

INTRODUCTION

Thank you for your interest in the Healthy Chicago Survey! Your household has been selected to complete 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 40 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, call us toll-free at 1-866-784-7723 or email us at 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

1. 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.

2. 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. **In general, how satisfied are you with your life?**
 - Very satisfied
 - Satisfied
 - Dissatisfied
 - Very dissatisfied
 - I don't know/I am not sure

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

4. **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

5. **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

6. **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

7. **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 10 on Page 3*

8. **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

9. **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



10. 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.*

- Yes
- No → **Skip to question 12**

→11. Was the requested accommodation provided?

- Yes
- No

12. Have you ever avoided filling a prescription because of the potential costs?

- Yes
- No

13. In the past 12 months, have you been able to access health care or therapy when you needed it?

- Yes
- No
- I did not need health care or therapy in the past 12 months

14. In the past 12 months, have you missed or postponed one or more medical or therapy appointments?

- Yes → **Continue to question 15**
 - No
 - I did not need health care or therapy in the past 12 months
- } **Skip to question 16**

15. What are the reasons you missed or postponed appointments in the past 12 months? *Please select all that apply.*

- It cost too much
- I had trouble scheduling, either online or telephone
- I couldn't get an appointment soon enough
- Once I got there, I had to wait too long to see the doctor
- The clinic's office wasn't open when I got there
- I didn't have transportation
- I had symptoms of COVID-19, or my clinic cancelled my appointment because of COVID-19
- I felt disrespected by the office or medical staff
- Other (please specify) ↓

- Don't know/Not sure

16. In the past 12 months, 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.*

- Yes
- No

17. In the past 12 months, have you had access to reliable transportation when you needed it?

- Yes
- No

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

- Yes
 No

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

- Yes
 No

20. How much do you rely on the following sources to provide health information?

Select an answer for each statement.

	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. Medical providers (e.g., doctors, nurses, pharmacists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Religious leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Family/Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Broadcast News	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Printed News	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Some other source (please specify) ↓	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How easy or difficult is it for you to... Select an answer for each statement.

	Very difficult	Somewhat difficult	Somewhat easy	Very easy
a. Get trustworthy advice about your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Understand what doctors say to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fill out medical forms by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Understand health information in the media?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Take advantage of activities and resources in your community to improve your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Find someone in your neighborhood to give you health information or health advice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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.

22. 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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
 - Yes, but only while I was pregnant
 - No
- } **Skip to question 28**

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

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

28. 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

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

- Yes
- No → **Skip to question 31**

30. Do you still have asthma?

- Yes
- No

31. 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



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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No → *Skip to question 42*

→ 41. Do you still have Hepatitis C?

- Yes
- No

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

- Yes
- No

TOBACCO USE

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

- Yes
- No → *Skip to question 48 on Page 7*

→ 44. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all → *Skip to question 47 on Page 7*

→ 45. 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

46. 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 48 on Page 7*

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47. 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

48. Have you ever tried an e-cigarette or vaped, even one or two puffs? This would include products like Puff Bar, Blu, NJOY, and JUUL. Do not include using electronic vaping products with marijuana or cannabis.

- Yes
- No → Skip to question 50

→ 49. 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.

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

- Yes
- No → Skip to question 55 on Page 8

→ 51. During the past 30 days, on how many days did you use marijuana or cannabis?

Days

→ If you answered 0, skip to question 54

52. 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

53. 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"/>
<input type="text"/>		

54. In the past 12 months, have you started or increased using cannabis to cope with stress?

- Yes
- No

DIET & PHYSICAL ACTIVITY

55. 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.

		Servings
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56. 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.

		Servings
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57. How easy or difficult is it for you to get fresh fruits and vegetables?

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

Skip to question 59

58. What are the reasons it is difficult to get fresh fruits and vegetables? Please select all that apply.

- The store(s) within a half mile of where I live don't sell fresh fruits and vegetables
- The quality of fresh fruits and vegetables where I shop is poor
- Fresh fruits and vegetables are too expensive where I shop
- The store(s) where I use my EBT/SNAP benefits does not sell fresh fruits and vegetables

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

- Yes
- No

60. 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

61. In the past 12 months, did you ever have to cut the size of your meals or skip meals entirely because there wasn't enough money for food?

- Yes
- No

62. 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.

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

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

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63. During the past 30 days, how many drinks of 100% juice have you had?

Do not include sweetened drinks like fruit punch or other fruit flavored drinks. If none, please enter 0.

