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# 2022 Healthy Chicago Survey (HCS)

## Methodology Report

Prepared for

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## OVERVIEW

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

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

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

The 2022 HCS collected a total of 4,192 surveys with adults living in the City of Chicago at an American Association for Public Opinion Research (AAPOR) Response Rate 3 of 29.6%. Interviewing was conducted in English and Spanish from June 8, 2022, through December 7, 2022.

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

## SAMPLE DESIGN

### Sampling Frame

As in the 2020 and 2021 HCS administrations, for the 2022 HCS administration, a sample of addresses (i.e., a proxy for households) was drawn from an ABS frame, with instructions provided in mail contact materials for the survey to be completed by the adult in the household who was next to celebrate his or her birthday (Olson & Smyth, 2014). As described at <http://abs.rti.org/background>, RTI maintains an ABS frame in-house, which is derived from the United States Postal Services' (USPS's) Computerized Delivery Sequence (CDS) file. Information from private data sources like Acxiom® InfoBase™ and from public sources like the U.S. Census Bureau is appended to increase the frame's utility. The ABS frame is updated monthly. For the 2022 HCS administration, RTI used the version current as of May 2022. Although the survey was not fielded until June, lead time was required to completed preparatory work on the sampling frame, such as geocoding addresses and implementing the substitution method for drop point units discussed below. A total of  $N = 1,213,489$  addresses on the ABS frame were geocoded and stratified into the  $H = 77$  mutually exclusive CAs designated by the

boundaries posted to <https://data.cityofchicago.org/Facilities-Geographic-Boundaries/Boundaries-Community-Areas-current-/cauq-8yn6>.

### Sample Size Determination

The sample design for 2022 HCS called for targeting a minimum of 35 survey completes within each CA,  $n = 4,500$  survey completes overall, and  $n_h = 70$  survey completes within each CA in the 2021 HCS and 2022 HCS combined ( $h = 1, \dots, 77$ ). Yield rates from the 2021 HCS were carried forward to inform the CA-specific sample sizes necessary to achieve these targets while simultaneously minimizing the average unequal weighting effect (UWE) (Kish, 1992) across the 2 years. All of this information was fed into SAS’s PROC OPTMODEL (SAS Institute Inc., 2014) to arrive at a sample allocation solution.

Exhibit 1 reports the components of these inputs for each CA alongside sampling frame counts and sample sizes. In total,  $n' = 20,083$  addresses were selected from the  $N = 1,213,489$  unique addresses on the ABS frame for 2022 HCS, representing a net sampling rate of 1.7%. We initially anticipated a requisite sample size of 20,000 addresses to achieve 4,500 completes, to be allocated evenly at 10,000 addresses each in two subsequent sample releases. However, upon observing yield rates in the first release of 2022 HCS somewhat lower than expectations, the overall 2022 HCS sample size was increased modestly to 20,083, and the target number of 2022 HCS completes was reduced from 4,500 to 4,100. Reallocation efforts heading into the second sample release also aimed to maintain the unweighted percentage of Hispanic respondents, which sat at 22.6% at that time (22.5% at conclusion of second release).

**Exhibit 1. Sampling Frame Counts and Sample Sizes by Community Area for 2022 HCS**

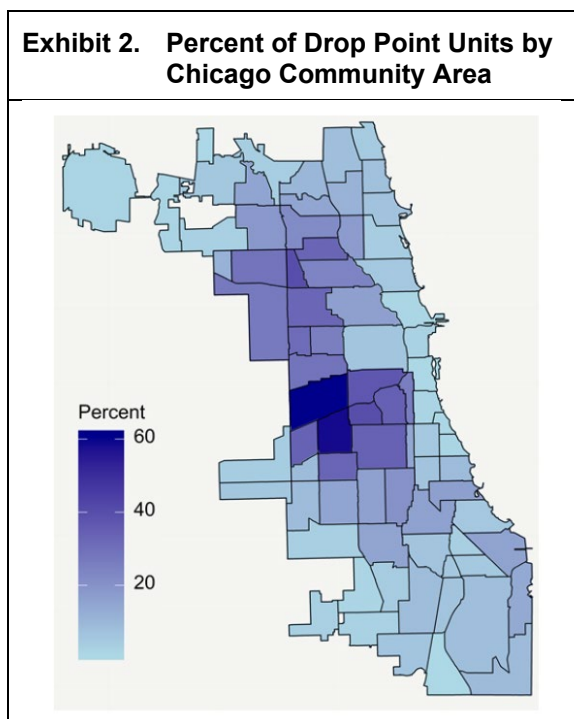
Community Area	Unique Addresses $N_h$	Initial Target Completes $n_h$	Revised Target Completes $n_h$	Sample Size $n'_h$	Sampling Rate $n'_h / N_h$
1 - Rogers Park	28,017	100	57	231	0.8%
2 - West Ridge	28,030	101	41	203	0.7%
3 - Uptown	33,774	116	66	259	0.8%
4 - Lincoln Square	20,583	89	35	159	0.8%
5 - North Center	16,201	82	52	186	1.1%
6 - Lake View	61,903	135	290	916	1.5%
7 - Lincoln Park	38,334	134	39	248	0.6%
8 - Near North Side	77,338	135	118	530	0.7%
9 - Edison Park	4,995	40	40	153	3.1%
10 - Norwood Park	15,581	62	58	192	1.2%
11 - Jefferson Park	10,789	46	155	536	5.0%
12 - Forest Glen	7,264	39	123	358	4.9%
13 - North Park	7,028	40	40	191	2.7%
14 - Albany Park	17,890	63	302	990	5.5%
15 - Portage Park	23,946	89	50	217	0.9%
16 - Irving Park	22,678	95	37	159	0.7%
17 - Dunning	15,840	44	42	278	1.8%
18 - Montclare	5,035	37	35	147	2.9%
19 - Belmont Cragin	22,324	63	46	266	1.2%

<b>Community Area</b>	<b>Unique Addresses <math>N_h</math></b>	<b>Initial Target Completes <math>n_h</math></b>	<b>Revised Target Completes <math>n_h</math></b>	<b>Sample Size <math>n'_h</math></b>	<b>Sampling Rate <math>n'_h / N_h</math></b>
20 - Hermosa	7,688	48	48	305	4.0%
21 - Avondale	15,402	57	38	200	1.3%
22 - Logan Square	34,513	124	57	265	0.8%
23 - Humboldt Park	18,747	53	44	342	1.8%
24 - West Town	45,963	135	76	323	0.7%
25 - Austin	35,955	94	60	285	0.8%
26 - West Garfield Park	6,790	45	45	211	3.1%
27 - East Garfield Park	8,131	37	40	181	2.2%
28 - Near West Side	37,887	135	38	269	0.7%
29 - North Lawndale	13,583	39	39	246	1.8%
30 - South Lawndale	17,492	51	51	373	2.1%
31 - Lower West Side	13,079	49	49	234	1.8%
32 - The Loop	31,141	116	61	254	0.8%
33 - Near South Side	17,630	69	35	144	0.8%
34 - Armour Square	5,597	37	35	199	3.6%
35 - Douglas	10,757	37	35	167	1.6%
36 - Oakland	3,403	39	39	208	6.1%
37 - Fuller Park	1,327	37	35	294	22.2%
38 - Grand Boulevard	12,231	47	47	327	2.7%
39 - Kenwood	10,212	42	35	185	1.8%
40 - Washington Park	5,640	42	42	376	6.7%
41 - Hyde Park	16,136	66	35	129	0.8%
42 - Woodlawn	11,786	37	38	200	1.7%
43 - South Shore	28,623	91	48	200	0.7%
44 - Chatham	16,258	45	37	270	1.7%
45 - Avalon Park	4,358	37	35	150	3.4%
46 - South Chicago	12,214	37	35	284	2.3%
47 - Burnside	1,087	39	39	213	19.6%
48 - Calumet Heights	5,967	37	35	218	3.7%
49 - Roseland	17,362	51	37	181	1.0%
50 - Pullman	3,482	37	35	171	4.9%
51 - South Deering	5,666	37	35	159	2.8%
52 - East Side	7,015	43	43	237	3.4%
53 - West Pullman	11,021	37	35	315	2.9%
54 - Riverdale	2,744	45	45	358	13.0%
55 - Hegewisch	4,013	38	38	224	5.6%
56 - Garfield Ridge	12,533	46	46	251	2.0%
57 - Archer Heights	3,995	37	35	221	5.5%
58 - Brighton Park	12,393	50	50	256	2.1%
59 - McKinley Park	5,477	40	40	171	3.1%
60 - Bridgeport	13,179	45	57	193	1.5%
61 - New City	12,858	38	35	242	1.9%
62 - West Elsdon	5,095	37	86	414	8.1%
63 - Gage Park	9,614	37	35	337	3.5%
64 - Clearing	8,999	37	35	161	1.8%

Community Area	Unique Addresses $N_h$	Initial Target Completes $n_h$	Revised Target Completes $n_h$	Sample Size $n'_h$	Sampling Rate $n'_h / N_h$
65 - West Lawn	9,283	37	35	258	2.8%
66 - Chicago Lawn	17,248	43	35	231	1.3%
67 - West Englewood	11,403	37	35	266	2.3%
68 - Englewood	11,980	37	35	303	2.5%
69 - Greater Grand Crossing	14,748	38	35	261	1.8%
70 - Ashburn	13,173	38	35	159	1.2%
71 - Auburn Gresham	19,408	61	48	313	1.6%
72 - Beverly	7,944	38	37	122	1.5%
73 - Washington Heights	10,247	38	37	195	1.9%
74 - Mount Greenwood	7,294	37	35	145	2.0%
75 - Morgan Park	8,615	37	37	126	1.5%
76 - O'Hare	6,429	37	35	217	3.4%
77 - Edgewater	33,124	135	97	325	1.0%
<i>Totals</i>	1,213,489	4,500	4,100	18,488	1.5%

### Handling Drop Points

Most addresses in RTI’s enhanced ABS frame have a one-to-one relationship with a housing unit (HU). Some addresses, however, are associated with multiple HUs. These addresses are referred to as *drop points* (DPs) and the HUs therein are referred to as *drop point units* (DPUs) (Amaya, 2017). Nationwide, approximately 1.5% of addresses are DPUs, but they are concentrated most heavily in New York, New Jersey, Massachusetts, and Illinois. In the May 2022 CDS, approximately 14% of all addresses in the 77 CAs covered as part of the HCS target population were DPUs. Exhibit 2 illustrates how these are most prevalent in Chicago’s “Bungalow Belt,” the western ring of CAs that encircles the city, which includes a less wealthy and more minority population (Dekker et al., 2012).



DPUs pose a challenge for self-administered surveys because no apartment number or unit designation is available, making it impossible to target correspondence and hindering our ability to randomly select a particular DPU (or set of DPUs)

for the survey. For 2022 HCS, we excluded DPs with more than four DPUs from the ABS frame. This naturally introduces undercoverage, but we felt the gains from streamlining data collection logistics would outweigh the risk, especially considering that only 7% of DPUs in the greater Chicago area are situated in these types of buildings, and many are out of scope (e.g., group



quarters, nonresidential addresses). DPs with 4 or fewer DPUs were retained in the sampling frame, but the 2,778 DPUs therein sampled were substituted with a non-drop point unit (NDPU) from a building of the same size—meaning one with the same number of units, 2, 3, or 4—in nearest possible geographic proximity. A substitute was always identified within the same CA, and very frequently within a block or two. (A small portion of NDPUs, 150, served as substitutes for two or more DPUs. Step 2 of the weighting procedure, discussed in Section [Weighting](#), makes an adjustment to the base weights for this situation.) An analogous approach for handling DPs was used in the most recent administration of the nationwide Residential Energy Consumption Survey (Harter et al., 2022).

Substitution has traditionally been used as a tool to compensate for unit nonresponse (Chapman, 1983). In that context, the notion is to substitute out a nonresponding case in the field and substitute in a similar replacement case. In the present context, substitution of an NDPU for a sampled DPU serves to mitigate the undercoverage bias introduced by foregoing data collection on DPUs altogether. As in the nonresponse context, the key assumption is that the distribution of responses for replacement NDPUs mirrors the distribution of DPUs. To the extent this assumption does not hold, and cannot be corrected for via weighting adjustments, undercoverage bias could still be a factor. Note, however, that results from an evaluation in 2021 HCS discussed in Lewis et al. (in press) found DPUs and their substitutes to be quite similar with respect to demographics and key health outcomes measured by the survey.

## **SURVEY DESIGN**

The 2022 HCS followed a sequential, push-to-web design. Sample was released in two waves (or releases). Each sample member received up to four mailings. QR codes were added to all mailing materials this year as another method of accessing the web survey. The first mailing was an invitation letter with instructions for accessing the web survey by manually entering the survey URL into a browser on either a laptop, computer, or smartphone device. A QR code was included for respondents to scan with the camera on their smartphone device. A week later, a reminder postcard was mailed to encourage participation online. The same core information was provided along with instructions to access the web survey via computer or QR code on a smartphone device. All addresses are sent the first two mailings of the contact protocol. Both mailings explain that completing the web survey will earn the respondent \$20.

Two weeks after the second mailing was sent, nonrespondents—people who have not yet responded to the survey at the time this list is pulled—received a paper questionnaire packet. A cover letter presented three modes of completing the survey: web survey via QR code, web survey via computer, or paper survey. The letter specified that completing the web survey would earn the respondent \$20 and completing the paper survey would earn the respondent \$10. Included with the paper survey and cover letter was a business reply envelope for the respondent to enclose their completed survey and return it to RTI. The final mailing was a second reminder postcard, sent to the same addresses that received the paper survey packet a week later. All letters were double-sided English and Spanish and all postcards included instructions in both English and Spanish.

## INSTRUMENTATION

CDPH provided RTI with the 2022 HCS questionnaire draft. Much of the 2022 HCS questionnaire content is consistent with prior waves of the HCS and included the following topics:

- ***Section A: General Health***
  - This section asked questions about overall health, having a personal doctor, getting a routine checkup and dental cleaning, satisfaction with health care, possession and source of health care coverage, and ease of obtaining needed care or treatment. This section also included questions about accommodations given for health care services. There were questions about different aspects of care during the COVID-19 pandemic, including being able to access care, missing or postponing appointments, and receiving telehealth care. The section ended with a question about whether the respondent was vaccinated for influenza in the past year.
- ***Section B: Chronic Health Conditions***
  - This section included more specific questions about chronic health conditions, including high blood pressure, high cholesterol, coronary heart disease, stroke, diabetes, chronic bronchitis, asthma, arthritis, cancer, hepatitis, and kidney disease.
- ***Section C: Tobacco Use***
  - This section asked questions about tobacco usage, including current smoking practice, frequency of smoking, smoking cessation attempts, and e-cigarette usage.
- ***Section D: Cannabis Use***
  - This section included specific questions about cannabis use, including trying cannabis at all, trying cannabis within the past 30 days, frequency of usage, reasons for usage, and methods of usage. The section ended with a question about the use of cannabis during the COVID-19 pandemic.
- ***Section E: Diet & Physical Activity***
  - This section asked about diet and eating habits, including total servings of fruit and vegetables eaten, total number of sweetened drinks consumed, and ease of obtaining fresh produce. The section also asked about use of food stamps and being able to afford food. The section included questions about physical activity, such as walking, bicycling, and use of public parks. Other questions were asked to determine the respondent's height, weight, and gender. The section ended with questions to female respondents about whether they are currently or were pregnant within the last year.
- ***Section F: Alcohol & Prescription Drugs***
  - This section asked about consumption of alcohol, including number of drinks consumed in the past 30 days and number of times binge drinking (based on gender). The section also included questions about prescription drugs and use of them more than prescribed or use of drugs not prescribed to the respondent. The section ended with questions about the use of alcohol to cope during the COVID-19 pandemic and the use of heroin.

- ***Section G: Cancer Screening***
  - This section asked about screening for various types of cancer, including breast cancer, cervical cancer, and colon cancer.
- ***Section H: Mental Health***
  - This section asked questions to determine the respondent's level of depression, social isolation, and mental health during the COVID-19 pandemic. Other questions asked about treatment of a mental health condition, whether mental health treatment was not received, reasons mental health treatment was not received, and the typical amount of sleep the respondent gets.
- ***Section I: Financial Security***
  - This section asked about financial security by presenting a hypothetical situation about incurring an emergency expense and how the respondent might be able to pay for it.
- ***Section J: Your Neighborhood***
  - This section asked a variety of questions related to attitudes about and behaviors in the respondent's residential area. The first questions ask new Chicago residents about reasons they moved and asked all respondents about various conditions in their neighborhood, including sidewalk maintenance, ease of walking to a transit stop, litter, safety, and violence. Two questions asked about whether the respondent moved during the COVID-19 pandemic and whether they combined their household with another during the pandemic. The section also included more specific questions about experience with violence, use of any social services, and committing crimes. The section then asks about experiences with neighbors and the respondent's community. There were batteries of questions about participating in different events, such as attending local meetings and voting, and rating the importance of services for the respondent's neighborhood, such as street light repair and installation of bike lanes. The section ends with questions about internet access and experience with flooding.
- ***Section K: Children & Teens***
  - This section asked several batteries of questions about the respondent's perception or experience with various issues affecting children and teens in Chicago, such as gun-related violence, poverty, drug abuse, child abuse, teen pregnancy, hunger, and unsafe housing.
- ***Section L: Coronavirus & COVID-19***
  - This section included questions about the COVID-19 pandemic, including whether the respondent ever received a positive COVID-19 test result, experienced death in the family from someone diagnosed with COVID-19, experienced work or salary reductions because of COVID-19, and increased caregiving activities during the pandemic. The final question in the section asked if the respondent has received at least one dosage of COVID-19 vaccine.
- ***Section M: About You***
  - This section included standard demographic questions about age, ethnicity, Hispanicity, race, sexuality, gender, marital status, education, employment status, home ownership, household composition, and income. Other questions asked about

various disabilities, including deafness, blindness, memory issues, and mobility issues. The section also asked specific questions about the respondent's employment status, including working multiple jobs, the kind of work done, and the business or industry the respondent works in. The section asked about the ease with which the respondent was able to understand experiences with health care, such as completing medical forms and understanding information from doctors. The section ended with the enumeration of children in the household by age group and asked for the health status, age, and gender of up to five children in the household. These questions about children appeared in the CAWI version of the instrument only and are referred to as the Child Module in this report.

▪ ***Section N: Thank You***

- This section concluded the survey by recording the respondent's preferred method for receiving their incentive and collecting the necessary contact information to fulfill the incentive promise. The section also included a question about the respondent's willingness to be recontacted in the future for additional questions.

### **Mailing Materials**

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

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

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

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

The 2022 materials were designed to include a QR code that could be scanned with a smartphone camera. When scanned, the QR code would take the respondent directly to their personalized survey URL. Respondents were also able to access their web survey by typing in the study website and entering their PIN code. The QR code skipped this first step by embedding the PIN

code into the URL and saving the respondent the extra step of needing to visit the study website first. This essentially made it easier for respondents interested in completing the web survey to access it.

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

### **Study Contact Information**

RTI set up a toll-free phone number to respond to any inquiries from respondents. The phone number was set up to ring the direct line of RTI's assistant data collection task leader. If they were unavailable, the number rang another HCS project staff member. If they were also unavailable, the phone call would be directed to a voicemail recording indicating the caller had reached the HCS study line and asking them to leave a message. The RTI project team monitored the voicemail box every business day, logged each call in a file that resided in our secure network, and responded within 48 hours as necessary. As per the adverse event protocol, if there was an issue that the RTI team deemed necessary to escalate to the CDPH team, all pertinent details were shared with CDPH for CDPH to determine the appropriate course of action.

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

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

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

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

Healthy Chicago Survey  
c/o RTI International  
5265 Capital Boulevard  
Raleigh, NC 27616-2925

This same address was listed as the address on the BRE for respondents to return their completed paper surveys (note that the return address zip code is 27690-1653 and all materials listed the appropriate zip codes).

### **Usability Testing**

Usability testing is a useful tool for designing survey instruments. It allows researchers to test the respondent's experience of taking our survey, noting where their attention is or where they experience confusion, and ease of using the survey materials and survey program. We can test that respondents can provide answers to our questions accurately and complete the survey with as few steps or clicks as possible. As part of the questionnaire development phase, RTI conducted usability testing of the web and paper surveys in English and Spanish.

