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0985331762



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, 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.

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 <u>ever</u> told you that you had <u>asthma</u> ?
<input type="radio"/> Yes <input type="radio"/> No → <i>Skip to question 24</i>
→ 23. Do you still have asthma?
<input type="radio"/> Yes <input type="radio"/> 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

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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

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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"/>

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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.

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**