Drinks

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

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

64. 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

65. 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

66. 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

67. 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

68. 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

69. About how tall are you without shoes?

 Feet Inch(es)

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

 Pounds

71. What is your gender?

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

72. Are you currently pregnant?

- Yes → Skip to question 74 on Page 10
- No

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

- Yes
- No

ALCOHOL & OTHER SUBSTANCES

74. *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, please enter 0.

 Days

If you answered 0, skip to question 77.

75. *[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, please enter 0.

 Times

76. *[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, please enter 0.

 Times

77. **In the past 12 months, have you started or increased drinking alcohol to cope with stress?**

- 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.

78. **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 80*

79. **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

80. **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.

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

- Yes
 No → *Skip to question 83 on Page 11*

82. **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

83. 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 85

→84. 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

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

- Yes
- No → Skip to question 87

→86. How long has it been since your last Pap test?

- Less than 12 months ago
- At least 1 year ago but less than 3 years ago
- At least 3 years ago but less than 5 years ago
- 5 or more years ago

87. An HPV test is sometimes given with a Pap test for cervical cancer screening. Have you ever had an HPV test?

- Yes
- No
- Don't know/Not sure

88. Have you had a hysterectomy?

- Yes
- No

89. During a CT or CAT scan, you lie flat on your back and are moved through an open, donut-shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area to check or screen for lung cancer?

- Yes
- No → Skip to question 91

→90. When did you have your most recent CT or CAT scan of your chest to check or screen for lung cancer?

- Less than 12 months ago
- At least 1 year ago but less than 2 years ago
- At least 2 years ago but less than 5 years ago
- At least 5 years ago but less than 10 years ago
- 10 or more years ago

91. 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 94 on Page 12

→92. Was your most recent exam a sigmoidoscopy or a colonoscopy?

- Sigmoidoscopy
- Colonoscopy

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93. 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 5 years ago
- At least 5 years ago but less than 10 years ago
- 10 or more years ago

94. There are other kinds of tests for colorectal cancer, such as a stool blood test, virtual colonoscopy, Cologuard, or another kind of colorectal screening.

A stool blood is a new type of test that may use a special kit at home to determine if the stool contains blood.

A virtual colonoscopy (sometimes called a CT colonography) is a new type of test where your colon is filled with air and you are moved through a donut-shaped x-ray machine as you lie on your back and then your stomach. Unlike a regular colonoscopy, you do not need medication to make you sleepy.

Cologuard is a new type of test where a special kit is sent to your home. Cologuard looks for changes in DNA in addition to determining if the stool contains blood.

Have you ever had any of these tests?

- Yes
- No → Skip to question 100 on Page 13

95. Select whichever test you had most recently.

- Stool Blood
→ Continue to question 96
- Virtual Colonoscopy
→ Skip to question 97
- Cologuard
→ Skip to question 98
- Other (please specify) ↓

→ Skip to question 99

96. How long has it been since you had your last stool blood 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

→ Skip to question 100 on Page 13

97. How long has it been since you had your last virtual 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

→ Skip to question 100 on Page 13

98. How long has it been since you had your last Cologuard 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

→ Skip to question 100 on Page 13

99. How long has it been since you had your last other colon cancer screening?

- 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

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MENTAL HEALTH

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

100. ...nervous?

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

101. ...hopeless?

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

102. ...restless or fidgety?

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

103. ... 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

104. ... 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

105. ...worthless?

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

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

- Hardly ever
- Some of the time
- Often

107. How often do you feel left out?

- Hardly ever
- Some of the time
- Often

108. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

109. In the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

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

If you are experiencing suicidal thoughts, please call 988 or text "HOME" to 741741 to reach a Crisis Counselor. Help is available 24 hours a day.



110. 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

111. 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

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

Hours Minutes

113. 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 115 on Page 15*

114. 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"/>

FINANCIAL SECURITY

115. 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"/>
<input style="width: 100%; height: 20px;" type="text"/>		

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

- Yes
- No

117. In the past 12 months, how often would you say you were worried or stressed about having enough money to pay rent or mortgage?

- Always
- Usually
- Sometimes
- Never

YOUR NEIGHBORHOOD

118. 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 122 on Page 16**

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119. 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. Because of the rising cost to live in the neighborhood	<input type="radio"/>	<input type="radio"/>
i. Because of concern about crime	<input type="radio"/>	<input type="radio"/>
j. To save money	<input type="radio"/>	<input type="radio"/>
k. To relocate to new city	<input type="radio"/>	<input type="radio"/>
l. Because your family status changed (e.g., marriage, divorce, children, adult child moved out)	<input type="radio"/>	<input type="radio"/>
m. For a better quality or larger home	<input type="radio"/>	<input type="radio"/>
n. Because you bought a home	<input type="radio"/>	<input type="radio"/>
o. Other (please specify) ↴	<input type="radio"/>	<input type="radio"/>

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

- Yes
- No

121. In the past 12 months, has your household had to “double up” or combine with another household?

- Yes
- No

122. 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

123. 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

124. My neighborhood is generally free from litter.

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

125. Overall, how would you rate the quality of outdoor air in your neighborhood?

- Excellent
- Good
- Fair
- Poor
- Don't know

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126. How concerned are you about the following issues, if at all, in your neighborhood?