RTI recruited 12 participants living in the Chicago, IL, area to complete usability tests using either a desktop/laptop computer or smartphone (Android/iPhone) to complete either the web or paper survey. Participants were recruited through a Craigslist advertisement. A total of 155 people completed the screener; 47 people partially completed the screener. Of the 12 participants selected and scheduled for interviews, 8 completed the interview and 4 did not show for their interview. The four individuals who did not show for the interview were replaced by four others who completed the interview.

A total of eight respondents tested the web survey and four respondents tested the paper survey. A total of six interviews were completed by desktop/laptop computer and six by Android/iPhone. Two of the 12 interviews tested the survey in Spanish. The interviews were conducted by RTI staff who specialize in cognitive and usability testing. Interviews were completed between May 11 and May 20, 2022.

Interviews were conducted using Zoom video-conferencing software to perform live video streaming (and recording) of the participant completing the questionnaire online. For the web interviews, we recorded the audio interaction between the participant and interviewer along with the participant's screen displaying the web survey as they worked through the instrument. For the paper interviews, we recorded the telephone interview through Zoom software, but only captured the audio interaction as they read through and completed the paper survey instrument. The recordings were helpful to ensure that the interviewer notes were accurate when summarizing the results. Videos of respondents' faces were not recorded and if respondents were sharing their web cameras, they were asked to turn them off prior to the start of recording the interview. Interviews ranged from 35 to 70 minutes in length. One interview ended at approximately 70% of the way through because the respondent needed to tend to a crying child, but they had answered all new questions being tested for the 2022 HCS. Following each interview, participants were provided a \$60 electronic Visa gift card as a token of appreciation for completing the interview.

Overall, RTI had no major concerns about the usability of the web survey. Participants were able to successfully access the web survey, enter their provided PIN, and navigate the Voxco program. As with previous rounds of usability testing, RTI observed a few instances of the survey instructions being inconsistently read or followed. For the paper survey, this was true even when respondents read the survey instructions at the beginning of the survey and reported understanding how to follow the skip instructions. For the web survey, we noted some respondents reading all instructions, while others skipped them or referred to them only when they needed help answering a question. Web respondents were successfully able to break off or exit the survey and then log back in to resume. Users were also able to go back to a previous question to change a response. Overall, respondents felt the survey was easy to follow and understand.

RTI recommended including a lead-in statement to the web version of the questions about increased childcare responsibilities for disabled or elderly people (Q146, Q147, and Q148 in web) to clarify that the questions pertained to the context of COVID-19.

Copies of the usability testing materials are in the Appendices.

## **DATA COLLECTION**

### **Pilot**

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

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

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

surveys are batched and scanned. Scanned data are then committed into the survey data set on RTI's secure network, which merges both web and paper survey data. All paper data are verified using a two-step process, where one clerk enters data and a senior clerk verifies and makes necessary corrections. The senior clerk performs this verification on all surveys. The Symphony programmer merges both web and paper survey data for the team of statisticians to check.

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

The pilot sample consisted of 200 records from release 1 sample. A total of 20 cases (10% of the total pilot sample) were designated to receive a Spanish PAPI instrument.

On June 8, 2022, Grace Printing & Mailing mailed a survey packet, including a letter with CAWI login credentials, a paper survey, and a BRE, to all pilot sample. Since the pilot test was designated to test RTI's systems, only the first mailing of each data collection protocol was sent.

By June 30, 2022, the pilot collected a total of 21 interviews: 18 web completes and 3 paper completes. All surveys were completed in English. The average completion time of CAWI was 25 minutes. Eight cases dropped out or suspended, meaning 69% of the respondents who accessed the CAWI and started the survey also completed the survey. Of these cases, three dropped out at the introduction, while the others suspended at various points in the survey.

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

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

After completing all systems tests and checking pilot test data, CDPH requested the addition of the Child Module, which functions as a roster of the total number of children in the household and general questions about the child's health, age, and gender for up to five total children in the household. The change was requested for the web version of the survey only, and RTI updated and tested the program to incorporate the Child Module. Once this change was in place, RTI proceeded with main data collection, which started on July 27, 2022.

### **Mailing Schedule**

Grace Printing & Mailing, RTI's Minority Business Enterprise subcontractor, provided printing and mailing services for the first half of 2022 HCS from within the City of Chicago. MOTR



GRAFX was brought on this year as RTI's Women's Business Enterprise subcontractor providing printing and mailing services for the second half of 2022 HCS.

RTI received, receipted, and scanned all returned mailing, including undeliverable mail and paper surveys. RTI was also responsible for fulfilling check incentives, which were mailed to respondents on a weekly basis.

The 2022 HCS was scheduled to be fielded in two sample releases using the following contact protocol:

Day 0 – Mailing 1 = Invitation Letter

Day 7 – Mailing 2 = Reminder Self-mailer 1

Day 21 – Mailing 3 = Survey Packet

Day 28 – Mailing 4 = Reminder Self-mailer 2

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

- Release 1, Mailing 1 was originally scheduled to drop on 7/22, but was rescheduled to 7/27 to provide RTI the time needed to update the web survey with the Child Module.
- Release 1, Mailing 2 was delayed by 1 day because the printer required more time to prepare.
- Release 1, Mailing 3 was delayed by 5 days because the printer required more time to prepare.

Given the aforementioned events, the final 2022 mailing schedule below does not match the intended protocol:

#### Release 1

7/27/22 – Mailing 1 = Invitation Letter

8/4/22 – Mailing 2 = Reminder Self-mailer 1

8/22/22 – Mailing 3 = PAPI Survey Packet

8/29/22 – Mailing 4 = Reminder Self-mailer 2

#### Release 2

10/14/22 – Mailing 1 = Invitation Letter

10/21/22 – Mailing 2 = Reminder Self-mailer 1

11/4/22 – Mailing 3 = PAPI Survey Packet

11/11/22 – Mailing 4 = Reminder Self-mailer 2

With the 2023 HCS, RTI will endeavor to adhere to the mailing schedule.

#### **Survey Languages**

The 2022 HCS was administered in English and Spanish. Metaphrasis Language & Cultural Solutions, one of RTI's Women's Business Enterprise subcontractors, translated the 2022 HCS. RTI reviewed each translation prior to programming and tested each non-English language version prior to fielding.

All recipients were sent survey contact materials (i.e., cover letters and reminder postcards) that had both English and Spanish text. All recipients were sent an English version of the PAPI instrument, and recipients who lived in areas with a high rate of Spanish-speaking residents were also sent a Spanish PAPI instrument, up to 10% of the total sample. We also mailed a Spanish PAPI instrument to any recipients who requested one. When completing the CAWI instrument, respondents could select either English or Spanish.

RTI collected a total of 96 Spanish completes: 88 in web and 8 in paper.

### **Incentives**

To encourage response to the survey, RTI sent all 2022 HCS survey recipients a \$2 cash pre-incentive with the first mailing. Respondents who completed the CAWI instrument received \$20 in the mode of their choice—an electronic gift card or a paper check. Respondents who completed the PAPI instrument received an electronic gift card or paper check for \$10.

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

### **Mail Receipting**

All returned mail, including undeliverable mail and PAPI surveys, was received at RTI's Research Operations Center in Raleigh, NC. Returns were sorted, categorized by mailing, and then opened. Further sorting took place after opening (completed questionnaire, refusal, etc.). Following mail sorting, the data capture team receipted the returns in RTI's Symphony Control System. Mailing stages that correspond to each mail-out were set for the receipt of undeliverable mail. The undeliverable mail return type was also captured. The total number of records coded as undeliverable can be found in Exhibit 4.

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

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

### **Adverse Event Protocol**

The research team had a protocol in place to detect and address any adverse events. For the CAWI survey, the research team regularly reviewed all open-ended variables that allowed respondents to enter their own text. We reviewed for any potential adverse events, such as suicidal thoughts and domestic abuse. For the PAPI survey, upon which respondents could write anything they wanted on the pages, RTI has a process for scanning this data and flagging it for manual review. This is referred to as a "Too Many Marks" log, and the research team reviewed it for potential adverse events. The RTI team also regularly monitored and responded to emails and phone calls received by respondents.

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

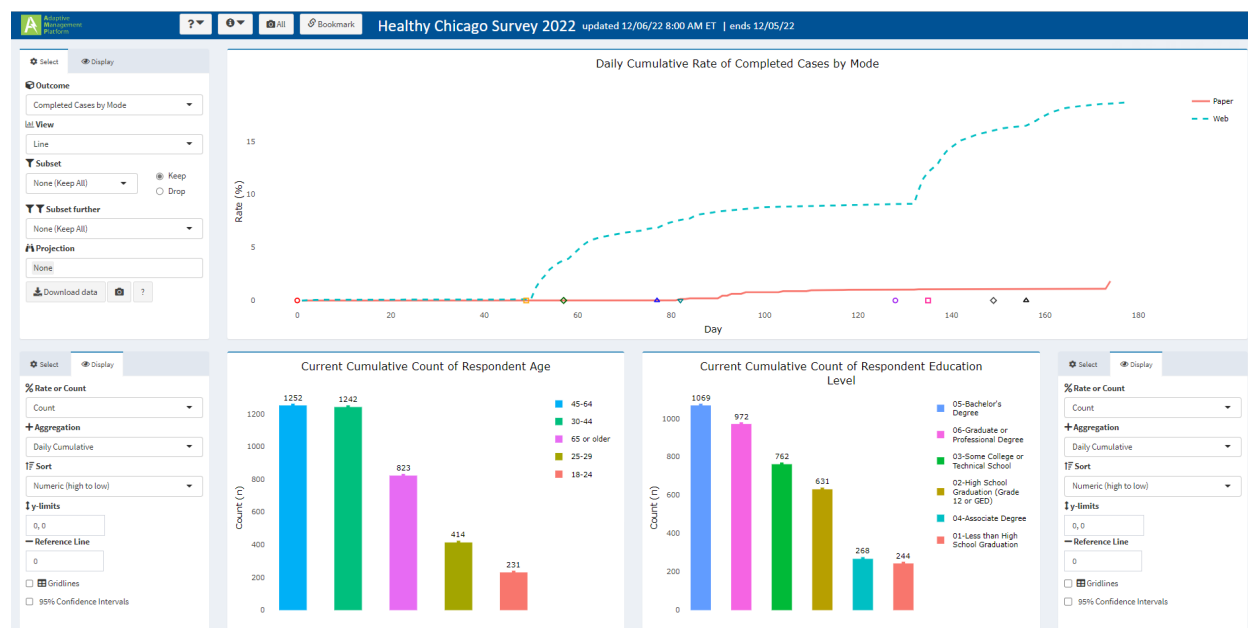
There were no potential adverse events encountered during 2022 HCS fielding. RTI did notify CDPH about one respondent who had called the study phone number repeatedly and requesting new incentive checks. RTI investigated the incident and determined that the correct incentives were paid to this respondent. RTI also forwarded an email request from a respondent who was interested in using HCS data for a study.

### Monitoring

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

Using various data sources, including sampling frame indicator variables, case dispositions, and web paradata (Kreuter, 2013), the ATD dashboard presented the most important metrics while minimizing superfluous information to enable timely decision-making. Key information included number of CAWI and PAPI interviews completed, number of undeliverable mailings, and respondent demographics (income, education, gender, race/ethnicity). A sample of the customized ATD dashboard for HCS is presented in Exhibit 3.

**Exhibit 3. Customized ATD Dashboard**



### DISPOSITION CODES AND OUTCOME RATES

Once the data collection period had closed, all  $n = 20,083$  sampled cases (i.e., addresses) were assigned one of seven possible disposition codes. Exhibit 4 provides a description of these seven along with the associated case counts. To be defined as a complete case, at least four variables on

the survey instrument used in weighting must have been answered. A total of 4,192 completes were obtained: 3,807 (90.8%) by web and 385 (9.2%) by paper. Cases answering one or more question, but fewer than four weighting variables, were considered partial completes. There were 457 (2.1%) of these cases, up from 190 (1.0%) in 2021 HCS, which we suspect is attributable to the inclusion of QR codes on survey invitation correspondence. Information on undeliverable status was extracted from RTI’s Symphony software. Any case not already coded as a complete, partial complete, or refusal was assigned the undeliverable disposition code if one or more mailings were returned by the USPS. The observed undeliverable rate came in at 9.7%, a little higher than the 8.5% observed in 2021 HCS. Cases without any kind of reply and where no supplementary information was received accounted for 13,481, or 67.1%, of all sampled cases. These cases were considered nonrespondents with eligibility status unknown.

**Exhibit 4. Summary of Disposition Codes and Counts in 2022 HCS**

Code	Meaning	Description	Count	Percent of Cases
CW	Web Complete	Answered by web with at least four weighting variables	3,807	19.0
CP	Paper Complete	Answered by paper with at least four weighting variables	385	1.9
PW	Web Partial Complete	Answered by web with at least one, but fewer than four, weighting variables	427	2.1
PP	Paper Partial Complete	Answered by paper with at least one, but fewer than four, weighting variables	30	0.1
UD	Undeliverable	Mail correspondence returned by USPS (and not a complete or partial complete)	1,950	9.7
RF	Known Eligibility Nonrespondent	Explicit refusal or blank questionnaire returned	3	< 0.1
NR	Unknown Eligibility Nonrespondent	All other cases not assigned one of the other codes	13,481	67.1
			20,083	100.0

With respect to standards set forth by AAPOR (2016), the eligibility rate for addresses sampled for 2022 HCS was estimated as  $e = (CW + PW + CP + PP + RF) / (CW + CP + PW + PP + RF + UD) = 70.5\%$ , corresponding to an AAPOR RR3 (excluding partial completes) of  $(CW + CP) / (CW + CP + PW + PP + RF + e*NR) = 29.6\%$ .

Exhibit 5 compares the expected yield rate with the actual yield rate by CA, alongside counts of target completes versus the actual completes obtained. The yearly minimum target of 35 completes was achieved for 69 of the 77 CAs, and minimum target of 70 completes in both 2021 HCS and 2022 HCS was achieved for 75 of the 77 CAs. Note that each of the eight CAs not meeting the yearly minimum target came within five completes of doing so, and the two CAs not meeting the minimum target across both of the two most recent HCS administrations fell short by just one complete, respectively.

**Exhibit 5. Comparison of Assumed vs. Actual Yield Rates and Complete Counts in 2022 HCS**

Community Area	2022 HCS Figures				2021 HCS Completes	2021-2022 HCS Completes
	Assumed Yield Rate	Actual Yield Rate	Target Completes	Actual Completes		
1 - Rogers Park	25.4%	24.7%	57	57	87	144
2 - West Ridge	25.8%	20.2%	41	41	100	141
3 - Uptown	24.4%	29.0%	66	75	100	175
4 - Lincoln Square	31.8%	28.9%	35	46	95	141
5 - North Center	36.8%	33.3%	52	62	89	151
6 - Lake View	32.6%	26.5%	290	243	182	425
7 - Lincoln Park	25.6%	20.2%	39	50	134	184
8 - Near North Side	23.8%	18.9%	118	100	133	233
9 - Edison Park	27.8%	28.8%	40	44	35	79
10 - Norwood Park	29.0%	30.2%	58	58	78	136
11 - Jefferson Park	30.7%	24.8%	155	133	43	176
12 - Forest Glen	38.3%	30.2%	123	108	44	152
13 - North Park	25.2%	17.8%	40	34	35	69
14 - Albany Park	24.9%	23.4%	302	232	49	281
15 - Portage Park	26.8%	23.0%	50	50	75	125
16 - Irving Park	30.7%	20.8%	37	33	79	112
17 - Dunning	18.1%	16.5%	42	46	33	79
18 - Montclare	19.7%	24.5%	35	36	43	79
19 - Belmont Cragin	18.4%	15.0%	46	40	29	69
20 - Hermosa	24.8%	15.4%	48	47	27	74
21 - Avondale	26.2%	19.0%	38	38	37	75
22 - Logan Square	25.8%	23.0%	57	61	108	169
23 - Humboldt Park	18.6%	18.4%	44	63	31	94
24 - West Town	28.4%	25.4%	76	82	158	240
25 - Austin	16.5%	20.4%	60	58	36	94
26 - West Garfield Park	13.5%	23.2%	45	49	30	79
27 - East Garfield Park	15.2%	23.8%	40	43	39	82
28 - Near West Side	26.5%	18.2%	38	49	130	179
29 - North Lawndale	15.4%	15.9%	39	39	36	75
30 - South Lawndale	14.2%	17.2%	51	64	24	88
31 - Lower West Side	22.4%	20.1%	49	47	26	73
32 - The Loop	27.0%	25.6%	61	65	81	146
33 - Near South Side	28.1%	21.5%	35	31	47	78
34 - Armour Square	18.8%	15.1%	35	30	40	70
35 - Douglas	18.1%	21.6%	35	36	50	86
36 - Oakland	17.3%	21.6%	39	45	36	81
37 - Fuller Park	16.8%	19.4%	35	57	47	104
38 - Grand Boulevard	20.9%	16.8%	47	55	28	83
39 - Kenwood	29.1%	22.7%	35	42	44	86
40 - Washington Park	14.0%	13.8%	42	52	33	85
41 - Hyde Park	29.9%	25.6%	35	33	53	86
42 - Woodlawn	13.8%	20.5%	38	41	38	79
43 - South Shore	22.0%	17.5%	48	35	42	77
44 - Chatham	18.0%	17.8%	37	48	38	86

Community Area	2022 HCS Figures				2021 HCS Completes	2021-2022 HCS Completes
	Assumed Yield Rate	Actual Yield Rate	Target Completes	Actual Completes		
45 - Avalon Park	18.9%	24.7%	35	37	43	80
46 - South Chicago	18.9%	13.4%	35	38	46	84
47 - Burnside	17.3%	17.8%	39	38	36	74
48 - Calumet Heights	19.3%	17.0%	35	37	46	83
49 - Roseland	19.5%	18.2%	37	33	38	71
50 - Pullman	22.5%	26.3%	35	45	54	99
51 - South Deering	22.6%	24.5%	35	39	40	79
52 - East Side	16.5%	21.5%	43	51	32	83
53 - West Pullman	21.9%	11.4%	35	36	41	77
54 - Riverdale	21.7%	19.0%	45	68	30	98
55 - Hegewisch	27.4%	21.4%	38	48	37	85
56 - Garfield Ridge	22.8%	20.3%	46	51	29	80
57 - Archer Heights	21.5%	17.6%	35	39	51	90
58 - Brighton Park	16.6%	22.3%	50	57	25	82
59 - McKinley Park	22.3%	20.5%	40	35	35	70
60 - Bridgeport	24.0%	24.9%	57	48	40	88
61 - New City	15.8%	14.9%	35	36	42	78
62 - West Elsdon	22.1%	23.2%	86	96	46	142
63 - Gage Park	19.6%	14.5%	35	49	43	92
64 - Clearing	20.6%	23.0%	35	37	55	92
65 - West Lawn	20.9%	16.3%	35	42	43	85
66 - Chicago Lawn	15.3%	14.3%	35	33	49	82
67 - West Englewood	14.5%	12.8%	35	34	48	82
68 - Englewood	17.8%	14.5%	35	44	43	87
69 - Greater Grand Crossing	16.1%	14.2%	35	37	47	84
70 - Ashburn	19.1%	23.9%	35	38	41	79
71 - Auburn Gresham	21.1%	19.8%	48	62	27	89
72 - Beverly	32.9%	32.8%	37	40	51	91
73 - Washington Heights	22.6%	20.0%	37	39	38	77
74 - Mount Greenwood	25.4%	24.8%	35	36	53	89
75 - Morgan Park	22.0%	31.7%	37	40	38	78
76 - O'Hare	19.3%	16.1%	35	35	41	76
77 - Edgewater	35.0%	29.5%	97	96	187	283
<i>Totals</i>	22.9%	20.9%	4,100	4,192	4,237	8,429

## WEIGHTING

This section describes the six sequential steps carried out to produce a single set of weights permitting analysts to use the 4,192 respondents who completed 2022 HCS to make inferences on the target population, Chicagoans aged 18 or older at the time the survey was administered.

