23b. To what extent was this because you had to take on increased responsibilities for people living with disabilities in your household?

- A great extent
- Somewhat
- A little
- Not at all

23c. To what extent was this because you had to take on increased responsibilities for elderly people living in your household?

- A great extent
- Somewhat
- A little
- Not at all

24. What best describes your current employment status?

- Full-time employed
 - Part-time employed
 - Self-employed
 - Unemployed
 - Retired
 - Disabled
- } *Go to #26*

25. What best describes how you currently work?

- I work remotely all the time now
- I work in person all the time now
- I work both remotely and in person now

HOUSING SECURITY

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

- Yes
- No

27. 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

28. How many people, including yourself, currently live in your household?

Number of adults

Number of children

29. How many bedrooms are in your household?

Number of bedrooms

--	--	--	--	--	--	--	--

FOOD SECURITY

For the following questions, please mark whether it was often, sometimes, or never true for you and your household.

30. In the last 12 months, the food that we bought just didn't last, and we didn't have money to get more.
- Often true
 Sometimes true
 Never true
31. In the last 12 months, we couldn't afford to eat balanced meals.
- Often true
 Sometimes true
 Never true
32. Since the COVID-19 pandemic began in March 2020, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
- Yes
 No → *Go to #34*
33. How often did this happen?
- Almost every month
 Some months but not every month
 Only 1 or 2 months
34. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
- Yes
 No
35. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?
- Yes
 No

--	--	--	--	--	--	--	--

CHILD CARE AND CHILD EDUCATION

36. Do you have reliable internet access at home?

- Yes
 No

If you have children, please answer the next question. Otherwise, go to #46.

37. Were any children in your household enrolled in childcare centers or schools that closed for any length of time because of COVID-19?

- Yes
 No → *Go to #46*

38. What type(s) of childcare or school were your children enrolled in? Please select all that apply.

- Childcare center
 In home daycare
 Chicago Public School, including charter schools
 Archdiocese of Chicago Catholic School
 Other private or parochial school
 Other, specify:

39. Since COVID-19 began in March 2020, in general, how much time did you spend on care and supervision of children, compared to before COVID-19?

- Much less
 A little less
 About the same
 A little more
 Much more

40. Since COVID-19 began in March 2020, in general, how much time did you spend on children's learning, compared to before COVID-19?

- Much less
- A little less
- About the same
- A little more
- Much more

41. How many hours per day on average do you spend helping any children in your household access or complete their schoolwork?

		Hours
--	--	-------

42. How easy or difficult was it for the children in your household to complete school work remotely?

- Very easy
- Easy
- Difficult
- Very difficult

43. Do the children in your household have access to the technology needed (such as a laptop) to do their school work at home?

- Yes
- No

44. Before COVID-19, did any children in your household get breakfast and/or lunch from your school?

- Yes
- No

45. During COVID-19, did any children in your household get breakfast and/or lunch from your school?

- Yes
- No

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.

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?

- Yes → **Go to #49**
- No → **Go to #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?

- Yes
- No → *Go to #52*

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

CANNABIS USE

56. During the past 30 days, have you used any marijuana or cannabis?

- Yes
- No → Go to #60

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

Days

58. 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

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

- Yes
- No

ALCOHOL

60. What is your gender?

- Male
- Female
- Third gender or nonbinary
- Prefer to self-describe:

61. 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

--	--	--	--	--	--	--	--

62a. **[FOR MEN ONLY]** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

Times

62b. **[FOR WOMEN ONLY]** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on one occasion?

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

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

SOURCES OF PUBLIC HEALTH INFORMATION

64. Which sources provide the most reliable information about COVID-19, in your opinion?
Select all that apply.

- Chicago Department of Public Health or other City of Chicago officials
- Illinois Department of Public Health or other State of Illinois officials
- CDC or other Federal government officials
- My medical provider(s)
- My religious leader(s), neighborhood leader(s), and/or community organizer(s)
- Television or radio news outlets
- Print news outlets
- Social media
- Other, specify:

THANK YOU!

65. Please select how you would like to receive your \$10.

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

66. May we contact you if we have more questions?

- Yes
- No

67. Please provide your contact information.

*An email is needed to send an electronic gift card and/or to recontact you with additional questions.
A name is needed to send a check.*

First Name:

Last Name:

Email:

Phone: - -

Please return this questionnaire in the envelope provided or to:

**Healthy Chicago Survey
c/o RTI International
0217366.001.003
5265 Capital Boulevard
Raleigh, NC 27690-1653**

You will receive your \$10 in three to four weeks.

--	--	--	--	--	--	--	--	--	--