Select an answer for each statement.

	Extremely concerned	Very concerned	A little concerned	Not at all concerned	Don't know/ No opinion
a. Air pollution from cars and trucks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pollution from industrial sources and other businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dumping of dangerous chemicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Drinking water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Water quality in the lakes or rivers in which you swim, fish, or do other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lead paint where I live or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Noisy cars, trucks, or airplanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Soil pollution (e.g., gas stations, hazard sites, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

127. Do you feel safe in your neighborhood?

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

128. How often does fear of crime prevent you from doing things you would like to do?

- Every day
- At least every week
- At least every month
- Every few months
- Once a year or so
- Not at all

129. In the past 12 months, have you witnessed violence in your neighborhood?

- Yes
- No

130. 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

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131. 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.

132. In the past 12 months, have you experienced any of the following within your home? Please select all that apply.

- Sexual violence
- Physical violence
- Psychological violence
- Other forms of violence
- I have not experienced any violence within my home in the past 12 months
→ **Skip to question 134**

→ 133. In the past 12 months, how often have you experienced any kind of violence within your home?

- Every day
- At least every week
- At least every month
- Every few months
- Once a year or so

134. In the past 12 months, do you know of friends or family members who experienced any kind of violence within their home? Please select all that apply.

- Sexual violence
 - Physical violence
 - Psychological violence
 - Other forms of violence
- Continue to question 135*
- I do not know of any friends or family who experienced violence in their home in the past 12 months → **Skip to question 136**

135. Has the violence become more frequent and/or severe over the past 12 months?

- Yes
- No

136. In the last 12 months, have you or any member of your household used any of the following services? Please select all that apply.

- Services for victims of violent crimes (e.g., crime victim compensation, funeral planning)
- Domestic violence services (e.g., calling DV hotline, counseling, meditation)
- Crisis intervention and/or mental health services
- Employment or job training services
- Youth services (e.g., after school programming, youth jobs)
- Social service navigation and guidance (e.g., housing/relocation support)
- Legal services (e.g., criminal record expungement, legal representation)
- Educational or school supports (e.g., tutoring, community college)
- None of the above

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

- Yes
- No

138. Would you say that you really feel part of your neighborhood?

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



139. 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.

People

140. 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

141. 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

142. To what extent do you trust local government to make the right decision on issues related to pollution in your community?

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

143. To what extent do you trust your law enforcement agency?

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

144. 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. Picked up litter or trash on my block	<input type="radio"/>	<input type="radio"/>
e. Cared for a garden or yard on my block	<input type="radio"/>	<input type="radio"/>
f. Volunteered with a local non-profit or community organization	<input type="radio"/>	<input type="radio"/>
g. Participated in a local school council or booster club	<input type="radio"/>	<input type="radio"/>

145. Please rate how important each of the following services would be for your neighborhood. Select an answer for each statement.

	Very unimportant	Somewhat unimportant	Neither unimportant nor important	Somewhat important	Very important
a. Vacant lot cleanup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Street light repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Boarding up of abandoned property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Landscape maintenance of parkways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bus stop kiosk repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Installation of bike lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Changes in parking restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Installation of traffic calming measures such as speed bumps, traffic circles or stop signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Alley clean up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



CHILDREN & TEENS

146. How big of a problem do you feel the following issues are for children and teens across the city of Chicago? Select an answer for each statement.

	A big problem	Somewhat of a problem	Not a problem	Don't know/not sure
a. Gun-related violence in neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Worse health for children of color than for white children, also known as racial inequalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discrimination and racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bullying, including cyberbullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Drug abuse by youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Smoking and tobacco use by youth, including vaping or using e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Lack of adult supervision and involvement for children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stress among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



147. How big of a problem do you feel the following issues are for children and teens across the city of Chicago? Select an answer for each statement.

	A big problem	Somewhat of a problem	Not a problem	Don't know/not sure
a. Depression among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Not enough job opportunities for parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Not enough job opportunities for teens and young adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Child abuse and neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Suicide among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Childhood obesity	<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"/>
h. Violence in schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

148. How big of a problem do you feel the following issues are for children and teens across the city of Chicago? Select an answer for each statement.