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

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

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

The second step in the weighting process was to make an adjustment for the fact that a portion of the NDPUs were substituted for two or more sampled DPUs. Of the 2,778 substitutions that took place, this occurred 150 times. If we let  $k_{hi} (\geq 1)$  be an integer representing the number of times the  $i^{\text{th}}$  NDPU sampled address in the  $h^{\text{th}}$  CA served as a substitute, the base weight assigned in Step 1 was modified to become  $w_{2hi} = w_{1hi} * k_{hi}$ .

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

The third step in the weighting process was to make an adjustment for the likelihood that a portion of the addresses where eligibility status was never determined are ineligible. A uniform adjustment factor across all CAs was computed as the base-weighted eligibility rate for the subset of addresses where eligibility status could be determined. This value came out to  $e_w = 0.72$ . Note how this is simply the base-weighted version of the term  $e = 0.705$  that feeds into the AAPOR RR3 formula discussed previously in this report. For the 13,481 addresses with disposition code NR (see Exhibit 4), the unknown eligibility-adjusted weight was defined as  $w_{3hi} = w_{2hi} * e_w$ . For all other addresses, the unknown eligibility-adjusted weight was defined as  $w_{3hi} = w_{2hi}$ .

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

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

For the 2022 HCS sample, we employed PROC HPSPLIT in SAS<sup>®</sup> (SAS Institute Inc., 2015) to identify a total of 26 nodes, each of which was defined to contain at least 500 sampled cases, based on a battery of approximately 30 covariates. Covariates included the CA identification variable, CDS variables such as address type (high-rise vs. street-level) and delivery point type (residential curbside vs. other arrangements), and descriptive statistics estimated for the Census block group within which the address resides, such as the percent of renter-occupied households,

the median home value, the percent of individuals without health insurance, the percent of individuals living below the poverty level, etc. New this year, we also accounted for the percent of households with one or more child under the age of 18.

Across the 25 nodes, unweighted response rates ranged from 12.7% to 30.8%, but weighted response rates were used in the adjustment factors to ensure that the sum of weights before and after adjustment remained the same. If we denote these weighted response rates as  $RR_{wc}$  ( $c = 1, 2, \dots, 25$ ), then the weight for the  $i^{\text{th}}$  responding address in the  $h^{\text{th}}$  CA partitioned into the  $c^{\text{th}}$  node was inflated to become  $w_{4hi} = w_{3hi} * RR_{wc}$ . All other nonresponding addresses (i.e., those where disposition code was not equal to CW or CP) were assigned weights of 0.

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

The fifth step in the weighting process was to make an adjustment for households consisting of two or more adults, within which a single adult was (self-)selected to participate in 2021 HCS. If we denote  $1 \leq f_{hi} \leq 4$  as the number of age-eligible household members associated with the  $i^{\text{th}}$  address in the  $h^{\text{th}}$  CA (capping the roughly 1% of households reporting  $f_{hi} > 4$  to mitigate the risk of exorbitant weight variability), then the new weight for this responding case was defined as  $w_{5hi} = w_{4hi} * f_{hi}$ .

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

The sixth and final step in the weighting process was to calibrate the weights produced from Step 5 such that the sum of weights for groupings of various respondent dimensions simultaneously match control totals captured from official statistics. We implemented the calibration step by way of the *generalized exponential model* approach (Folsom & Singh, 2000) built into the SUDAAN<sup>®</sup> WTADJUST procedure (RTI International, 2012). Exhibit 6 lists the specific dimensions for which control totals were established. All control totals were derived from the 2017–2021 American Community Survey (ACS) summary file. Aside from the first and last dimension listed in Exhibit 6, these totals were calculated after collapsing CAs into one of 10 public use microdata areas (PUMAs) (<https://www.census.gov/programs-surveys/geography/guidance/geo-areas/pumas.html>). To get totals for the first dimension, the 77 CA-specific totals were collapsed into 19 groupings of neighboring CAs. Totals for the final dimension were derived by cross-classifying age categories and gender for the entire target population, not for the population partitioned by CAs or PUMAs.

As reflected in Exhibit 6, certain categories within dimensions required collapsing. In some instances, this was because there was a need to harmonize categorizations between the survey instrument and the applicable 2017–2021 ACS summary file. In other instances, collapsing was necessary to bypass calibration convergence failures or to voluntarily constrain resultant weight variability. Lastly, note that the ACS summary files occasionally provide tabulations for a universe that did not precisely coincide with the 2022 HCS target population (e.g., educational attainment for adults 25 and older). In those situations, a crude ratio adjustment was applied to the control totals as a workaround.



**Exhibit 6. Summary of Calibration Dimensions and Categories for Final Step in Weighting Process**

<b>Dimension</b>	<b>Description</b>	<b>Source (Frame / PAPI Question Number)</b>	<b>Original Categories</b>	<b>Collapsed Categories</b>	<b>Number of Values Requiring Imputation</b>	<b>ACS Summary Table Name</b>
1	Community Area	Frame	Total adult population across 77 CAs	19 Groupings of CAs	0	B01001
2	Gender	58	Male	Male	59	B01001
3	Age	131	Female	Female	2	B01001
			Third Gender or Nonbinary			
			18-24	1. 18-29		
			25-29	2. 30-44		
			30-44	3. 45-64		
4	Race/Ethnicity	134	45-64	4. 65 or older	64	B03002
			65 or older			
			White	1. Non-Hispanic White		
			Black or African American	2. Non-Hispanic Black		
			American Indian or Alaska Native	3. Non-Hispanic Other		
Asian	4. Hispanic					
5	Marital Status	144	Native Hawaiian or Pacific Islander		18	B12001
			Other			
			Hispanic = Yes			
			Hispanic = No			
			Married	1. Married/part of a couple		
6	Educational Attainment	145	Divorced	2. Divorced or separated	17	B15003
			Widowed	3. Widowed		
			Separated	4. Single		
			Never married			
			A member of an unmarried couple			
7	Owner/renter	150	A member of a civil union		19	B25008
			Less than high school graduation	1. HS or below		
			High school graduation (Grade 12 or GED)	2. Some college		
			Some college or technical school	3. Bachelors or above		
			Associate degree			
8	Age by Gender	58/131	Bachelor's degree		58	B01001
			Graduate or professional degree			
			Own	1. Own		
			Rent	2. Other		
			Some other arrangement			
			Cross-classification of age and gender	Same collapsed age categories shown for second dimension above		

Exhibit 7 summarizes the counts and distribution of weights across the six weighting steps. The UWE (Kish, 1992) reported is defined as 1 plus the relative variance of the given set of weights, meaning 1 plus the quotient of the element variance of the weight values divided by the squared mean of the weight values. This is an indirect approximation of the precision loss attributable to variable weights relative to the gold standard of equal weights (i.e., what would result from equal sampling rates and response rates across CAs). A smaller UWE measure is generally considered more desirable.

Steps 2, 3, and 4 have little impact on the UWE. The range of the weights increases notably after Step 5, which accounts for the within-household selection of an individual to complete the survey, and again after Step 6, individual-level calibration. Step 6 also sees a marked increase in the UWE, which goes from 1.77 in Step 5 up to 2.42. A UWE of 2.42 for the final set of weights is smaller than what was observed in 2020 HCS, 2.56, but larger than in prior DFRDD designs, where magnitude was closer to 1.5. One driver of the increase is the higher sampling rates in smaller CAs relative to larger CAs, yet Exhibit 7 indicates the primary driver is Step 6. This is to be expected considering the calibration step is currently being performed at a more granular level than in DFRDD administrations, where virtually all control totals were tabulated for the city of Chicago as a whole.

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

<b>Weighting Step</b>	<b>Count of Weights &gt; 0</b>	<b>Minimum</b>	<b>5th Percentile</b>	<b>95th Percentile</b>	<b>Maximum</b>	<b>UWE</b>
1. Base Weight	20,083	4.51	12.31	142.63	154.57	1.49
2. Drop Point Substitution	20,083	4.51	12.31	142.63	213.45	1.48
3. Unknown Eligibility	20,083	3.23	8.80	125.09	154.57	1.52
4. Address-Level Nonresponse	4,192	13.83	38.70	739.79	811.90	1.50
5. Within-Household Selection	4,192	13.51	50.77	1,637.18	3,091.09	1.77
6. Individual-Level Calibration	4,192	40.43	57.05	1,627.73	4,919.07	2.42

## **FINAL DATA PREPARATION**

### **Data Processing and Cleaning**

As discussed above in the [Pilot Section](#), the Voxco survey management system was used to track and process CAWI responses received for 2022 HCS. PAPI responses were physically inspected by dedicated mail-receiving personnel and scanned into electronic format using the aforementioned TeleForm software. Both systems produced daily extracts of the accumulating survey microdata in SAS and CSV formats.

Prior to launching the survey, data consistency and skip logic checks were programmed into the CAWI instrument from within the Voxco software to correct for erroneous data entries in real time. An analogous series of edits were coded in the PAPI during data processing stage. Most of these edits involved deleting values for items that should have been skipped (e.g., an individual providing an answer to the question “Do you still have asthma?” despite answering “no” to prior question asking if a health professional has ever told the individual that they have asthma).

Two other types of survey questions in both the CAWI/PAPI modes required a modest amount of cleaning: numeric open-ends and other/specify open-ended responses. Following the range specifications that were included in CATI interviewer scripts produced for 2018 HCS, as was done in 2020 HCS, the numeric open-ends were bottom- and top-coded according to the following rules:

1. Servings of fruit (Q44) and vegetables (Q45) eaten yesterday were limited to a range of 0-50.
2. Sweetened drink consumption (Q50) was limited to the following ranges:
  - 0-9 if provided as drinks per day
  - 0-69 if provided as drinks per week
  - 0-300 if provided as drinks per month
3. Height (Q56) was bottom-coded to at least 4 feet.
4. Weight in pounds (Q57) was limited to a range of 50-600.
5. Number of days in past 30 days having one or more alcoholic beverage (Q61) was limited to a range of 0-30, and the number of days men/women having 5+/4+ (Q62/Q63) limited to a range between 0 and the respondent's original or recoded Q61, if applicable.
6. Average hours of sleep in a 24-hour period (Q93) was limited to a range of 0-24.

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

1. Marijuana usage type in past 30 days (Q42)
2. Self-described gender (Q58)
3. Reason for not getting mental health treatment/counseling (Q92)
4. Methods to handle an unexpected emergency expense (Q94)
5. Reason for most recent housing move (Q97)
6. Self-described sexual orientation (Q142)

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

Data extracts for CAWI/PAPI responses were coalesced into a single SAS file. An interim file was produced with the accumulating survey completes obtained by November 1. This file was accompanied by “read me” file, syntax to assign labels to the variables and format values, a contents file in Word and Excel formats, and a codebook in Word format including frequencies for categorical variables and distributional summaries for numeric variables. At the request of CDPH, where an applicable trend in the instrument existed, variable names from the CATI administrations' analysis data sets were maintained. Note that there were 74 instances of two responses received (one CAWI and one PAPI) for a particular address. For these instances, the mode response with the fewer outcome variables answered was discarded (40 CAWI and 34 PAPI).

The final version of the coalesced CAWI/PAPI SAS data set consisted of 4,192 observations (i.e., rows) and 370 variables (i.e., columns). This variable count includes not only information captured as part of 2022 HCS instrument, but also a stratum identifier (i.e., CA identifier), base weights, final weights, and two derived variables for the K6 psychological distress scale (Kessler et al., 2002) and body mass index.

RTI also produced a pooled data set containing responses to both 2021 HCS and 2022 HCS—8,429 observations in total—with a supplemental codebook indicating which survey items (i.e., data set columns) were applicable to the 2021 or 2022 administration. The file contains year-specific base weights and final adjusted weights and a pooled weight (variable name “pooled\_wgt”). The pooled weight is defined simply as the two year-specific final weights divided by 2, in line with guidance from other large-scale recurring health surveys, namely the National Health and Nutrition Examination Survey (<https://wwwn.cdc.gov/nchs/data/nhanes/analyticguidelines/11-16-analytic-guidelines.pdf>) and the National Health Interview Survey (<https://www.cdc.gov/nchs/data/nhis/2016var.pdf>). This weight can be used by analysts seeking to make inferences on the 2-year period spanning both the 2021 HCS and 2022 HCS.

## REFERENCES

- Amaya, A. (2017). *RTI International's address-based sampling atlas: Drop points*. RTI Press Publication No. OP-0047-1712. Research Triangle Park, NC: RTI Press.
- American Association for Public Opinion Research (AAPOR). (2016). *Standard definitions: Final dispositions of case codes and outcome rates for surveys*. 9th ed. AAPOR. Available at [https://www.aapor.org/AAPOR\\_Main/media/publications/Standard-Definitions20169theditionfinal.pdf](https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf)
- Breiman, L., Friedman, J., Olshen, R., & Stone, C. (1984). *Classification and regression trees*. Belmont, CA: Wadsworth, Inc.
- Buskirk, T. (2018). Surveying the forests and sampling the trees: An overview of classification and regression trees and random forests with applications in survey research. *Survey Practice*, 11. Available at <https://www.surveypractice.org/article/2709-surveying-the-forests-and-sampling-the-trees-an-overview-of-classification-and-regression-trees-and-random-forests-with-applications-in-survey-research>
- Chapman, D. (1983). The impact of substitution on survey estimates. In Madow, W., Olkin, I., & Rubin, D. (eds). *Incomplete data in sample surveys*, Vol. II, Theory and Bibliographies. New York: Academic Press.
- Dekker, K., Amaya, A., LeClere, F., & English, N. (2012). Unpacking the DSF in an attempt to better reach the drop point population. *Proceedings of the Joint Statistical Meetings*. Alexandria, VA: American Statistical Association.
- Folsom, R., & Singh, A. (2000). The generalized exponential model for sampling weight calibration for extreme values, nonresponse, and poststratification. *Proceedings of the Joint Statistical Meetings*. Alexandria, VA: American Statistical Association.
- Harter, R., McMichael, J., & Deng, S.G. (2022). New approach for handling drop point addresses in mail/web surveys. RTI Press Publication No. OP-0074-2209. Research Triangle Park, NC: RTI Press.
- Kessler, R., Andrews, G., Colpe, L., Hiripi, E., Mroczek, D., Normand, S., Walters, E., & Zaslavsky, A. (2002). Short screening scales to monitor population prevalences and trends in nonspecific psychological distress. *Psychological Medicine*, 32, 959-976.
- Kish, L. (1992). Weighting for unequal Pi. *Journal of Official Statistics*, 8, 183-200.
- Kreuter, F. (2013). *Improving surveys with paradata: Analytic uses of process information*. New York: Wiley.
- Lewis, T., McMichael, J., & Looby, C. (Accepted/In press). Evaluating substitution as a strategy for handling U.S. Postal Service drop points in self-administered address-based sampling frame surveys. *Sociological Methodology*.
- Little, R., & Rubin, D. (2019). *Statistical analysis with missing data*. 3rd ed. New York: Wiley.
- Olson, K., & Smyth, J. (2014). Accuracy of within-household selection in web and mail surveys of the general population. *Field Methods*, 26, 56-69.

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

**APPENDIX A**  
**2022 HCS CAWI SPECS – ENGLISH, 2022 HCS CAWI SPECS – SPANISH**

**2022 Healthy Chicago Survey**  
**CAWI Specifications**  
Version 6.2  
Last edited: 7/28/2022

CAWI PROGRAMMING NOTES

- Each question should be on a separate screen unless otherwise noted.
- Each close-ended question should only allow selection of one response unless otherwise noted.
- Match the text formatting (i.e., **bold**, underline, *italics*).
- Banner title should list the survey name: Healthy Chicago Survey
- Display a progress bar on each screen.
- For each section heading, only display the capitalized text and make text larger than other text and left align.
- Enable a soft prompt at each question and display: “Please enter a complete response.”. If a respondent attempts to proceed without answering the question after the prompt, allow the respondent to continue.
- Each section should have a start and end time stamp.
- Each section should include a flag that indicates whether the respondent has started a section (meaning they have been shown the first question that they should receive in that section) and finished that section (meaning that they have clicked ‘next’ on the last question that they should be delivered in that section).
- The footer should read: “Questions? Contact us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org) or 866-784-7723.”
- Enable the bolded “Save and Continue” feature only for non-completes. People who reach the end of the survey and submit their response should not be allowed to re-access their survey.
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.

CAWI variable names are in purple

PAPI variable names are in blue



## QUESTIONNAIRE

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### INTRODUCTION

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

Completing this survey takes about 25 minutes, and any information you provide will be confidential. Participation is voluntary.

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

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

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

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

### Section A: GENERAL HEALTH

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

#### A1 / 1

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

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

#### C6 / 2

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

- 01 Yes
- 02 No

**C7 / 3**

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

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

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

**C10 / 4**

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

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

**D2 / 5**

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

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

**C1 / 6**

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

- 01 Yes
- 02 No

CAWI: IF C1=01, THEN GO TO C2a  
CAWI: IF C1=02 OR MISSING, THEN GO TO Q156

### C2a / 7

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

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

### C11 / 8

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

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

### Q156 / 9

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

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

- 01 Yes
- 02 No

ASK IF Q156=01, ELSE GO TO Q114.

### Q157 / 10

**Was the requested accommodation provided?**

- 01 Yes
- 02 No

**Q114 / 11**

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

- 01 Yes
- 02 No

**Q115 / 12**

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

- 01 Yes
- 02 No

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

**Q116 / 13**

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

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

**Q117 / 14**

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

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

- 01 Yes
- 02 No

**Q118 / 15**

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

- 01 Yes
- 02 No

**Section B: CHRONIC HEALTH CONDITIONS**

CAWI: DISPLAY THE TEXT BELOW AND E1 SERIES ON A SINGLE SCREEN.

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

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

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

*Select an answer for each statement.*

CAWI: THREE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

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

01 Yes

02 Yes, but only while I was pregnant

03 No

**E1 / 16**

...high blood pressure?

CAWI: ENABLE RESPONSE OPTION 2

**F3 / 17**

...high cholesterol?

**G2 / 18**

...angina or coronary heart disease?

**Q119 / 19**

...a stroke?

**G7 / 20**

...diabetes?

CAWI: ENABLE RESPONSE OPTION 2

CAWI: IF G7=03, THEN DISPLAY Q168

**Q168 / 21**

...prediabetes or borderline diabetes?

CAWI: ENABLE RESPONSE OPTION 2

**G8 / 22**

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

**G4 / 23**

...asthma?

CAWI: IF G4=01, THEN GO TO G5

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

**G5 / 24**

**Do you still have asthma?**

01 Yes

02 No

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

*Select an answer for each statement.*

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

01 Yes

02 No

**Q120 / 25**

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

**Q121 / 26**

...skin cancer?

**Q122 / 27**

...any other type of cancer?

**Q123 / 28**

...Hepatitis B?

**Q124 / 29**

...Hepatitis C?

ASK IF Q124=01, ELSE GO TO Q126.

**Q125 / 30**

**Do you still have Hepatitis C?**

01 Yes

02 No

**Q126 / 31**

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

- 01 Yes
- 02 No

**Section C: TOBACCO USE**

**J1 / 32**

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

- 01 Yes
- 02 No

CAWI: IF J1=01, THEN GO TO J2

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

**J2 / 33**

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

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

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

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

**J2a / 34**

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

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

**J3 / 35**

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

- 01 Yes
- 02 No

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

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

#### J4 / 36

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

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

#### J5 / 37

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

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

- 01 Yes
- 02 No

CAWI: IF J5=01, THEN GO TO J5a

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

#### J5a / 38

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

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

### Section D: CANNABIS USE

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

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

#### Q15 / 39

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

- 01 Yes

02 No



CAWI: IF Q15=01, THEN GO TO QJJ1  
CAWI: IF Q15=02 OR MISSING, THEN GO TO L1

### JJ1 / 40

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

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

\_\_\_ Days

CAWI: IF JJ1 ≥ 1, THEN GO TO QJJ2  
CAWI: IF JJ1 = 0 OR MISSING, THEN GO TO Q134

### JJ2 / 41

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

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

### JJ3 / 42

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

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES  
CAWI: DISPLAY THE ENTIRE QJJ3 SERIES ON A SINGLE SCREEN.

01 Yes

02 No

#### JJ3\_1 / 42A

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

#### JJ3\_2 / 42B

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

#### JJ3\_3 / 42C

Drink it (like in tea, cola or alcohol)

#### JJ3\_4 / 42D

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

#### JJ3\_5 / 42E

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

#### JJ3\_6 / 42F

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

Q134 / 43

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

- 01 Yes
- 02 No

**Section E: DIET & PHYSICAL ACTIVITY**

L1 / 44

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

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

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

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

\_\_\_ Servings

L2 / 45

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

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

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

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

\_\_\_ Servings

L3 / 46

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

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

CAWI: IF L3=01 OR 02, THEN GO TO Q169

CAWI: IF L3=03, 04 OR MISSING, THEN GO TO Q155

**Q169 / 47**

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

CAWI: ALLOW MULTIPLE RESPONSES.

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

**Q155 / 48**

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

- 01 Yes
- 02 No

**L14 / 49**

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

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

**L6 / 50**

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

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

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

\_\_\_ Drinks

**L6A**

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

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

**Q129 / 51**

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

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

**M1 / 52**

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

- 01 Yes
- 02 No

**Q22 / 53**

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

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

**Q23 / 54**

**In the past 12 months, how often have you ridden a bicycle, adult tricycle, or adaptive bicycle in Chicago?**

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

**Q24 / 55**

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

- 01 Yes
- 02 No

03 I am not physically able to walk or use a wheelchair or scooter

**K15 / 56**

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

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

\_\_\_ Feet     \_\_\_ Inches

**K16 / 57**

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

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

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

\_\_\_ Pounds

**K1 / 58**

**What is your gender?**

- 01 Male
- 02 Female
- 03 Third gender or nonbinary
- 04 Prefer to self-describe

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

ASK IF K1 > 1, ELSE GO TO W1.

**Q131 / 59**

**Are you currently pregnant?**

- 01 Yes
- 02 No

ASK IF Q131=02, ELSE GO TO W1.

**Q132 / 60**

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

- 01 Yes
- 02 No

**Section F: ALCOHOL & PRESCRIPTION DRUGS**

**W1 / 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. If none, please enter 0.*

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

\_\_\_ Days

CAWI: IF (W1=0 OR MISSING) OR (K1=MISSING), THEN GO TO Q133.

CAWI: IF W1>0 AND K1=01 THEN GO TO W3\_M.

CAWI: IF W1>0 AND K1>1 OR MISSING THEN GO TO W3\_F.

**W3\_M / 62**

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

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

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

\_\_\_ Times

CAWI: GO TO Q133

**W3\_F / 63**

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

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

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

\_\_\_ Times

ASK ALL

**Q133 / 64**

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

- 01 Yes
- 02 No

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

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

**W5 / 65**

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

- 01 Yes
- 02 No

CAWI: IF W5=01, THEN GO TO W5a

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

**W5a / 66**

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

- 01 Yes
- 02 No

**W6 / 67**

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

- 01 Yes
- 02 No

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

**Q158 / 68**

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

- 01 Yes
- 02 No

ASK IF Q158=01, ELSE GO TO N1.

**Q159 / 69**

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

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

**Section G: CANCER SCREENING**

CAWI: IF K1=01, THEN GO TO P1

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

**N1 / 70**

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

- 01 Yes
- 02 No

CAWI: IF N1=01, THEN GO TO N2

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

**N2 / 71**

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

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



**N3 / 72**

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

- 01 Yes
- 02 No

CAWI: IF N3=01, THEN GO TO N4

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

**N4 / 73**

**How long has it been since your last Pap test?**

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

**N5 / 74**

**Have you had a hysterectomy?**

- 01 Yes
- 02 No

**P1 / 75**

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

- 01 Yes
- 02 No

CAWI: IF P1=01, THEN GO TO P2

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

**P2 / 76**

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

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

**P3 / 77**

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

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

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

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

- 01 Yes
- 02 No

CAWI: IF P3=01, THEN GO TO P3a

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

**P3a / 78**

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

- 01 Sigmoidoscopy
- 02 Colonoscopy

**P4 / 79**

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

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

**Section H: MENTAL HEALTH**

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

*Select an answer for each statement.*

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

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

**S1 / 80**

...nervous?

**S2 / 81**

...hopeless?

**S3 / 82**

...restless or fidgety?

**S4 / 83**

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

**S5 / 84**

...everything was an effort?

**S6 / 85**

...worthless?

**Q135 / 86**

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

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

**Q136 / 87**

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

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

**Q137 / 88**

**How often do you feel alone?**

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

**Q137CONTACT**

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

**Q138 / 89**

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

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

**S7 / 90**

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

- 01 Yes
- 02 No

**S8 / 91**

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

- 01 Yes
- 02 No

CAWI: IF S8=01, THEN GO TO S9

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

**S9 / 92**

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

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

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

01 Yes

02 No

**S9\_1 / 92A**

You couldn't afford the cost

**S9\_2 / 92B**

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

**S9\_3 / 92C**

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

**S9\_4a / 92D**

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

**S9\_6 / 92E**

You did not know where to go to get services

**S9\_7 / 92F**

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

**S9\_8 / 92G**

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

**S9\_10 / 92H**

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

**S9\_11 / 92i**

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

**S9\_9 / 92J**

Other (please specify):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

Q46 / 93

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

CAWI: HOURS: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 24. MINUTES: TWO DIGIT NUMERIC INTEGER RESPONSE. SET RANGE TO 0 – 59.

\_\_\_\_ Hours    \_\_\_\_ Minutes

**Section I:        FINANCIAL SECURITY**

FS1 / 94

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

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

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

01 Yes

02 No

FS1\_1 / 94A

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

FS1\_2 / 94B

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

FS1\_3 / 94C

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

FS1\_4 / 94D

Use money from a bank loan or line of credit

FS1\_5 / 94E

Borrow from a friend or family member

FS1\_6 / 94F

Use a payday loan, deposit advance or overdraft

FS1\_7 / 94G

Sell something

FS1\_8 / 94H

Not be able to pay for the expense right now

FS1\_88 / 94i

Other (please specify):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**FS2 / 95**

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

- 01 Yes
- 02 No

**Section J: YOUR NEIGHBORHOOD**

**AA6 / 96**

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

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

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

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

**AA7 / 97**

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

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

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

01 Yes

02 No

**AA7\_7 / 97A**

To be closer to work or school

**AA7\_8 / 97B**

To be closer to family or friends

**AA7\_9 / 97C**

For better quality neighborhood or schools

**AA7\_1 / 97D**

Because you received an eviction notice

**AA7\_2 / 97E**

Because your previous home or apartment was foreclosed

**AA7\_3 / 97F**

Your rent increased at previous home or apartment

**AA7\_4 / 97G**

Your landlord would not fix things at previous home or apartment

**AA7\_5 / 97H**

To save money

**AA7\_10 / 97i**

To relocate to a new city

**AA7\_11 / 97J**

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

**AA7\_6 / 97K**

For a better quality or larger home

**Q55a / 97L**

Because you bought a home

**AA7\_12 / 97M**

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

**Q139 / 98**

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

- 01 Yes
- 02 No

**Q140 / 99**

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

- 01 Yes
- 02 No

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

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

**Q56 / 100**

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

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



**Q57 / 101**

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

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

**Q58 / 102**

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

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

**Z3 / 103**

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

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

**AA5 / 104**

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

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

**Q174 / 105**

**In the past 12 months, have you experienced violence or mistreatment within your home?**

- 01 Yes
- 02 No

CAWI: IF Q174=01 THEN GO TO Q174A

CAWI: IF Q174=02 OR MISSING, THEN GO TO Q175

### Q174A / 106

**In the past 12 months, how often have you experienced violence or mistreatment within your home?**

- 01 Every day
- 02 At least every week
- 03 At least every month
- 04 Every few months
- 05 Once a year or so

### Q175 / 107

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

CAWI: ENABLE MULTIPLE RESPONSES

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

### Q62 / 108

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

- 01 Yes
- 02 No

### AA1 / 109

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

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

**Q64 / 110**

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

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

\_\_\_\_ People

**Q66 / 111**

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

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

**Q67 / 112**

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

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

**Q68 / 113**

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

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

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

*Select Yes or No for each statement.*

CAWI: TWO COLUMN RESPONSES

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

01 Yes

02 No

**AA13 / 114A**

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

**Q69b / 114B**

Voted in the last election

**Q69f / 114C**

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

**Q69g / 114D**

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

**Q69h / 114E**

Picked up litter or trash on my block

**Q69i / 114F**

Cared for a garden or yard on my block

CAWI: DISPLAY THE TEXT BELOW AND Q176 ON A SINGLE SCREEN.

**Please rate how important each of the following services would be for your neighborhood.**

*Select an answer for each statement.*

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

01 Very unimportant

02 Somewhat unimportant

03 Neither unimportant nor important

04 Somewhat important

05 Very important

**Q176 / 115A**

Vacant lot clean up

**Q177 / 115B**

Street light repair

**Q178 / 115C**

Boarding up of abandoned property

**Q179 / 115D**

Landscape maintenance of parkways

**Q180 / 115E**

Bus stop kiosk repairs

**Q181 / 115F**

Installation of bike lanes

**Q182 / 115G**

Changes in parking restrictions

**Q183 / 115H**

Installation of traffic calming measures such as speed bumps, traffic circles or stop signs

**Q184 / 115i**

Alley clean up

**Q141 / 116**

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

- 01 Yes
- 02 No

ASK IF Q141=01, ELSE GO TO Q186.

**Q142 / 117**

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

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

**Q186 / 118**

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

- 01 None
- 02 One time
- 03 Two times
- 04 Three times
- 05 Four or more times

## SECTION K: CHILDREN & TEENS

CAWI: DISPLAY THE TEXT BELOW AND CYH20 ON A SINGLE SCREEN.

**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.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 A big problem

02 Somewhat of a problem

03 Not a problem

04 Don't know/not sure

### **CYH20 / 119A**

Gun-related violence in neighborhoods

### **CYH32 / 119B**

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

### **CYH19 / 119C**

Discrimination and racism

### **CYH27 / 119D**

Poverty

### **CYH18 / 119E**

Bullying, including cyberbullying

### **CYH7 / 119F**

Drug abuse by youth

### **CYH13 / 119G**

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

### **CYH22 / 119H**

Lack of adult supervision and involvement for children and teens

### **CYH14 / 119i**

Stress among children and teens

**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.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 A big problem

02 Somewhat of a problem

03 Not a problem

04 Don't know/not sure

**CYH6 / 120A**

Depression among children and teens

**CYH25 / 120B**

Not enough job opportunities for parents

**CYH26 / 120C**

Not enough job opportunities for teens and young adults

**CYH5 / 120D**

Child abuse and neglect

**CYH15 / 120E**

Suicide among children and teens

**CYH10 / 120F**

Childhood obesity

**CYH28 / 120G**

Social media

**CYH31 / 120H**

Violence in schools

**CYH16 / 120i**

Teen pregnancy



**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.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

01 A big problem

02 Somewhat of a problem

03 Not a problem

04 Don't know/not sure

**CYH1 / 121A**

Alcohol abuse by youth

**CYH9 / 121B**

Injuries from accidents among children and teens

**Q187 / 121C**

COVID-19 pandemic effects on youth mental health

**CYH30 / 121D**

Unsafe housing

**CYH11 / 121E**

Parent's health problems affecting their children

**CYH2 / 121F**

Childhood asthma

**CYH21 / 121G**

Hunger

**CYH8 / 121H**

Infant mortality

**Q188 / 121i**

COVID-19 infections

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

**Q143 / 122**

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

- 01 Yes
- 02 No

**Q144 / 123**

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

- 01 Yes
- 02 No

**Q145 / 124**

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

- 01 Yes
- 02 No

ASK IF Q145=01, ELSE GO TO Q160.

**Q146 / 125**

**You stated that you have been let go, had to reduce work hours, or had a reduction in pay because of COVID-19.**

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

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

**Q147 / 126**

**You stated that you have been let go, had to reduce work hours, or had a reduction in pay because of COVID-19.**

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

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

**Q148 / 127**

**You stated that you have been let go, had to reduce work hours, or had a reduction in pay because of COVID-19.**

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

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

**Q160 / 128**

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

- 01 Yes
- 02 No

ASK IF Q160=01, ELSE GO TO Q149.

**Q161 / 129**

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

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

**Q149 / 130**

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

- 01 I have gotten at least one COVID-19 vaccine shot
- 02 I have not gotten a COVID-19 vaccine shot because I haven't had the time

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

**Section M: ABOUT YOU**

**K3 / 131**

**What is your age?**

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

**K4 / 132**

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

- 01 Yes
- 02 No

CAWI: IF K4=01, THEN GO TO K4a

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

**K4a / 133**

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

*Select Yes or No for each option.*

CAWI: TWO COLUMN RESPONSES

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

01 Yes

02 No

**K4\_1 / 133A**

Mexican, Mexican-American, or Chicano/a

**K4\_2 / 133B**

Puerto Rican

**K4\_3 / 133C**

Cuban

**K4\_4 / 134D**

Another Hispanic, Latino/a, or Spanish origin

**K5 / 134**

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

CAWI: ALLOW MULTIPLE RESPONSES.

- 01 White
- 02 Black or African American
- 03 American Indian or Alaska Native
- 04 Asian
- 05 Native Hawaiian or Pacific Islander
- 06 Some other race

CAWI: IF K5=04, THEN GO TO K6. ELSE GO TO Q162

**K6 / 135**

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

*Select Yes or No for each option.*

CAWI: TWO COLUMN RESPONSES

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

01 Yes

02 No

**K6\_41 / 135A**

Asian Indian

**K6\_42 / 135B**

Chinese

**K6\_43 / 135C**

Filipino

**K6\_44 / 135D**

Japanese

**K6\_45 / 135E**

Korean

**K6\_46 / 135F**

Vietnamese

**K6\_47 / 135G**

Another Asian origin

**Q162 / 136**

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

- 01 Yes
- 02 No

**Q163 / 137**

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

- 01 Yes
- 02 No

**Q164 / 138**

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

- 01 Yes
- 02 No

**Q165 / 139**

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

- 01 Yes
- 02 No

**Q166 / 140**

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

- 01 Yes
- 02 No

**Q167 / 141**

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

- 01 Yes
- 02 No

**K22 / 142**

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

- 01 Heterosexual or straight
- 02 Gay or lesbian
- 03 Bisexual
- 04 Prefer to self-describe CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

**K25 / 143**

**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 herself to be male.*

- 01 Yes
- 02 No

**K8 / 144**

**Are you...?**

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

**K11 / 145**

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

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

**K12a / 146**

**Are you currently...?**

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

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

**Q106a / 147**

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

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

- 01 Yes
- 02 No

**Q150 / 148**

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

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

**Q151 / 149**

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

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

**K21 / 150**

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

- 01 Own
- 02 Rent
- 03 Some other arrangement



**Q153 / 151**

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

- 01 Yes
- 02 No

**Q190 / 152**

**Where do you get your health information? Please select all that apply.**

- 01 Doctor / Nurse / Pharmacist / etc.
- 02 Religious leader
- 03 Family / Friends
- 04 Social Media
- 05 Broadcast News
- 06 Printed News
- 07 Radio
- 08 Some other source

**How easy or difficult is it for you to...**

*Select an answer for each statement.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

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

**Q191 / 153A**

Get trustworthy advice about your health?

**Q192 / 153B**

Understand what doctors say to you?

**Q193 / 153C**

Fill out medical forms by yourself?

**Q194 / 153D**

Understand health information in the media?

**Q195 / 153E**

Take advantage of activities and resources in your community to improve your health?

**Q196 / 153F**

Find someone in your neighborhood to give you health information or health advice?

**K9 / 154**

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

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

CAWI: TWO DIGIT NUMERIC INTEGER RESPONSE TO THE LEFT OF EACH K9 ITEM. SET RANGE TO 0 – 25 FOR EACH.

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

**K9a / 154A**

Adults, 18 years of age or older

**K10a / 154B**

Children, 11-17 years old

**K10b / 154C**

Children, 6-10 years old

**K10c / 154D**

Children, 1-5 years old

**K10d / 154E**

Children, less than 1 year old

CAWI: IF  $K10a \geq 1$  OR  $K10b \geq 1$  OR  $K10c \geq 1$  OR  $K10d \geq 1$ , THEN GO TO CM1. ELSE GO TO K14.

**K10**

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

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

\_\_\_\_ Children

**CM1 / 155**

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

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

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

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

\_\_\_ Children

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

**CMROSTER\_1**

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

CAWI: DISPLAY CM1\_1AGE, CM1\_1SEX, AND CM1\_1HEALTH

**CM1\_1AGE**

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

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

*If less than 1 year, enter 0 years*

\_\_\_ Age in years

**CM1\_1SEX**

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

- 01 Male
- 02 Female

**CM1\_1HEALTH**

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

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

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

**CMROSTER\_2**

**Do you have another child?**

- 01 Yes
- 02 No

CAWI: IF CMROSTER\_2=1, DISPLAY CM1\_2AGE, CM1\_2SEX, AND CM1\_2HEALTH. ELSE GO TO K14.

**CM1\_2AGE**

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

*If less than 1 year, enter 0 years*

\_\_\_\_ Age in years

### CM1\_2SEX

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

- 01 Male
- 02 Female

### CM1\_2HEALTH

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

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

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

### K14 / 156

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

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

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

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

\$ \_\_\_\_

**Section N: THANK YOU!**

### Q111 / 157

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

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

### Q112 / 158

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

- 01 Yes
- 02 No

**Q113 / 159**

**Please provide your contact information.**

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

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

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

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

**Q133EMAILINTRO**

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

**Q113NAMEINTRO**

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

**Q113PHONEINTRO**

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

**Q113NAME**

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

**Q113EMAIL**

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

**Q113PHONE**

Please enter your ten-digit phone number.

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

**THANKS**

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

**2022 Healthy Chicago Survey**  
**CAWI Specifications - SPANISH**  
 Version 4.1, based on English Version 6.1  
 Last edited: 07/21/2022

CAWI PROGRAMMING NOTES

- Each question should be on a separate screen unless otherwise noted.
- Each close-ended question should only allow selection of one response unless otherwise noted.
- Match the text formatting (i.e., **bold**, underline, *italics*).
- Banner title should list the survey name: Healthy Chicago Survey
- Display a progress bar on each screen.
- For each section heading, only display the capitalized text and make text larger than other text and left align.
- Enable a soft prompt at each question and display: “Ingrese una respuesta completa”. If a respondent attempts to proceed without answering the question after the prompt, allow the respondent to continue.
- Each section should have a start and end time stamp.
- Each section should include a flag that indicates whether the respondent has started a section (meaning they have been shown the first question that they should receive in that section) and finished that section (meaning that they have clicked ‘next’ on the last question that they should be delivered in that section).
  - The footer should read: “¿Preguntas? Contáctenos en HealthyChicagoSurvey@rti.org o 866-784-7723.”
- Enable the bolded “Save and Continue” feature only for non-completes. People who reach the end of the survey and submit their response should not be allowed to re-access their survey.
- For testing purposes, display the variable labels. Once we are ready for live production, please hide the variable labels.

CAWI variable names are in purple

PAPI variable names are in blue

*CAWI SPANISH Translations for miscellaneous instructions throughout instrument:*

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

## QUESTIONNAIRE

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### INTRODUCTION

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

Llenar esta encuesta toma cerca de 25 minutos y cualquier información que proporcione será confidencial. La participación es voluntaria.

Si tiene preguntas o inquietudes sobre esta encuesta, visite el sitio web <http://www.HealthyChicagoSurvey.org>, llámenos gratis al 1-866-784-7723 o envíenos un mensaje de correo electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Haremos preguntas sobre su salud y las cosas que pueden afectar su salud, tales como su vecindario y si tiene o no acceso a servicios médicos.

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

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

### SECCIÓN A: SALUD GENERAL

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

A1 / 1

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

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



**C6 / 2**

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

- 01 Sí
- 02 No

**C7 / 2**

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

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

**C10 / 4**

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

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

**D2 / 5**

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

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

**C1 / 6**

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

- 01 Sí
- 02 No

CAWI: IF C1=01, THEN GO TO C2a

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

**C2a / 7**

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

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

**C11 / 8**

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

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

**Q156 / 9**

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

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

- 01 Sí
- 02 No

ASK IF Q156=01, ELSE GO TO Q114.