	A big problem	Somewhat of a problem	Not a problem	Don't know/not sure
a. Alcohol abuse by youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Injuries from accidents among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. COVID-19 pandemic effects on youth mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unsafe housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parent's health problems affecting their children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Childhood asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Infant mortality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. COVID-19 infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



COVID-19

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

- Yes
- No → *Skip to question 154*

150. How would you describe your COVID-19 symptoms when they were at their worst?

- I had no symptoms
- I had mild symptoms
- I had moderate symptoms
- I had severe symptoms

151. Did you have any symptoms lasting 3 months or longer that you did not have prior to having COVID-19?

Long term symptoms may include: tiredness or fatigue, difficulty thinking or concentrating, forgetfulness, memory problems or “brain fog”, difficulty breathing, shortness of breath, joint pain, muscle pain, fast-beating heart (heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste or smell, or inability to exercise.

- Yes
- No → *Skip to question 154*

152. Do you have long-term symptoms now?

- Yes → *Continue to question 153*
- No → *Skip to question 154*

153. Do these long-term symptoms reduce your ability to carry out day-to-day activities now compared to the time before you had COVID-19?

- Yes, a lot
- Yes, a little
- Not at all

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

- Yes
- No

155. How concerned are you about being exposed to COVID-19?

- Very concerned
- Somewhat concerned
- A little concerned
- Not at all concerned
- Don't know

156. How important do you think getting a COVID-19 vaccine is to protecting yourself against COVID-19?

- Very important
- Somewhat important
- A little important
- Not at all important
- Don't know

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157. Have you ever received any COVID-19 vaccine shots?

- Yes, I have received at least one COVID-19 vaccine shot
- No, I have not received any COVID-19 vaccine shots → **Skip to Question 159**

→ **158. Have you received at least one COVID-19 vaccination since September 1, 2022?**

- Yes
- No
- Don't know

→ **All should skip to question 160**

159. From the list below, please select the reason(s) you have not received a COVID-19 vaccine. Select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine
- I have concerns about the safety of the vaccine
- I don't know if the vaccine will protect me
- I don't think COVID-19 is a big threat
- I already had COVID-19 and have antibodies
- 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
- My doctor has not recommended it
- I don't trust the government
- I don't trust the medical community
- I don't have time to get the COVID-19 vaccine
- I don't know where to go to get the COVID-19 vaccine or cannot get an appointment
- Other

ABOUT YOUR HOUSEHOLD

160. Do you own or rent your home?

- Own
- Rent
- Some other arrangement

161. Do you have reliable internet access at home?

- Yes
- No → **Skip to question 163**

→ **162. What is the primary device you use at home to get on the internet?**

- Desktop computer
- Laptop computer
- Tablet
- Phone
- Other

163. How many times has your residence flooded in the last year?

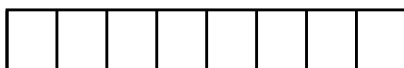
- None
- One time
- Two times
- Three times
- Four or more times

164. Is any air conditioning equipment used in your home?

- Yes
- No

165. Has your household prepared an Emergency Supply Kit with supplies like water, food, flashlights, and extra batteries that is kept in a designated place in your home?

- Yes
- No
- Don't know



166. 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

167. 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

→ *If you answered zero, go to question 173 on page 28.*

168. We would like to ask a few more questions about your child/children. This information will be kept confidential.

Starting with the youngest child for whom you are the parent, step-parent, foster parent or guardian...

a. How old is the youngest child who lives with you? *If less than 1 year, enter 0 years.*

Age in years

b. What is the gender of the youngest child who lives with you?

- Male
 Female

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

- Excellent
 Very good
 Good
 Fair
 Poor

d. Does your youngest child have at least one person you think of as their personal doctor or health care provider?

- Yes
 No

→ *If you have more children, go to question 169 on Page 26.*

→ *If you have no more children, go to question 173 on page 28.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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169. Now, thinking about the next youngest child for whom you are the parent, step-parent, foster parent or guardian...

a. How old is the next youngest child who lives with you? *If less than 1 year, enter 0 years.*

<input type="text"/>	<input type="text"/>
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 Age in years

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

- Male
 Female

c. Would you say that in general your next youngest child's health is...?

- Excellent
 Very good
 Good
 Fair
 Poor

d. Does your next youngest child have at least one person you think of as their personal doctor or health care provider?