**Q157 / 10**

**¿Le proporcionaron la acomodación solicitada?**

- 01 Sí
- 02 No

**Q114 / 11**

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

- 01 Sí
- 02 No

**Q115 / 12**

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

- 01 Sí
- 02 No

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

**Q116 / 13**

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

CAWI: MULTIPLE RESPONSES

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

**Q117 / 14**

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

- 01 Sí
- 02 No

Q118 / 15

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

- 01 Sí
- 02 No

## SECCIÓN B: CONDICIONES CRÓNICAS DE SALUD

CAWI: DISPLAY THE TEXT BELOW AND E1 ON A SINGLE SCREEN.

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

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

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

*Seleccione una respuesta para cada afirmación.*

CAWI: THREE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

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

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

E1 / 16

... presión arterial alta?

CAWI: ENABLE RESPONSE OPTION 2

F3 / 17

... colesterol alto?

G2 / 18

... angina de pecho o enfermedad coronaria?

Q119 / 19

...un ataque cerebral?

G7 / 20

...diabetes?

CAWI: ENABLE RESPONSE OPTION 2

CAWI IF G7=03, THEN DISPLAY Q168

**Q168 / 21**

...¿prediabetes o diabetes leve?

**G8 / 22**

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

**G4 / 23**

...asma?

CAWI: IF G4=01, THEN GO TO G5

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

**G5 / 24**

**¿Aún tiene asma?**

01 Sí

02 No

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

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN

01 Sí

02 No

**Q120 / 25**

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

**Q121 / 26**

...cáncer de piel?

**Q122 / 27**

...cualquier otro tipo de cáncer?

**Q123 / 28**

...hepatitis B?

**Q124 / 29**

...hepatitis C?

ASK IF Q124=01, ELSE GO TO Q126.

**Q125 / 30**

**¿Aún tiene hepatitis C?**

- 01 Sí
- 02 No

**Q126 / 31**

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

- 01 Sí
- 02 No

**SECCIÓN C: USO DE TABACO**

**J1 / 32**

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

- 01 Sí
- 02 No

CAWI: IF J1=01, THEN GO TO J2

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

**J2 / 33**

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

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

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

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

**J2a / 34**

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

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

**J3 / 35**

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

- 01 Sí
- 02 No

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

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

**J4 / 36**

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

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

**J5 / 37**

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

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

- 01 Sí
- 02 No

CAWI: IF J5=01, THEN GO TO J5a

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

**J5a / 38**

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

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

**SECCIÓN D: CONSUMO DE CANNABIS**

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

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

**Q15 / 39**

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

- 01 Sí
- 02 No

CAWI: IF Q15=01, THEN GO TO QJJ1

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

**JJ1 / 40**

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

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

\_\_\_\_\_ días

CAWI: IF Q15a≥1, THEN GO TO QJJ2

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

**JJ2 / 41**

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

- 01 Razones médicas (como tratar o reducir síntomas o condiciones médicas)
- 02 Razones no médicas (como divertirse o integrarse)
- 03 Tanto por razones médicas como no médicas

**JJ3 / 42**

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

CAWI: TWO COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE QJJ3 SERIES ON A SINGLE SCREEN.

01 Sí

02 No

**JJ3\_1 / 42A**

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

**JJ3\_2 / 42B**

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

**JJ3\_3 / 42C**

La bebió (en té, cola o alcohol)

**JJ3\_4 / 42D**

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



JJ3\_5 / 42E

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

JJ3\_6 / 42F

Otro (especifique):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

Q134 / 43

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

01 Sí

02 No

## SECCIÓN E: DIETA Y ACTIVIDAD FÍSICA

L1 / 44

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

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

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

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

\_\_\_ porciones

L2 / 45

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

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

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

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

\_\_\_ porciones

**L3 / 46**

**¿Le resulta fácil o difícil conseguir frutas y verduras frescas?**

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

CAWI: IF L3=01 OR 02, THEN GO TO Q169

CAWI: IF L3=03, 04 OR MISSING, THEN GO TO Q155

**Q169 / 47**

**¿Cuáles son las razones por las que es difícil conseguir frutas y verduras frescas? Seleccione todas las que correspondan.**

- 01 La(s) tienda(s) a menos de media milla de donde vivo no vende(n) frutas y verduras frescas
- 02 La calidad de las frutas y verduras frescas donde compro es mala
- 03 Las frutas y verduras frescas son demasiado caras donde yo compro
- 04 La(s) tienda(s) donde uso mis beneficios de Transferencia Electrónica de Beneficios (Electronic Benefits Transfer, EBT)/Programa de Asistencia Nutricional Suplementaria (Supplemental Nutrition Assistance Program, SNAP) no vende(n) frutas y verduras frescas

**Q155 / 48**

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

- 01 Sí
- 02 No

**L14 / 49**

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

- 01 Frecuentemente cierta
- 02 Algunas veces cierta
- 03 No es cierta

**L6 / 50**

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

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

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

\_\_\_\_\_ bebidas

**L6A**

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

- |    |                     |                            |
|----|---------------------|----------------------------|
| 01 | Bebidas al día      | CAWI: SET RANGE TO 0 – 9   |
| 02 | Bebidas a la semana | CAWI: SET RANGE TO 0 – 69  |
| 03 | Bebidas al mes      | CAWI: SET RANGE TO 0 – 300 |

**Q129 / 51**

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

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

**M1 / 52**

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

- |    |    |
|----|----|
| 01 | Sí |
| 02 | No |

**Q22 / 53**

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

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

**Q23 / 54**

**En los últimos 12 meses, ¿con qué frecuencia ha montado bicicleta, triciclo para adultos o bicicleta adaptable en Chicago?**

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

**Q24 / 55**

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

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

**K15 / 56**

**¿Cuánto mide aproximadamente sin zapatos?**

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

\_\_\_ pies      \_\_\_ pulgadas

**K16 / 57**

**¿Cuánto pesa aproximadamente sin zapatos?**

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

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

\_\_\_ libras

**K1 / 58**

**¿Cuál es su género?**

- 01 Hombre
- 02 Mujer
- 03 Tercer género o no binario
- 04 Prefiere describirse a sí mismo CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

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

**Q131 / 59**

**¿Actualmente está embarazada?**

- 01 Sí
- 02 No

ASK IF Q131=02, ELSE GO TO W1.

**Q132 / 60**

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

- 01 Sí
- 02 No

**SECCIÓN F: ALCOHOL Y MEDICAMENTOS RECETADOS**

**W1 / 61**

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

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

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

\_\_\_ días

CAWI: IF (W1=0 OR MISSING) OR (K1=MISSING), THEN GO TO W5.

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

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

**W3\_M / 62**

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

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

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

\_\_\_ veces

CAWI: GO TO W5

**W3\_F / 63**

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

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

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

\_\_\_\_ veces

**Q133 / 64**

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

- 01 Sí
- 02 No

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

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

**W5 / 65**

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

- 01 Sí
- 02 No

CAWI: IF W5=01, THEN GO TO W5a

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

**W5a / 66**

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

- 01 Sí
- 02 No

**W6 / 67**

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

- 01 Sí
- 02 No

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

**Q158 / 68**

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

- 01 Sí
- 02 No

ASK IF Q158=01, ELSE GO TO N1.

**Q159 / 69**

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

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

**SECCIÓN G: DETECCIÓN DE CÁNCER**

CAWI: IF K1=01, THEN GO TO P1

CAWI: IF K1>01 OR MISSING, THEN GO TO N1.

**N1 / 70**

Una mamografía es una radiografía de cada seno para detectar el cáncer de seno. ¿Alguna vez le han hecho una mamografía?

- 01 Sí
- 02 No

CAWI: IF N1=01, THEN GO TO N2

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

**N2 / 71**

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

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

**N3 / 72**

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

- 01 Sí
- 02 No

CAWI: IF N3=01, THEN GO TO N4

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

**N4 / 73**

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

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

**N5 / 74**

**¿Le han hecho una histerectomía?**

- 01 Sí
- 02 No

**P1 / 75**

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

- 01 Sí
- 02 No

CAWI: IF P1=01, THEN GO TO P2

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



**P2 / 76**

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

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

**P3 / 77**

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

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

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

**¿Alguna vez le han hecho uno de estos exámenes?**

- 01 Sí
- 02 No

CAWI: IF P3=01, THEN GO TO P3a

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

**P3a / 78**

**¿Fue su último examen una sigmoidoscopia o una colonoscopia?**

- 01 Sigmoidoscopia
- 02 Colonoscopia

**P4 / 79**

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

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

**SECCIÓN H: SALUD MENTAL**

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

*Seleccione una respuesta para cada declaración.*

CAWI: FIVE COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

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

**S1 / 80**

...nervioso(a)?

**S2 / 81**

...sin esperanzas?

**S3 / 82**

...impaciente o inquieto(a)?

**S4 / 83**

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

**S5 / 84**

...que debía esforzarse para todo?

**S6 / 85**

...inútil?

**Q135 / 86**

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

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

**Q136 / 87**

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

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

**Q137 / 88**

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

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

**Q137CONTACT**

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

**Q138 / 89**

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

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

**S7 / 90**

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

- 01 Sí
- 02 No

**S8 / 91**

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

- 01 Sí
- 02 No

CAWI: IF S8=01, THEN GO TO S9

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

**S9 / 92**

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

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

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

01 Sí

02 No

**S9\_1 / 92A**

No podía cubrir el costo

**S9\_2 / 92B**

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

**S9\_3 / 92C**

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

**S9\_4a / 92D**

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

**S9\_6 / 92E**

No sabía a dónde ir a buscar los servicios

**S9\_7 / 92F**

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

**S9\_8 / 92G**

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

**S9\_10 / 92H**

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

**S9\_11 / 92I**

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

**S9\_9 / 92J**

Otro (especifique):

CAWI: OTHER SPECIFY, LIMIT TO 50 CHARACTERS

Q46 / 93

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

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

\_\_\_\_ horas    \_\_\_\_ minutos

**SECCIÓN I:    SEGURIDAD FINANCIERA**

FS1 / 94

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

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

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

01 Sí

02 No

FS1\_1 / 94A

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

FS1\_2 / 94B

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

FS1\_3 / 94C

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

FS1\_4 / 94D

Usaría el dinero de un préstamo bancario o línea de crédito

FS1\_5 / 94E

Pediría prestado a un amigo o familiar

FS1\_6 / 94F

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

FS1\_7 / 94G

Vendería algo

FS1\_8 / 94H

No podría pagar el gasto en este momento

FS1\_88 / 94I

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

FS2 / 95

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

- 01 Sí
- 02 No

**SECCIÓN J: SU VECINDARIO**

AA6 / 96

¿Cuánto tiempo ha vivido en su vecindario?

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

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

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

AA7 / 97

**Las personas se mudan por distintas razones. Piense en su mudanza más reciente. ¿Se mudó...?**

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

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

01 Sí

02 No

AA7\_7 / 97A

Para estar más cerca del trabajo o la escuela

AA7\_8 / 97B

Para estar más cerca de la familia o amigos

AA7\_9 / 97C

Por vecindarios o escuelas de mejor calidad

AA7\_1 / 97D

Porque recibió un aviso de desalojo

AA7\_2 / 97E

Porque su hogar o apartamento previo fue embargado

AA7\_3 / 97F

Porque aumentó el alquiler de su hogar o apartamento previo

AA7\_4 / 97G

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

**AA7\_5 / 97H**

Para ahorrar dinero

**AA7\_10 / 97I**

Para reubicarse en una ciudad nueva

**AA7\_11 / 97J**

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

**AA7\_6 / 97K**

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

**Q55a / 97L**

Porque compró una casa

**AA7\_12 / 97M**

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

**Q139 / 98**

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

01 Sí

02 No

**Q140 / 99**

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

01 Sí

02 No

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

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

**Q56 / 100**

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

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

**Q57 / 101**

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

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

**Q58 / 102**

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

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

**Z3 / 103**

**¿Se siente seguro(a) en su vecindario?**

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



**AA5 / 104**

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

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

**Q174 / 105**

**En los últimos 12 meses, ¿sufrió violencia o malos tratos en su hogar?**

- 01 Sí
- 02 No

CAWI: IF Q174=01 THEN GO TO Q174A

CAWI: IF Q174=02 OR MISSING, THEN GO TO Q175

**Q174A / 106**

**En los últimos 12 meses, ¿con qué frecuencia sufrió violencia o malos tratos en su hogar?**

- 01 Todos los días
- 02 Al menos cada semana
- 03 Al menos cada mes
- 04 Cada pocos meses
- 05 Una vez al año aproximadamente

**Q175 / 107**

**En los últimos 12 meses, ¿usted o algún miembro de su hogar utilizó alguno de los siguientes servicios? Seleccione todos los que correspondan.**

- 01 Servicios para las víctimas de delitos violentos (por ejemplo, indemnización a las víctimas de delitos, planificación de funerales)
- 02 Servicios contra la violencia doméstica (por ejemplo, llamar a la línea de atención a la violencia doméstica, asesoramiento, meditación)
- 03 Intervención en crisis o servicios de salud mental
- 04 Servicios de empleo o de formación laboral
- 05 Servicios para jóvenes (por ejemplo, programas extraescolares, empleos para jóvenes)
- 06 Navegación y orientación en materia de servicios sociales (por ejemplo, apoyo a la vivienda o reubicación)
- 07 Servicios jurídicos (por ejemplo, eliminación de antecedentes penales, representación legal)
- 08 Apoyos educativos o escolares (por ejemplo, tutoría, instituto universitario comunitario)
- 09 Ninguna de las anteriores

**Q62 / 108**

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

- 01 Sí
- 02 No

**AA1 / 109**

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

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

**Q64 / 110**

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

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

\_\_\_\_ personas

**Q66 / 111**

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

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

**Q67 / 112**

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

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

**Q68 / 113**

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

- 01 En gran medida

- 02 De cierta forma
- 03 Un poco
- 04 De ninguna forma

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

*Seleccione Sí o No por cada declaración.*

CAWI: TWO COLUMN RESPONSES

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

01 Sí

02 No

**AA13 / 114A**

**Asistió a una reunión del vecindario sobre un problema local (de forma virtual, aplicando el distanciamiento social o en persona)**

**Q69b / 114B**

Votó en las últimas elecciones

**Q69f / 114C**

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

**Q69g / 114D**

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

**Q69h / 114E**

Recogió la basura o desperdicios en su cuadra

**Q69i / 114F**

Cuidó un jardín o patio en su cuadra

**Califique la importancia de cada uno de los siguientes servicios para su barrio.**

*Seleccione una respuesta para cada afirmación.*

- 01 Muy poco importante
- 02 Poco importante
- 03 Ni importante ni sin importancia
- 04 Algo importante
- 05 Muy importante

**Q176 / 115A**

Limpieza de lotes vacíos

**Q177 / 115B**

Reparación del alumbrado público

**Q178 / 115C**

Clausura de inmuebles abandonados

**Q179 / 115D**

Mantenimiento paisajístico de los parques

**Q180 / 115E**

Reparación de los quioscos de las paradas de autobús

**Q181 / 115F**

Instalación de carriles para bicicleta

**Q182 / 115G**

Cambios en la restricción de estacionamiento

**Q183 / 115H**

Instalación de medidas para calmar el tráfico, como reductores de velocidad, rotondas o señales de alto

**Q184 / 115I**

Limpieza de callejones

**Q141 / 116**

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

- 01 Sí
- 02 No

ASK IF Q141=01, ELSE GO TO Q186.

**Q142 / 117**

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

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

**Q186 / 118**

**¿Cuántas veces se inundó su residencia en el último año?**

- 01 Ninguna
- 02 Una vez
- 03 Dos veces
- 04 Tres veces
- 05 Cuatro o más veces

**SECCIÓN K: NIÑOS Y ADOLESCENTES**

CAWI: DISPLAY THE TEXT BELOW AND CYH20 ON A SINGLE SCREEN.

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

*Seleccione una respuesta para cada afirmación.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

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

**CYH20 / 119A**

La violencia relacionada con armas en los vecindarios

**CYH32 / 119B**

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

**CYH19 / 119C**

La discriminación y el racismo

**CYH27 / 119D**

La pobreza

**CYH18 / 119E**

El acoso, incluido el acoso cibernético

**CYH7 / 119F**

Abuso de drogas entre los jóvenes

**CYH13 / 119G**

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

**CYH22 / 119H**

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

**CYH14 / 119I**

El estrés entre niños y adolescentes

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

*Seleccione una respuesta para cada afirmación.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

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

**CYH6 / 120A**

Depresión entre niños y adolescentes

**CYH25 / 120B**

Insuficiencia de oportunidades de trabajo para los padres

**CYH26 / 120C**

Insuficiencia de oportunidades de trabajo para los adolescentes y adultos jóvenes

**CYH5 / 120D**

Abuso y negligencia infantil

**CYH15 / 120E**

El suicidio entre niños y adolescentes

**CYH10 / 120F**

Obesidad infantil

**CYH28 / 120G**

Las redes sociales

**CYH31 / 120H**

La violencia en las escuelas

**CYH16 / 120I**

El embarazo en las adolescentes

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

*Seleccione una respuesta para cada afirmación.*

CAWI: FOUR COLUMN RESPONSES

CAWI: DISPLAY THE ENTIRE SERIES ON A SINGLE SCREEN.

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

**CYH1 / 121A**

Abuso de alcohol entre los jóvenes

**CYH9 / 121B**

Lesiones por accidentes entre niños y adolescentes

**Q187 / 121C**

Los efectos de la pandemia por la COVID-19 en la salud mental de los jóvenes

**CYH30 / 121D**

Vivienda insegura

**CYH11 / 121E**

Problemas de salud de los padres que afectan a sus hijos

**CYH2 / 121F**

Asma infantil

**CYH21 / 121G**

El hambre

**CYH8 / 121H**

Mortalidad infantil

**Q188 / 121I**

Infecciones por la COVID-19

**SECCIÓN K: CORONAVIRUS Y COVID-19**

**Q143 / 122**

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

- 01 Sí
- 02 No

**Q144 / 123**

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

- 01 Sí
- 02 No

**Q145 / 124**

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

- 01 Sí
- 02 No

ASK IF Q145=01, ELSE GO TO Q160.

**Q146 / 125**

**Usted indicó que le despidieron, tuvo que reducir las horas de trabajo o tuvo una reducción en el salario debido al COVID-19.**

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

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

**Q147 / 126**

**Usted indicó que le despidieron, tuvo que reducir las horas de trabajo o tuvo una reducción en el salario debido al COVID-19.**

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

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

**Q148 / 127**

**Usted indicó que le despidieron, tuvo que reducir las horas de trabajo o tuvo una reducción en el salario debido al COVID-19.**

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

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

**Q160 / 128**



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

- 01 Sí
- 02 No

ASK IF Q160=01, ELSE GO TO Q149.

**Q161 / 129**

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

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

**Q149 / 130**

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

- 01 He recibido al menos una dosis de vacuna contra el COVID-19
- 02 No he recibido una vacuna contra el COVID-19 porque no he tenido tiempo
- 03 No he recibido una vacuna contra el COVID-19 porque no sé dónde conseguirla
- 04 No he recibido una vacuna contra el COVID-19 porque aún estoy esperando
- 05 No he recibido una vacuna contra el COVID-19 y no planeo en recibir una
- 06 No he recibido una vacuna contra el COVID-19 porque no soy de alto riesgo

**SECCIÓN L: ACERCA DE USTED**

**K3 / 131**

**¿Qué edad tiene?**

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

**K4 / 132**

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

- 01 Sí
- 02 No

CAWI: IF K4=01, THEN GO TO K4a

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

**K4a / 133**

**¿Diría que usted es...?**

*Seleccione Sí o No por cada opción.*

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

01 Sí

02 No

**K4\_1 / 133A**

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

**K4\_2 / 133B**

Puertorriqueño(a)

**K4\_3 / 133C**

Cubano(a)

**K4\_4 / 133D**

Otro origen hispano, latino o español

**K5 / 134**

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

CAWI: ALLOW MULTIPLE RESPONSES.