- Yes
 No

→ *If you have more children, go to question 170.*

→ *If you have no more children, go to question 173 on page 28.*

170. Now, thinking about the next youngest child for whom you are the parent, step-parent, foster parent or guardian...

a. How old is the next youngest child who lives with you? *If less than 1 year, enter 0 years.*

<input type="text"/>	<input type="text"/>
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 Age in years

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

- Male
 Female

c. Would you say that in general your next youngest child's health is...?

- Excellent
 Very good
 Good
 Fair
 Poor

d. Does your next youngest child have at least one person you think of as their personal doctor or health care provider?

- Yes
 No

→ *If you have more children, go to question 171 on Page 27.*

→ *If you have no more children, go to question 173 on page 28.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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171. Now, thinking about the next youngest child for whom you are the parent, step-parent, foster parent or guardian...

a. How old is the next youngest child who lives with you? *If less than 1 year, enter 0 years.*

Age in years

c. Would you say that in general your next youngest child's health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Male
- Female

d. Does your next youngest child have at least one person you think of as their personal doctor or health care provider?

- Yes
- No

→ *If you have more children, go to question 170.*

→ *If you have no more children, go to question 173 on page 28.*

172. Now, thinking about the next youngest child for whom you are the parent, step-parent, foster parent or guardian...

a. How old is the next youngest child who lives with you? *If less than 1 year, enter 0 years.*

Age in years

c. Would you say that in general your next youngest child's health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Male
- Female

d. Does your next youngest child have at least one person you think of as their personal doctor or health care provider?

- Yes
- No

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173. 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.

\$

ABOUT YOU

174. What is your age?

- 18-24 years
- 25-29 years
- 30-44 years
- 45-64 years
- 65 years or older

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

- Yes
- No → *Skip to question 177*

→ **176. 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. Central American	<input type="radio"/>	<input type="radio"/>
c. South American	<input type="radio"/>	<input type="radio"/>
d. Puerto Rican	<input type="radio"/>	<input type="radio"/>
e. Cuban	<input type="radio"/>	<input type="radio"/>
f. Dominican	<input type="radio"/>	<input type="radio"/>
g. Another Hispanic, Latino/a, or Spanish origin	<input type="radio"/>	<input type="radio"/>

177. Which one or more of the following would you say is your race? Please select 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 179*

→ **178. 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"/>

179. Are you deaf, or do you have serious difficulty hearing?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

182. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

183. Do you have difficulty dressing or bathing?

- Yes
- No

184. 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

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

- Yes
- No → *Skip to question 187*

→ **186. In the past 12 months, have you lost any of the caregiving supports you needed?**

- Yes
- No

187. Do you provide any care or assistance for a person who needs help because of a condition related to aging or disability? Do not include financial assistance or help you provided as part of your paid job.

- Yes
- No

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

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Prefer to self-describe →

189. 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

190. Are you...?

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple
- A member of a civil union

191. 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



192. *Gambling is defined as betting money or material goods on an event with an uncertain outcome in the hopes of winning additional money or material goods. This includes things such as lottery tickets, scratch tickets, bingo, betting against a friend on a game of skill or chance, betting on horse racing or sports, investing in high-risk stocks, and other similar activities.*

When was the last time you bet or gambled for money or something else of value?

- Within the past 30 days
- Between 30 days and 12 months ago
- More than 12 months ago
- Never
- Don't know

Skip to question 195

193. **In the past 12 months, how often have you bet or gambled for money or something else of value**

- Every day
- 2-6 times per week
- About once a week
- A few times a month
- About once a month
- Less than once a month

194. **Has your involvement in gambling caused significant concerns for you or someone close to you in the past 12 months?**

- Yes
- No

195. 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 200 on Page 31

196. Do you have more than one job?

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

- Yes
- No

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

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

199. Does your job allow you to work remotely, for example, from home?

- Yes
- No



200. In the past 12 months, have you lost a job, had to reduce work hours, or had a reduction in pay?

- Yes
- No → *Skip to question 202*

201. What are the reason(s) you lost your job, had to reduce work hours, or had a reduction in pay?
Please select all that apply.

- I had to take on increased childcare responsibilities
- I had to take on increased responsibilities for people living with disabilities in my household
- I had to take on increased responsibilities for elderly people living in my household
- My employer shut down or went out of business
- My employer downsized
- I was sick and unable to work
- I did not have reliable transportation
- Other reason (please specify) ↴

THANK YOU!

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

- Yes
- No

203. Please provide your contact information so we can send you your \$20.

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
0217366.003.000.001
5265 Capital Boulevard
Raleigh, NC 27616**

You will receive your \$20 in three to four weeks.