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

CAWI: IF K5=04, THEN GO TO K6. ELSE GO TO Q162

**K6 / 135**

**¿Diría que usted es...?**

*Seleccione Sí o No por cada opción.*

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

01 Sí

02 No

**K6\_41 / 135A**

Indio(a) asiático(a)

**K6\_42 / 135B**

Chino(a)

**K6\_43 / 135C**

Filipino(a)

**K6\_44 / 135D**

Japonés(a)

**K6\_45 / 135E**

Coreano(a)

**K6\_46 / 135F**

Vietnamita

**K6\_47 / 135G**

Otro origen asiático

**Q162 / 136**

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

01 Sí

02 No

**Q163 / 137**

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

01 Sí

02 No

**Q164 / 138**

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

01 Sí

02 No

**Q165 / 139**

¿Tiene dificultades graves para caminar o subir escaleras?

01 Sí

02 No

**Q166 / 140**

¿Tiene dificultades para vestirse o bañarse?

01 Sí

02 No

**Q167 / 141**

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

- 01 Sí
- 02 No

**K22 / 142**

**¿Se considera usted...?**

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

**K25 / 143**

**¿Se considera usted transgénero?**

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

- 01 Sí
- 02 No

**K8 / 144**

**¿Está usted...?**

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

**K11 / 145**

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

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

**K12a / 146**

**¿Actualmente es usted...?**

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

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

**Q106a / 147**

**¿Tiene más de un trabajo?**

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

- 01 Sí
- 02 No

**Q150 / 148**

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

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

**Q151 / 149**

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

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

**K21 / 150**

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

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

**Q153 / 151**

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

- 01 Sí
- 02 No

**Q190 / 152**

**¿Dónde obtiene su información de salud? Seleccione todos los que correspondan.**

- 01 Médico/enfermero/farmacéutico/etc.
- 02 Líder religioso
- 03 Familia/amigos
- 04 Redes sociales
- 05 Noticias de radiodifusión
- 06 Noticias impresas
- 07 Radio
- 08 Alguna otra fuente

**Qué tan fácil o difícil es para usted...**

*Seleccione una respuesta para cada afirmación.*

- 01 Muy difícil
- 02 Algo difícil
- 03 Algo fácil
- 04 Muy fácil

**Q191 / 153A**

¿Obtener asesoramiento confiable sobre su salud?

**Q192 / 153B**

¿Entender lo que le dicen los médicos?

**Q193 / 153C**

¿Rellenar formularios médicos por su cuenta?

**Q194 / 153D**

¿Entender la información de salud en los medios de comunicación?

**Q195 / 153E**

¿Aprovechar las actividades y recursos de su comunidad para mejorar su salud?

**Q196 / 153F**

¿Encontrar a alguien en su vecindario que le dé información o consejos de salud?

**K9 / 154**

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

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

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

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

**K9a / 154A**

Adultos, mayores de 18 años

**K10a / 154B**

Niños, entre 11 y 17 años

**K10b / 154C**

Niños, entre 6 y 10 años

**K10c / 154D**

Niños, entre 1 y 5 años

**K10d / 154E**

Niños, menores de 1 año

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

**K10**

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

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

\_\_\_\_\_ niños

**CM1 / 155**

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

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

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

CAWI: IF CM1 > K10, DISPLAY ERROR “Usted reportó menos niños en el hogar que el número de niños en el hogar de quienes usted es el padre, la madre, el padrastro, la madrastra, padre adoptivo o madre



adoptiva, o el tutor legal. Por favor corrija esta pregunta o la pregunta anterior.” DO NOT DISPLAY ERROR IF K10 OR CM1 IS MISSING.

\_\_\_ niños

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

### CMROSTER\_1

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

CAWI: DISPLAY CM1\_1AGE AND CM1\_1SEX

### CM1\_1AGE

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

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

\_\_\_ edad en años

### CM1\_1SEX

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

- 01 Masculino
- 02 Femenino

### CM1\_1HEALTH

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

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

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

### CMROSTER\_2

**¿Tiene otro hijo(a)?**

- 01 Sí
- 02 No

CAWI: IF CMROSTER\_2=1, DISPLAY CM1\_2AGE AND CM1\_2SEX. ELSE GO TO K14.

### CM1\_2AGE

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

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

\_\_\_\_ edad en años

### CM1\_2SEX

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

- 01 Masculino
- 02 Femenino

### CM1\_2HEALTH

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

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

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

### K14 / 156

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

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

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

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

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

**SECCIÓN M: ¡GRACIAS!**

### Q111 / 157

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

- 01 Tarjeta electrónica de regalo enviada por correo electrónico

02      Cheque enviado por correspondencia

**Q112 / 158**

**¿Podemos comunicarnos con usted en caso de que tengamos más preguntas?**

01      Sí

02      No

**Q113 / 159**

**Proporcione su información de contacto.**

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

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

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

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

**Q113EMAILINTRO**

*Se requiere una dirección de correo electrónico para enviar la tarjeta electrónica de regalo o para comunicarnos de nuevo con usted en caso de que tengamos preguntas.*

### Q113NAMEINTRO

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

### Q113PHONEINTRO

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

### Q113NAME

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

### Q113EMAIL

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

### Q113PHONE

Ingrese su número de teléfono de diez dígitos.

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

### THANKS

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

**APPENDIX B**  
**2022 HCS PAPI – ENGLISH, 2022 HCS PAPI – SPANISH**



# Healthy Chicago Survey



## INTRODUCTION

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

Completing this survey takes about 25 minutes, and any information you provide will be confidential. Participation is voluntary.

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

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

## INSTRUCTIONS

- This survey should be completed by the adult (18 years of age or older) in the household who will have the next birthday. This helps to ensure a representative study of Chicago residents.
- Answer all of the questions by completely filling in the circle to the left of your answer, like this:
  - Yes
  - No
- You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you which question to answer next, like this:

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

Yes

No → Skip to question 24

→ 23. Do you still have asthma?

Yes

No

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

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

- Use a black or blue pen, if available.



**START HERE**



## GENERAL HEALTH

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No

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

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

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

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

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

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

- 6 months or less
- More than 6 months, but not more than one year ago
- More than one year ago
- Never

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

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

**7. What is the main source of your health care coverage?**

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

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

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



**9. In the past 12 months, have you sought an accommodation for your 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 11**

→ **10. Was the requested accommodation provided?**

- Yes
- No

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

- Yes
- No

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

- Yes
- No → **Skip to question 14**

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

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

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

- Yes
- No

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

- Yes
- No

## CHRONIC HEALTH CONDITIONS

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

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

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

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
  - Yes, but only while I was pregnant
  - No
- } **Skip to question 22**

21. 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

22. 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

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

- Yes
- No → **Skip to question 25**

24. Do you still have asthma?

- Yes
- No

25. 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

## TOBACCO USE

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No → *Skip to question 31*

→ 30. Do you still have Hepatitis C?

- Yes
- No

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

- Yes
- No

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

- Yes
- No → *Skip to question 37 on Page 6*

→ 33. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all → *Skip to question 36 on Page 6*

34. 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

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

- Yes } *Skip to question 37*
- No } *on Page 6*

**36. 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

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

- Yes
- No → **Skip to question 39**

**→38. 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.*

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

- Yes
- No → **Skip to question 44 on Page 7**

**→40. During the past 30 days, on how many days did you use marijuana or cannabis?**

Days

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

**41. 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

**42. 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 style="width: 100%; height: 20px;" type="text"/>		

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

- Yes
- No

## DIET & PHYSICAL ACTIVITY

**44. 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

**45. 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

**46. 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 48**

**47. 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

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

- Yes
- No

**49. 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

**50. 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

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

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

**51. 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

52. 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

53. 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

54. 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

55. 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

56. About how tall are you without shoes?

Feet  Inches

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

Pounds

58. What is your gender?

- Male → *Skip to question 61 on Page 9*
- Female
- Third gender or nonbinary
- Prefer to self-describe →

→ 59. Are you currently pregnant?

- Yes → *Skip to question 61 on Page 9*
- No

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

- Yes
- No

## ALCOHOL & PRESCRIPTION DRUGS

61. *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 64.*

62. **[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

63. **[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

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

- Yes  
 No

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

65. **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 67*

66. **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

67. **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.

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

- Yes
- No → **Skip to question 70**

→ **69. 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

**70. → If you are male, skip to question 75. Else, continue here.**

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

- Yes
- No → **Skip to question 72**

→ **71. 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

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

- Yes
- No → **Skip to question 74**

→ **73. How long has it been since your last Pap test?**

- Less than 12 months ago
- At least 1 year ago but less than 2 years ago
- At least 2 years ago but less than 3 years ago
- At least 3 years ago but less than 5 years ago
- 5 or more years ago

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

- Yes
- No

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

- Yes
- No → **Skip to question 77 on Page 11**

→ **76. 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



## MENTAL HEALTH

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

80. ...nervous?

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

81. ...hopeless?

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

82. ...restless or fidgety?

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

83. ... 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

84. ... 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

77. 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 80*

→ 78. Was your most recent exam a sigmoidoscopy or a colonoscopy?

- Sigmoidoscopy
- Colonoscopy

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

- Less than 12 months ago
- At least 1 year ago but less than 2 years ago
- At least 2 years ago but less than 3 years ago
- At least 3 years ago but less than 5 years ago
- 5 or more years ago

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

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

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

- Hardly ever
- Some of the time
- Often

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

- Hardly ever
- Some of the time
- Often

**88. How often do you feel alone?**

- Hardly ever
- Some of the time
- Often

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

**89. 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

**90. 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

**91. 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 93 on Page 13*

**92. 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"/>

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

Hours   Minutes

## FINANCIAL SECURITY

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

Select Yes or No for each statement.

	Yes	No
a. Put it on your credit card and pay it off in full at the next statement	<input type="radio"/>	<input type="radio"/>
b. Put it on your credit card and pay it off over time	<input type="radio"/>	<input type="radio"/>
c. Pay with the money currently in your checking/savings account or with cash	<input type="radio"/>	<input type="radio"/>
d. Use money from a bank loan or line of credit	<input type="radio"/>	<input type="radio"/>
e. Borrow from a friend or family member	<input type="radio"/>	<input type="radio"/>
f. Use a payday loan, deposit advance or overdraft	<input type="radio"/>	<input type="radio"/>
g. Sell something	<input type="radio"/>	<input type="radio"/>
h. Not be able to pay for the expense right now	<input type="radio"/>	<input type="radio"/>
i. Other (please specify) ↓	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

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

- Yes  
 No

## YOUR NEIGHBORHOOD

96. How long have you lived in your neighborhood?

- Less than one year  
 At least 1 year, but less than 5 years  
 At least 5 years, but less than 10 years  
 At least 10 years, but less than 20 years  
 20 years or longer

Skip to question 100 on Page 14

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

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

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

- Yes
- No

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

- Yes
- No

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

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

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

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

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

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

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

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

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

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

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

**105. In the past 12 months, have you experienced violence or mistreatment within your home?**

- Yes
- No → *Skip to question 107 on Page 15*

**106. In the past 12 months, how often have you experienced violence or mistreatment within your home?**

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

**107. 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

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

- Yes
- No

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

- Strongly agree
- Agree
- Neither agree not disagree
- Disagree
- Strongly disagree

**110. 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

**111. 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

**112. 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

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

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

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

*Select Yes or No for each statement.*

	Yes	No
a. Attended a neighborhood meeting about a local issue (virtually, socially distanced, or in person)	<input type="radio"/>	<input type="radio"/>
b. Voted in the last election	<input type="radio"/>	<input type="radio"/>
c. Attended a block party or event (virtually, socially distanced, or in person)	<input type="radio"/>	<input type="radio"/>
d. Got together socially with friends or family members (virtually, socially distanced, or in person)	<input type="radio"/>	<input type="radio"/>
e. Picked up litter or trash on my block	<input type="radio"/>	<input type="radio"/>
f. Cared for a garden or yard on my block	<input type="radio"/>	<input type="radio"/>

**115. 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"/>

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

- Yes
- No → *Skip to question 118*

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

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

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

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

## CHILDREN & TEENS

**119. 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"/>

**120. 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.**

	<b>A big problem</b>	<b>Somewhat of a problem</b>	<b>Not a problem</b>	<b>Don't know/not sure</b>
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"/>

**121. 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.**

	<b>A big problem</b>	<b>Somewhat of a problem</b>	<b>Not a problem</b>	<b>Don't know/not sure</b>
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"/>



## CORONAVIRUS & COVID-19

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No → *Skip to question 128*

→ **125. To what extent was this because you had to take on increased childcare responsibilities?**

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

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

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

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

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

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

- Yes
- No → *Skip to question 130*

→ **129. To what extent have you lost caregiving supports due to the pandemic?**

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

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

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

## ABOUT YOU

**131. What is your age?**

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

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

- Yes
- No → *Skip to question 134*

→ **133. Would you say you are...? Select Yes or No for each statement.**

	Yes	No
a. Mexican, Mexican-American, or Chicano/a	<input type="radio"/>	<input type="radio"/>
b. Puerto Rican	<input type="radio"/>	<input type="radio"/>
c. Cuban	<input type="radio"/>	<input type="radio"/>
d. Another Hispanic, Latino/a, or Spanish origin	<input type="radio"/>	<input type="radio"/>

**134. Which one or more of the following would you say is your race? Check all that apply.**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

→ **If you are not Asian, skip to question 136**

→ **135. 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"/>

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

**141. 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

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

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

**143. 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

**144. Are you...?**

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

**145. 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

**146. 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 150 on Page 22**

**147. Do you have more than one job?**  
*This means more than one employer, not just multiple job sites.*

- Yes
- No

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

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

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

- Own
- Rent
- Some other arrangement

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

- Yes
- No

**152. Where do you get your health information? Please select all that apply.**

- Doctor/Nurse/Pharmacist/etc.
- Religious leader
- Family/Friends
- Social Media
- Broadcast News
- Printed News
- Radio
- Some other source

**153. How easy or difficult is it for you to do each of the following...**

*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"/>

**154. 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

## THANK YOU!

**155.** *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

**156. 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.*

\$  ,  ,

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

- Yes  
 No

**158. Please provide your contact information so we can send you your \$10.**

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 to:**

**Healthy Chicago Survey  
c/o RTI International  
0217366.002.001  
5265 Capital Boulevard  
Raleigh, NC 27616-2925**

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



# Healthy Chicago Survey



## INTRODUCCIÓN

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

Llenar esta encuesta toma cerca de 25 minutos y cualquier información que proporcione será confidencial. La participación es voluntaria.

Si tiene preguntas o inquietudes sobre esta encuesta, visite el sitio web <http://www.HealthyChicagoSurvey.org>, llámenos gratis al 1-866-784-7723 o envíenos un mensaje de correo electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Haremos preguntas sobre su salud y las cosas que pueden afectar su salud, tales como su vecindario y si tiene o no acceso a servicios médicos.

## INSTRUCCIONES

- Esta encuesta debe llenarla el adulto (debe ser mayor de 18 años de edad) en el hogar que tenga el próximo cumpleaños. De esta manera, se ayuda a asegurar un estudio representativo de las personas que viven en Chicago.
- Responda todas las preguntas rellorando completamente el círculo a la izquierda de su respuesta, de esta forma:

- Sí
- No

- A veces se le pide saltar algunas preguntas en esta encuesta. Cuando esto suceda, verá una flecha con una nota que le indica qué pregunta debe responder a continuación, de esta forma:

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

Sí

No → Pase a la n° 24

→ 23. ¿Aún tiene asma?

Sí

No

En este ejemplo, si responde “Sí” a la Pregunta 22, debe continuar con la Pregunta 23.

Si responde “No” a la Pregunta 22, debe continuar con la Pregunta 24.

- Si es posible, utilice un bolígrafo de tinta negra o azul.



**COMIENCE AQUÍ**



## SALUD GENERAL

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

- Excelente
- Muy buena
- Buena
- Regular
- Mala

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

- Sí
- No

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

- En los últimos 12 meses
- Uno o más años
- Nunca

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

- Muy feliz
- Un poco feliz
- No muy feliz
- No recibí atención médica en los últimos 12 meses

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

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

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

- Sí
- No → *Pase al n° 9 en la página 3*

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

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

8. **En los últimos 12 meses, ¿con qué frecuencia fue fácil obtener acceso a la atención, pruebas, terapias o tratamientos que consideró que necesitaba a través de su plan de salud?**

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



9. En los últimos 12 meses, ¿ha solicitado una acomodación para sus servicios de atención médica, debido a una discapacidad o condición de salud preexistente? *Los ejemplos de acomodaciones para los servicios de atención médica pueden incluir solicitar un intérprete de lenguaje de señas, permitir que un perro de servicio esté presente en una cita y solicitar un lector o un servicio de traducción de voz a voz.*

- Sí  
 No → *Pase al n° 11*

→10. ¿Le proporcionaron la acomodación solicitada?

- Sí  
 No

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

- Sí  
 No

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

- Sí  
 No → *Pase al n° 14*

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

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

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

- Sí  
 No

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

- Sí  
 No

## CONDICIONES CRÓNICAS DE SALUD

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

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

16. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía presión arterial alta?
- Sí
- Sí, pero solo cuando estaba embarazada
- No
17. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía colesterol alto?
- Sí
- No
18. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía angina de pecho o enfermedad coronaria?
- Sí
- No
19. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía un ataque cerebral?
- Sí
- No

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

- Sí
- Sí, pero solo cuando estaba embarazada
- No
- } **Pase al n° 22**

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

- Sí
- Sí, pero solo cuando estaba embarazada
- No

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

- Sí
- No

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

- Sí
- No → **Pase al n° 25**

24. ¿Aún tiene asma?

- Sí
- No

25. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía alguna forma de artritis, artritis reumatoide, gota, lupus o fibromialgia?

- Sí
- No

## USO DE TABACO

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

- Sí
- No

27. ¿Un médico, enfermero u otro profesional de la salud alguna vez le dijo que tenía cualquier otro tipo de cáncer?

- Sí
- No

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

- Sí
- No

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

- Sí
- No → *Pase al n° 31*

→ 30. ¿Aún tiene hepatitis C?

- Sí
- No

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

- Sí
- No

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

- Sí
- No → *Pase al n° 37 en la página 6*

→ 33. ¿Actualmente fuma cigarrillos todos los días, algunas veces o no fuma?

- Todos los días
- Algunas veces
- No fumo → *Pase al n° 36 en la página 6*

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

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Nunca

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

- Sí
- No } *Pase al n° 37 en la página 6*

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

- Hace menos de un año
- Hace más de 1 año, pero menos de 5 años
- Hace más de 5 años, pero menos de 10 años
- 10 años o más
- Nunca fumé con regularidad

37. ¿Alguna vez intentó fumar cigarrillos electrónicos o vapeó, incluso una o dos fumadas? Eso incluiría productos como JUUL, Blu y NJOY. No incluya usar productos de vapeo electrónico con marihuana o cannabis.

- Sí
- No → Pase al n° 39

→38. ¿Con qué frecuencia usa cigarrillos electrónicos o vapea ahora?

- Todos los días
- Algunas veces
- No lo hago

## CONSUMO DE CANNABIS

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

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

- Sí
- No → Pase al n° 44 en la página 7

→40. Durante los últimos 30 días, ¿cuántos días ha consumido marihuana o cannabis?

días

→ Si respondió 0, pase al n° 44 en la página 7

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

- Razones médicas (como tratar o reducir síntomas o condiciones médicas)
- Razones no médicas (como divertirse o integrarse)
- Tanto por razones médicas como no médicas

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

Seleccione Sí o No por cada declaración.

	Sí	No
a. La fumó (en un porro, cachimba, pipa o canuto)	<input type="radio"/>	<input type="radio"/>
b. La comió (en brownies, pasteles, galletas o caramelos)	<input type="radio"/>	<input type="radio"/>
c. La bebió (en té, cola o alcohol)	<input type="radio"/>	<input type="radio"/>
d. La vapeó (en un vaporizador parecido a un cigarrillo electrónico)	<input type="radio"/>	<input type="radio"/>
e. La untó (usando hachís de aceite butano, cera o concentrados)	<input type="radio"/>	<input type="radio"/>
f. Otro (especifique) ↓	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

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

- Sí
- No

## DIETA Y ACTIVIDAD FÍSICA

### 44. ¿Cuántas porciones totales de fruta comió ayer?

Una porción sería igual a media manzana o un puñado de uvas. Piense en todas las formas de frutas, como cocidas o crudas, frescas, congeladas o enlatadas.

Piense en todas las comidas, meriendas y alimentos consumidos en casa y fuera de ella. Si no las comió, ingrese 0.

porciones

### 45. ¿Cuántas porciones totales de vegetales comió ayer?

Una porción sería igual a un puñado de brócoli o una taza de zanahorias. Piense en todas las formas de vegetales, incluyendo cocidos o crudos, frescos, congelados o enlatados.

Piense en todas las comidas, meriendas y alimentos consumidos en casa y fuera de ella. Si no los comió, ingrese 0.

porciones

### 46. ¿Le resulta fácil o difícil conseguir frutas y verduras frescas?

- Muy difícil
- Un poco difícil
- Un poco fácil
- Muy fácil

**Pase al n° 48**

### 47. ¿Cuáles son las razones por las que es difícil conseguir frutas y verduras frescas? *Seleccione todas las que correspondan.*

- La(s) tienda(s) a menos de media milla de donde vivo no vende(n) frutas y verduras frescas
- La calidad de las frutas y verduras frescas donde compro es mala
- Las frutas y verduras frescas son demasiado caras donde yo compro
- La(s) tienda(s) donde uso mis beneficios de Transferencia Electrónica de Beneficios (Electronic Benefits Transfer, EBT)/Programa de Asistencia Nutricional Suplementaria (Supplemental Nutrition Assistance Program, SNAP) no vende(n) frutas y verduras frescas

### 48. En los últimos 12 meses, ¿ha recibido cupones de alimentos del Programa de Asistencia de Nutrición Suplementaria (Supplemental Nutrition Assistance Program, SNAP) en una tarjeta de transferencia electrónica de beneficios (Electronic Benefit Transfer, EBT)?

- Sí
- No

### 49. ¿Qué tan cierta es la siguiente declaración: “En los últimos 12 meses, estuvimos preocupados por si nuestra comida se acababa antes de tener dinero para comprar más”?

- Frecuentemente cierta
- Algunas veces cierta
- No es cierta

### 50. Durante los últimos 30 días, ¿cuántos refrescos regulares o gaseosas u otras bebidas endulzadas, como té helado endulzado, bebidas deportivas, ponche de frutas u otras bebidas con sabor a frutas ha tomado?

*No incluya refrescos dietéticos, bebidas sin azúcar ni jugos con 100% pulpa de fruta. Si no las tomó, ingrese 0.*

bebidas

**Seleccione el periodo de tiempo (al día/a la semana/al mes):**

- Bebidas al día
- Bebidas a la semana
- Bebidas al mes

### 51. ¿Cuál de las siguientes opciones describe mejor el agua que bebe con más frecuencia en su casa?

- Agua del grifo sin filtrar
- Agua del grifo filtrada
- Agua embotellada
- Agua de otra fuente

52. Durante los últimos 30 días, aparte de su trabajo regular, ¿participó en cualquier actividad física o ejercicio, como correr, bailar, jugar baloncesto, tomar clases de ejercicios, jardinería o caminar como ejercicio?

- Sí
- No

53. En los últimos 12 meses, ¿con qué frecuencia usted o alguien de su familia usó los parques, áreas de juego o campos deportivos de su vecindario?

- Una vez a la semana o más
- Varias veces al mes
- Al menos una vez al mes
- Algunas veces al año
- Nunca

54. En los últimos 12 meses, ¿con qué frecuencia ha montado bicicleta, triciclo para adultos o bicicleta adaptable en Chicago?

- Una vez a la semana o más
- Varias veces al mes
- Al menos una vez al mes
- Algunas veces al año
- Nunca
- No estoy en condiciones físicas para montar bicicleta

55. Durante los últimos 7 días, ¿alguna vez caminó o usó una silla de ruedas o escúter para desplazarse ida y vuelta de lugares como el trabajo, para ir de compras o para realizar otras actividades?

- Sí
- No
- No estoy en condiciones físicas para caminar, usar silla de ruedas o escúter

56. ¿Cuánto mide aproximadamente sin zapatos?

pies  pulgadas

57. ¿Cuánto pesa aproximadamente sin zapatos? Si actualmente está embarazada, ¿cuánto pesaba antes de su embarazo?

libras

58. ¿Cuál es su género?

- Hombre → Pase al n° 61 en la página 9
- Mujer
- Tercer género o no binario
- Prefiere describirse a sí mismo ↴

→ 59. ¿Actualmente está embarazada?

- Sí → Pase al n° 61 en la página 9
- No

↓ 60. ¿Ha estado embarazada en los últimos 12 meses?

- Sí
- No

## ALCOHOL Y MEDICAMENTOS RECETADOS

61. Las siguientes preguntas son sobre el consumo de alcohol. Una bebida equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor. Una cerveza de 40 onzas contaría como 3 bebidas o un coctel con 2 tragos contaría como 2 bebidas.

**Durante los últimos 30 días, ¿cuántos días tomó al menos una bebida alcohólica de cualquier tipo?**

*Si no las tomó, ingrese 0.*

días

→ Si respondió 0, pase al n° 64.

62. [Si es hombre] Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces, durante los últimos 30 días, tomó 5 o más bebidas en una ocasión?

*Si no las tomó, ingrese 0.*

veces

63. [Si no es hombre] Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces, durante los últimos 30 días, tomó 4 o más bebidas en una ocasión?

*Si no las tomó, ingrese 0.*

veces

64. En los últimos 12 meses, ¿ha iniciado o aumentado el consumo de alcohol para afrontar el estrés o las emociones relacionadas con el COVID-19?

- Sí  
 No

Las siguientes preguntas tratan sobre medicamentos que requieran una receta médica. No incluya medicamentos de “venta libre”, como aspirina, Tylenol o Advil, que pueden comprarse en farmacias sin una receta médica. Sus respuestas son estrictamente confidenciales.

65. En los últimos 12 meses, ¿alguna vez tomó un analgésico con receta médica, como oxicodona o hidrocodona, que le hubieran recetado?

- Sí  
 No → Pase al n° 67

66. Cuando tomó los analgésicos con receta médica en los últimos 12 meses, ¿alguna vez, incluso una vez, tomó más de lo indicado? Esto incluye tomar una dosis más alta o tomarla con mayor frecuencia a la indicada.

- Sí  
 No

67. En los últimos 12 meses, ¿alguna vez, incluso una vez, tomó un analgésico con receta médica, como oxicodona o hidrocodona, que no le hubieran recetado?

- Sí  
 No

Las siguientes preguntas se refieren al consumo de drogas. Las respuestas que las personas nos suministran sobre su consumo de drogas nos ayudan a brindarles servicios a quienes los necesitan. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

68. ¿Alguna vez, aunque sea una vez, ha consumido alguna forma de heroína?

- Sí
- No → *Pase al n° 70*

→69. ¿Cuánto tiempo ha pasado desde la última vez que consumió alguna forma de heroína?

- Dentro de los últimos 30 días
- Hace más de 30 días, pero en los últimos 12 meses
- Hace más de 12 meses

## DETECCIÓN DE CÁNCER

70. → Si es hombre, pase al n° 75. De lo contrario, continúe aquí.

Una mamografía es una radiografía de cada seno para detectar el cáncer de seno. ¿Alguna vez le han hecho una mamografía?

- Sí
- No → *Pase al n° 72*

→71. ¿Cuánto tiempo ha pasado desde la última vez que se realizó una mamografía?

- Menos de 12 meses
- Al menos 1 año, pero menos de 2 años
- Al menos 2 años, pero menos de 3 años
- Al menos 3 años, pero menos de 5 años
- 5 años o más

72. Una prueba de Papanicolaou es un examen para detectar el cáncer cervical. ¿Alguna vez le han hecho una prueba de Papanicolaou?

- Sí
- No → *Pase al n° 74*

→73. ¿Cuánto tiempo ha pasado desde la última vez que se realizó una prueba de Papanicolaou?

- Menos de 12 meses
- Al menos 1 año, pero menos de 2 años
- Al menos 2 años, pero menos de 3 años
- Al menos 3 años, pero menos de 5 años
- 5 años o más

74. ¿Le han hecho una histerectomía?

- Sí
- No

75. Un examen de detección de sangre en las heces puede hacerse en casa con un kit especial para determinar si las heces contienen sangre. ¿Alguna vez se ha hecho esta prueba usando un kit doméstico?

- Sí
- No → *Pase al n° 77 en la página 11*

→76. ¿Cuánto tiempo ha pasado desde la última vez que se realizó un examen de detección de sangre en las heces con un kit doméstico?

- Menos de 12 meses
- Al menos 1 año, pero menos de 2 años
- Al menos 2 años, pero menos de 3 años
- Al menos 3 años, pero menos de 5 años
- 5 años o más



## SALUD MENTAL

Durante los últimos 30 días, ¿con qué frecuencia se sintió...

80. ...nervioso(a)?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

81. ...sin esperanzas?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

82. ...impaciente o inquieto(a)?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

83. ...tan deprimido(a) que nada podía animarle?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

84. ...que debía esforzarse para todo?

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

77. La sigmoidoscopia y colonoscopia son exámenes en los cuales se inserta una sonda en el recto para ver el colon, en busca de señales de cáncer u otros problemas de salud.

*En el caso de una sigmoidoscopia, se inserta una sonda flexible en el recto para detectar problemas.*

*Una colonoscopia es similar, pero se usa una sonda más larga y, por lo general, a usted le administran un medicamento con una aguja en su brazo para sedarle y le piden que tenga a una persona que pueda llevarle a casa después de la prueba.*

**¿Alguna vez le han hecho uno de estos exámenes?**

- Sí
- No → Pase al n° 80

→ 78. **¿Fue su último examen una sigmoidoscopia o una colonoscopia?**

- Sigmoidoscopia
- Colonoscopia

79. **¿Cuánto tiempo ha pasado desde la última vez que se realizó una sigmoidoscopia o una colonoscopia?**

- Menos de 12 meses
- Al menos 1 año, pero menos de 2 años
- Al menos 2 años, pero menos de 3 años
- Al menos 3 años, pero menos de 5 años
- 5 años o más

**85. Durante los últimos 30 días, ¿con qué frecuencia se sintió inútil?**

- Todo el tiempo
- La mayor parte del tiempo
- Algunas veces
- Casi nunca
- Nunca

**86. ¿Con qué frecuencia siente que le falta compañía?**

- Casi nunca
- Algunas veces
- Con frecuencia

**87. ¿Con qué frecuencia se siente excluido(a)?**

- Casi nunca
- Algunas veces
- Con frecuencia

**88. ¿Con qué frecuencia se siente solo(a)?**

- Casi nunca
- Algunas veces
- Con frecuencia

***Si usted o alguien que conoce necesita ayuda con problemas de salud mental, comuníquese con NAMI Chicago por medio de la página web <https://www.namichicago.org>.***

**89. ¿Cómo describiría su salud mental en comparación a como estaba antes de la pandemia del COVID-19?**

- Mucho mejor
- Un poco mejor
- Casi igual
- Un poco peor
- Mucho peor

**90. ¿En estos momentos está tomando medicamentos o recibiendo tratamiento de parte de un médico u otro profesional de la salud por algún tipo de condición de salud mental o problema emocional?**

- Sí
- No

**91. Durante los últimos 12 meses, ¿hubo algún momento en el que necesitó tratamiento de salud mental o asesoría, pero no la obtuvo?**

- Sí
- No → **Pase al n° 93 en la página 13**

**92. ¿Fue alguna las siguientes razones un motivo para que no obtuviera el tratamiento de salud mental o la asesoría que necesitaba? Seleccione Sí o No por cada declaración.**

	Sí	No
a. No podía cubrir el costo	<input type="radio"/>	<input type="radio"/>
b. Le preocupaba que obtener el tratamiento de salud mental o la asesoría pudiera hacer que sus vecinos o comunidad tuvieran una opinión negativa sobre usted	<input type="radio"/>	<input type="radio"/>
c. Le preocupaba que obtener el tratamiento de salud mental o la asesoría pudiera crear un efecto negativo en su trabajo	<input type="radio"/>	<input type="radio"/>
d. Su seguro médico no cubre ni paga lo suficiente por el tratamiento o asesoría de salud mental	<input type="radio"/>	<input type="radio"/>
e. No sabía a dónde ir a buscar los servicios	<input type="radio"/>	<input type="radio"/>
f. Le preocupaba que la información que le diera el asesor pudiera no mantenerse confidencial	<input type="radio"/>	<input type="radio"/>
g. Le preocupaba que pudieran enviarle a un hospital psiquiátrico o tuviera que tomar medicamentos	<input type="radio"/>	<input type="radio"/>
h. Intentó recibir tratamiento o asesoría de salud mental, pero lo/la pusieron en una lista de espera.	<input type="radio"/>	<input type="radio"/>
i. No pudo encontrar un terapeuta que fuera competente desde el punto de vista cultural o en el tratamiento de discapacidades	<input type="radio"/>	<input type="radio"/>
j. Otro (especifique) ↓	<input type="radio"/>	<input type="radio"/>

**93. En promedio, ¿cuántas horas duerme en un período de 24 horas?**

horas   minutos

## SEGURIDAD FINANCIERA

**94. Supongamos que se le presenta un gasto de emergencia que cuesta \$400 dólares. Basado en su situación financiera actual, ¿usted...?**

*Seleccione Sí o No por cada declaración.*

	Sí	No
a. Pagaría con tarjeta de crédito y luego pagaría por completo en el próximo resumen de cuenta	<input type="radio"/>	<input type="radio"/>
b. Lo pondría en la tarjeta de crédito y luego pagaría con el tiempo	<input type="radio"/>	<input type="radio"/>
c. Pagaría con el dinero que actualmente tiene en su cuenta corriente o de ahorros, o con efectivo	<input type="radio"/>	<input type="radio"/>
d. Usaría el dinero de un préstamo bancario o línea de crédito	<input type="radio"/>	<input type="radio"/>
e. Pediría prestado a un amigo o familiar	<input type="radio"/>	<input type="radio"/>
f. Usaría un préstamo del día de pago, depósito anticipado o sobregiro	<input type="radio"/>	<input type="radio"/>
g. Vendería algo	<input type="radio"/>	<input type="radio"/>
h. No podría pagar el gasto en este momento	<input type="radio"/>	<input type="radio"/>
i. Otro (especifique) ↓	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

**95. ¿Usted o alguien de su familia actualmente tiene una cuenta corriente o de ahorros?**

- Sí  
 No

## SU VECINDARIO

**96. ¿Cuánto tiempo ha vivido en su vecindario?**

- Menos de un año  
 Al menos 1 año, pero menos de 5 años  
 Al menos 5 años, pero menos de 10 años  
 Al menos 10 años, pero menos de 20 años  
 20 años o más

*Pase al n° 100 en la página 14*

**97. Las personas se mudan por distintas razones. Piense en su mudanza más reciente. ¿Se mudó...? Seleccione Sí o No por cada declaración.**

	Sí	No
a. Para estar más cerca del trabajo o la escuela	<input type="radio"/>	<input type="radio"/>
b. Para estar más cerca de la familia o amigos	<input type="radio"/>	<input type="radio"/>
c. Por vecindarios o escuelas de mejor calidad	<input type="radio"/>	<input type="radio"/>
d. Porque recibió un aviso de desalojo	<input type="radio"/>	<input type="radio"/>
e. Porque su hogar o apartamento previo fue embargado	<input type="radio"/>	<input type="radio"/>
f. Porque aumentó el alquiler de su hogar o apartamento previo	<input type="radio"/>	<input type="radio"/>
g. Porque el arrendador no reparó las cosas de su hogar o apartamento previo	<input type="radio"/>	<input type="radio"/>
h. Para ahorrar dinero	<input type="radio"/>	<input type="radio"/>
i. Para reubicarse en una ciudad nueva	<input type="radio"/>	<input type="radio"/>
j. Porque cambió su condición familiar (p. ej., matrimonio, divorcio, hijos, un hijo adulto se mudó)	<input type="radio"/>	<input type="radio"/>
k. Para tener una mejor calidad de vida o una casa más grande	<input type="radio"/>	<input type="radio"/>
l. Porque compró una casa	<input type="radio"/>	<input type="radio"/>
m. Otro (especifique) ↓	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

**98. Desde el inicio de la pandemia del COVID-19 en marzo de 2020, ¿ha sido desalojado(a) u obligado(a) a mudarse?**

- Sí
- No

**99. ¿Su hogar ha tenido que “duplicarse” o combinarse con otro hogar desde el inicio de la pandemia del COVID-19 en marzo de 2020?**

- Sí
- No

**100. Piense en su vecindario actual. ¿En qué medida está de acuerdo o en desacuerdo con las siguientes declaraciones?:**

**Las aceras de mi vecindario tienen buen mantenimiento (están pavimentadas e incluso no tienen muchas grietas).**

- Totalmente de acuerdo
- De acuerdo
- Ni de acuerdo ni en desacuerdo
- En desacuerdo
- Totalmente en desacuerdo

**101. Es fácil caminar, correr o circular hasta una parada de transporte público (autobús, tren) desde mi casa.**

- Totalmente de acuerdo
- De acuerdo
- Ni de acuerdo ni en desacuerdo
- En desacuerdo
- Totalmente en desacuerdo

**102. Por lo general, mi vecindario está libre de basura.**

- Totalmente de acuerdo
- De acuerdo
- Ni de acuerdo ni en desacuerdo
- En desacuerdo
- Totalmente en desacuerdo

**103. ¿Se siente seguro(a) en su vecindario?**

- Sí, todo el tiempo
- Sí, la mayor parte del tiempo
- Algunas veces
- No, la mayoría de las veces no

**104. En su vecindario, ¿con qué frecuencia ocurren hechos de violencia?**

- Todos los días
- Al menos todas las semanas
- Al menos todos los meses
- Cada pocos meses
- Una vez al año o algo así
- No ocurren

**105. En los últimos 12 meses, ¿sufrió violencia o malos tratos en su hogar?**

- Sí
- No → **Pase al n° 107 en la página 15**

**→106. En los últimos 12 meses, ¿con qué frecuencia sufrió violencia o malos tratos en su hogar?**

- Todos los días
- Al menos cada semana
- Al menos cada mes
- Cada pocos meses
- Una vez al año aproximadamente

**107. En los últimos 12 meses, ¿usted o algún miembro de su hogar utilizó alguno de los siguientes servicios?**  
*Seleccione todos los que correspondan.*

- Servicios para las víctimas de delitos violentos (por ejemplo, indemnización a las víctimas de delitos, planificación de funerales)
- Servicios contra la violencia doméstica (por ejemplo, llamar a la línea de atención a la violencia doméstica, asesoramiento, meditación)
- Intervención en crisis o servicios de salud mental
- Servicios de empleo o de formación laboral
- Servicios para jóvenes (por ejemplo, programas extraescolares, empleos para jóvenes)
- Navegación y orientación en materia de servicios sociales (por ejemplo, apoyo a la vivienda o reubicación)
- Servicios jurídicos (por ejemplo, eliminación de antecedentes penales, representación legal)
- Apoyos educativos o escolares (por ejemplo, tutoría, instituto universitario comunitario)
- Ninguna de las anteriores

**108. Desde los 18 años, ¿alguna vez le han arrestado, fichado o acusado por quebrantar la ley?**

- Sí
- No

**109. ¿Diría que en realidad se siente parte de su vecindario?**

- Totalmente de acuerdo
- De acuerdo
- Ni de acuerdo ni en desacuerdo
- En desacuerdo
- Totalmente en desacuerdo

**110. ¿Aproximadamente a cuántas personas de su vecindario conoce lo suficientemente bien como para pedirles ayuda, si la necesitara?**

*Si no es así, ingrese 0.*

personas

**111. ¿En qué medida siente que usted y sus vecinos pueden influir sobre su comunidad?**

- En gran medida
- De cierta forma
- Un poco
- De ninguna forma

**112. ¿En qué medida confía en el gobierno local para hacer lo correcto por su comunidad?**

- En gran medida
- De cierta forma
- Un poco
- De ninguna forma

**113. ¿En qué medida confía en su agencia de cumplimiento de la ley (policía)?**

- En gran medida
- De cierta forma
- Un poco
- De ninguna forma

**114. Piense en los últimos 12 meses. ¿Ha realizado alguna de las siguientes actividades...?**  
*Seleccione Sí o No por cada declaración.*

	Sí	No
a. Asistió a una reunión del vecindario sobre un problema local (de forma virtual, aplicando el distanciamiento social o en persona)	<input type="radio"/>	<input type="radio"/>
b. Votó en las últimas elecciones	<input type="radio"/>	<input type="radio"/>
c. Asistió a una fiesta o evento de la cuadra (de forma virtual, aplicando el distanciamiento social o en persona)	<input type="radio"/>	<input type="radio"/>
d. Se reunió socialmente con amigos o familiares (de forma virtual, aplicando el distanciamiento social o en persona)	<input type="radio"/>	<input type="radio"/>
e. Recogió la basura o desperdicios en su cuadra	<input type="radio"/>	<input type="radio"/>
f. Cuidó un jardín o patio en su cuadra	<input type="radio"/>	<input type="radio"/>

**115. Califique la importancia de cada uno de los siguientes servicios para su barrio.**  
*Seleccione una respuesta para cada afirmación.*

	Muy poco importante	Poco importante	Ni importante ni sin importancia	Algo importante	Muy importante
a. Limpieza de lotes vacíos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reparación del alumbrado público	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clausura de inmuebles abandonados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mantenimiento paisajístico de los parques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Reparación de los quioscos de las paradas de autobús	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Instalación de carriles para bicicleta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Cambios en la restricción de estacionamiento	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Instalación de medidas para calmar el tráfico, como reductores de velocidad, rotondas o señales de alto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Limpieza de callejones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**116. ¿Tiene acceso a Internet confiable en casa?**

- Sí
- No → *Pase al n° 118*

**→117. ¿Cuál es el dispositivo principal que usa en casa para conectarse a Internet?**

- Computadora de escritorio
- Computadora portátil
- Tableta
- Teléfono
- Otro

**118. ¿Cuántas veces se inundó su residencia en el último año?**

- Ninguna
- Una vez
- Dos veces
- Tres veces
- Cuatro o más veces

## NIÑOS Y ADOLESCENTES

**119. ¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago? Seleccione una respuesta para cada afirmación.**

	Un gran problema	Un poco problemático	No es un problema	No sé/No estoy seguro
a. La violencia relacionada con armas en los vecindarios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Que la salud de los niños de color sea peor que la salud de los niños blancos, también conocido como desigualdad racial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. La discriminación y el racismo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. La pobreza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. El acoso, incluido el acoso cibernético	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Abuso de drogas entre los jóvenes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Fumar y usar tabaco por los jóvenes, incluidos vapear o usar cigarrillos electrónicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. La falta de supervisión y participación de adultos hacia los niños y adolescentes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. El estrés entre niños y adolescentes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**120. ¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago? Seleccione una respuesta para cada afirmación.**

	Un gran problema	Un poco problemático	No es un problema	No sé/No estoy seguro
a. Depresión entre niños y adolescentes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Insuficiencia de oportunidades de trabajo para los padres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Insuficiencia de oportunidades de trabajo para los adolescentes y adultos jóvenes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Abuso y negligencia infantil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. El suicidio entre niños y adolescentes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Obesidad infantil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Las redes sociales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. La violencia en las escuelas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. El embarazo en las adolescentes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**121. ¿Hasta qué punto piensa que las siguientes situaciones son un gran problema para los niños y adolescentes en toda la ciudad de Chicago? Seleccione una respuesta para cada afirmación.**

	Un gran problema	Un poco problemático	No es un problema	No sé/No estoy seguro
a. Abuso de alcohol entre los jóvenes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lesiones por accidentes entre niños y adolescentes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Los efectos de la pandemia por la COVID-19 en la salud mental de los jóvenes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Vivienda insegura	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Problemas de salud de los padres que afectan a sus hijos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Asma infantil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. El hambre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Mortalidad infantil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Infecciones por la COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## CORONAVIRUS Y COVID-19

122. ¿Ha recibido alguna prueba positiva del COVID-19 desde que comenzó la pandemia del COVID-19 en marzo de 2020?

- Sí
- No

123. ¿Usted o alguien de su hogar ha sentido dolor por perder a alguien que murió por el COVID-19?

- Sí
- No

124. ¿Le despidieron, tuvo que reducir el horario de trabajo o le redujeron el pago debido al COVID-19?

- Sí
- No → *Pase al n° 128*

→125. ¿En qué medida se debió a que tuvo que asumir mayores responsabilidades en el cuidado de los niños?

- En gran medida
- De alguna manera
- Un poco
- No del todo

126. ¿En qué medida se debió a que tuvo que asumir mayores responsabilidades en el cuidado de personas con discapacidades?

- En gran medida
- De alguna manera
- Un poco
- No del todo

127. ¿En qué medida se debió esto a que tuvo que asumir mayores responsabilidades en el cuidado de personas mayores?

- En gran medida
- De alguna manera
- Un poco
- No del todo

128. ¿Usted requiere apoyo para cuidado de personas debido a su edad, discapacidad o cualquier otra razón?

- Sí
- No → *Pase al n° 130*

→129. ¿En qué medida ha perdido los apoyos para cuidado de personas debido a la pandemia?

- En gran medida
- De alguna manera
- Un poco
- No del todo

130. Vacunas contra el COVID-19 ya están disponibles. ¿Ha recibido por lo menos una dosis de vacuna contra el COVID-19?

- He recibido al menos una dosis de vacuna contra el COVID-19
- No he recibido una vacuna contra el COVID-19 porque no he tenido tiempo
- No he recibido una vacuna contra el COVID-19 porque no sé dónde conseguirla
- No he recibido una vacuna contra el COVID-19 porque aún estoy esperando
- No he recibido una vacuna contra el COVID-19 y no planeo en recibir una
- No he recibido una vacuna contra el COVID-19 porque no soy de alto riesgo

## ACERCA DE USTED

131. ¿Qué edad tiene?

- 18 a 24 años
- 25 a 29 años
- 30 a 44 años
- 45 a 64 años
- Más de 65 años

132. ¿Es usted hispano(a) o latino(a), o de origen español?

- Sí
- No → *Pase al n° 134*

→ 133. ¿Diría que usted es...? Seleccione Sí o No por cada opción.

	Sí	No
a. Mexicano(a), mexicano(a) americano(a) o chicano(a)	<input type="radio"/>	<input type="radio"/>
b. Puertorriqueño(a)	<input type="radio"/>	<input type="radio"/>
c. Cubano(a)	<input type="radio"/>	<input type="radio"/>
d. Otro origen hispano, latino o español	<input type="radio"/>	<input type="radio"/>

134. ¿Cuál o cuáles de las siguientes opciones diría que es su raza?

*Marque todas las opciones que correspondan.*

- Blanca
- Negro o afroamericana
- Indígena de las Américas o nativa de Alaska
- Asiática
- Nativa de Hawái u otra de las islas del Pacífico
- Alguna otra raza

→ *Si no es de raza asiática, pase al n° 136*

→ 135. ¿Diría que usted es...? Seleccione Sí o No por cada opción.

	Sí	No
a. Indio(a) asiático(a)	<input type="radio"/>	<input type="radio"/>
b. Chino(a)	<input type="radio"/>	<input type="radio"/>
c. Filipino(a)	<input type="radio"/>	<input type="radio"/>
d. Japonés(a)	<input type="radio"/>	<input type="radio"/>
e. Coreano(a)	<input type="radio"/>	<input type="radio"/>
f. Vietnamita	<input type="radio"/>	<input type="radio"/>
g. Otro origen asiático	<input type="radio"/>	<input type="radio"/>

136. ¿Es sordo(a) o tiene dificultades graves para oír?

- Sí
- No

137. ¿Es ciego(a) o tiene dificultades graves para ver, incluso si usa anteojos?

- Sí
- No

138. Debido a una condición física, mental o emocional, ¿tiene dificultades graves para concentrarse, recordar o tomar decisiones?

- Sí
- No

139. ¿Tiene dificultades graves para caminar o subir escaleras?

- Sí
- No

140. ¿Tiene dificultades para vestirse o bañarse?

- Sí
- No

141. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer diligencias solo(a), como visitar el consultorio del médico o ir de compras?

- Sí
- No

**142. ¿Se considera usted...?**

- Heterosexual o straight, o sea, no es gay ni lesbiana
- Gay o lesbiana
- Bisexual
- Prefiere describirse a sí mismo

**143. ¿Se considera usted transgénero?**

*Se considera transgénero cuando una persona piensa que es de un sexo diferente al que se le asignó al momento de nacer, como una persona que nació mujer y ahora se considera hombre.*

- Sí
- No

**144. ¿Está usted...?**

- Casado(a)
- Divorciado(a)
- Viudo(a)
- Separado(a)
- Nunca se ha casado
- Miembro de una pareja no casada
- Miembro de una unión civil

**145. ¿Cuál es el grado o año escolar más avanzado que ha completado?**

- Menos que una graduación de la escuela secundaria o preparatoria o high school
- Graduación de la escuela secundaria o preparatoria o high school (grado 12 o GED)
- Algunos créditos universitarios o escuela técnica
- Título de asociado universitario
- Título de licenciatura universitaria
- Posgrado o título profesional

**146. ¿Actualmente es usted...?**

- Empleado(a) y recibe salario
- Independiente
- No ha trabajado por 1 año o más
- No ha trabajado por menos de 1 año
- Encargado(a) del hogar
- Estudiante
- Jubilado(a)
- No puede trabajar

**Pase al n°  
150 en la  
página 22**

**147. ¿Tiene más de un trabajo? Es decir, más de un empleador, no solo varios lugares de trabajo.**

- Sí
- No

**148. Piense en su trabajo principal, ¿qué tipo de trabajo realiza? Por ejemplo, enfermero registrado, conserje, cajero o mecánico de automóviles.**

**149. Piense en su trabajo principal, ¿en qué tipo de empresa o industria trabaja? Por ejemplo, hospital, escuela primaria, restaurante o supermercado.**

**150. ¿Es propietario(a) o alquila su vivienda?**

- Es propia
- Es alquilada
- Algún otro arreglo

**151. Sin incluir esta encuesta, ¿ha participado alguna vez en algún tipo de estudio de investigación relacionado con la salud?**

- Sí
- No

**152. ¿Dónde obtiene su información de salud? Seleccione todos los que correspondan.**

- Médico/enfermero/farmacéutico/etc.
- Líder religioso
- Familia/amigos
- Redes sociales
- Noticias de radiodifusión
- Noticias impresas
- Radio
- Alguna otra fuente

**153. Qué tan fácil o difícil es para usted... Seleccione una respuesta para cada afirmación.**

	Muy difícil	Algo difícil	Algo fácil	Muy fácil
a. ¿Obtener asesoramiento confiable sobre su salud?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ¿Entender lo que le dicen los médicos?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ¿Rellenar formularios médicos por su cuenta?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ¿Entender la información de salud en los medios de comunicación?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ¿Aprovechar las actividades y recursos de su comunidad para mejorar su salud?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ¿Encontrar a alguien en su vecindario que le dé información o consejos de salud?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**154. ¿Cuántas personas, incluyéndose usted, viven en esta vivienda? Cuente a las personas que pasan la mayor parte del tiempo en esta vivienda. Ingrese un número por cada categoría. Si no hay ninguna, ingrese 0.**

- Adultos, mayores de 18 años
- Niños, entre 11 y 17 años
- Niños, entre 6 y 10 años
- Niños, entre 1 y 5 años
- Niños, menores de 1 año

**¡GRACIAS!**

**155.** Si usted es el padre, la madre, el padrastro, la madrastra, el padre adoptivo o la madre adoptiva o el tutor legal de niños menores de 18 años, nos gustaría entender la composición de su familia. Utilizamos esta información para entender las necesidades de salud específicas de las familias.

**¿De cuántos niños es usted padre, madre, padrastro, madrastra, padre adoptivo o madre adoptiva o tutor legal? Si no hay ninguno, ingrese 0.**

niños

**156.** ¿Cuál es su ingreso familiar combinado anual? Por ingreso familiar nos referimos al ingreso combinado de todos los que viven en la vivienda, incluidos los compañeros de casa “roommates” o aquellos que reciben un ingreso por discapacidad.

Sus respuestas son privadas y confidenciales y no pueden usarse para afectar sus beneficios.

\$  ,  ,

**157.** ¿Podemos comunicarnos con usted en caso de que tengamos más preguntas?

- Sí  
 No

**158.** Por favor proporcione su información de contacto para que podamos enviarle sus \$10.

Nombre:

Apellido:

Correo electrónico (email):

Teléfono:  -   
Código de área      Número

**¡Gracias por participar en la Encuesta Healthy Chicago (Chicago saludable)!**

**Envíe este cuestionario en el sobre proporcionado a:**

**Healthy Chicago Survey  
c/o RTI International  
0217366.002.001  
5265 Capital Boulevard  
Raleigh, NC 27616-2925**

**Recibirá sus \$10 dólares en tres o cuatro semanas.**

**APPENDIX C**  
**2022 HCS USABILITY TESTING REPORT**

**May 2022**

# **2022 Healthy Chicago Survey**

## **Web/Paper Survey Usability Testing Report**

Prepared for

**Chicago Department of Public Health**

333 S State St Ste 200

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Prepared by

**RTI International**

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RTI Project Number 0217366.002

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RTI International is a registered trademark and a trade name of Research Triangle Institute.

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## I. Introduction

The Healthy Chicago Survey (HCS) was first fielded in 2020 as a self-administrated web and mail survey. The HCS questionnaire includes a variety of health topics about sensitive behaviors, such as the use of tobacco, alcohol, and cannabis. An important benefit of completing the survey via self-administration is the reduction of measurement error related to topics of a sensitive nature.

Administering HCS using web and mail as modes should reduce the underreporting of these behaviors typically found in interviewer-administered modes.

The challenge with self-administered surveys resides in the respondent's ability to navigate the survey instrument properly and understand the questions without the aid of an interviewer. This can be specifically true of mailed paper survey instruments. With paper survey instruments, respondents will need to navigate the various skip routes and read transition statements along with other instructions. Incorrectly followed skip logic can lead to item nonresponse.

This year the HCS survey instrument remains largely the same as in previous years. There were a few new questions added, and CDPH also included the Children & Teens section, which was last administered in 2020 HCS. As part of the questionnaire development phase of this study, RTI conducted a series of usability tests with a variety of participants to assess question wording and response options, as well as screen layouts of the web survey, page layout of the mail survey, and instructions to the respondent.

## II. Methods

Usability testing is an important step in survey instrument design. Having respondents test a web instrument demonstrates the time it takes to complete a form, the amount of self-editing required, and the navigational problems that users might face. With paper instruments, usability testing helps ensure that respondents can follow skip patterns and the general layout of the survey. Across modes, usability testing helps identify unforeseen challenges in responding to survey questions which provides survey designers the opportunity to check the reliability and validity of their questions.

For this effort, RTI screened and recruited a total of 12 participants in the City of Chicago to complete usability test sessions using either a desktop/laptop computer, smartphone (Android/iPhone) or a paper survey instrument.

### **Participant recruitment**

RTI recruited participants through a Craigslist advertisement in the Chicago, IL area (Attachment A - Advertisement). The advertisement included a URL to a short web-based online screening form to determine eligibility. The screener included questions on gender, age, race, ethnicity, Spanish fluency, level of education, Chicago residency, and whether their household income over the past 12 months

was over or under \$30,000 (Attachment B—Participant screener). Our goal was to recruit Chicagoans across a range of socio-economic characteristics, including native-Spanish speakers who could test the Spanish versions of the instruments. In addition to socio-demographic questions, the screener form asked participants to select the devices on which they would be willing to complete the survey (i.e., desktop/laptop computer, iPhone or Android device).

The Craigslist advertisement was posted on May 5 and usability testing began on May 11. In total, we received 155 completes and 47 partial completes of the screener form. From the group of completed screeners, we contacted 12 individuals to participate in usability testing. Four of the initial contacts failed to show for the interview, so four other individuals were selected in their place. All attempts were made to diversify the sample in terms of age, gender, socioeconomic status, race, mode and device type (Table 1).

### **Usability interviews**

Interviews were conducted using Zoom video-conferencing software so that we could live video stream the participants completing the survey. The invitation to participate included instructions for connecting to Zoom and mentioned the device that we wanted them to use to complete the survey. Those selected to complete the paper survey were also emailed a PDF of the instrument and instructed to have it open at the start of the interview. With permission, we recorded the interaction between the participant and interviewer along with the participant's screen displaying the web or paper survey as they worked through the instrument. The recordings helped ensure the interviewer notes were accurate when summarizing the results.

The interviewer provided the participant with information about the session at the beginning of the interview. Participants were asked to read questions aloud and state their response so the interviewer could follow along and note whether survey instructions were read or skipped. Participants were also encouraged to let us know if they had trouble understanding or answering a question. Interviewers asked scripted and spontaneous prompts as the participant worked their way through the survey (Attachment D and E – Usability Protocols). The English web and paper protocols were used in the Spanish interviews with the interviewer translating scripted prompts and then recording their notes in English.

Completed interviews included 6 (50%) by desktop/laptop computer, 4 (33.3%) by Android device, and 2 (16.7%) by iOS. A total of 8 respondents (66%) tested the web survey and 4 (44%) tested the paper survey. Two (16.7 %) of the 12 respondents tested the interview in Spanish with one testing the web instrument and the other completing the survey by paper. The interviews ranged from 35 minutes to 1 hour and 10 minutes in length. Following each interview, participants were emailed a \$60 VISA digital code as a token of appreciation for completing the interview.

In general, respondents were able to complete the usability tests without technical issues or other interruptions. One interview, however, ended when the respondent was 70 percent of the way through because they had to attend to a crying child. Before exiting the survey, the respondent had answered all new questions to the 2022 iteration of the survey, and they were able to describe how they would exit

and re-enter at a later time. In another interview, the participant could not open the attachment of the paper survey. In that case, the interviewer shared their screen of the survey and asked that the respondent to dictate how they would navigate through the survey.

Table 1: Demographics of Usability Test Participants

P	Age	Gender	Education	Income	Race	Hispanic, Latino/a, or Spanish origin	Lang.	Mode	Device	Length
1	47	Female	Some college	< \$30k	Black	No	Eng.	Web	iOS	41:43
2	27	Male	Some college	< \$30k	Black	No	Eng.	Web	iOS	35:06
3	35	Female	College+	< \$30k	Black	Yes	Span.	Web	Desktop/laptop	59:02
4	63	Male	Some college	< \$30k	Black	No	Eng.	Paper	Desktop/laptop	42:33
5	26	Male	High school or GED	< \$30k	White	Yes	Eng.	Web	Android	1:09:58
6	26	Female	College+	> \$30k	Black	No	Eng.	Paper	Desktop/laptop	49:02
7	26	Female	High school or GED	< \$30k	Black	No	Eng.	Web	Android	47:09
8	19	Male	High school or GED	> \$30k	White	No	Eng.	Web	Android	57:49
9	42	Male	High school or GED	< \$30k	White	Yes	Eng.	Web	Android	51:42
10	51	Female	High school or GED	< \$30k	White	Yes	Eng.	Web	Android	59:07
11	51	Male	Some college	< \$30k	White, Amer. Indian or Alaska Native	Yes	Eng.	Paper	Desktop/laptop	56:34
12	36	Female	College+	> \$30k	Black	Yes	Span.	Paper	Desktop/laptop	49:58

### III. Global Findings

Following the administration of the usability interviews, some global issues/themes became apparent. The following are some global findings that we found:

- Instructions were inconsistently read or followed. For the paper survey this was true even when respondents reported reading the survey instructions at the beginning of the survey and understanding how to follow skip instructions. For the web survey, we noted that some respondents read all instructions, while other respondents skipped some introductions or help text. Others referred to them only when they needed help answering a question. We don't think this is a problematic finding given that respondents were instructed to read the instructions, question text, and responses, which is already different from the actual survey experience that respondents will have in the field.
- The web survey tested the ability to break off or exit the survey to return later and complete the questions. All users were able to describe how they would exit and log back on, mentioning

that they would use the ‘save and continue later’ option. Even if the users were to simply close the survey window, the programming still saves all responses and data collection is not impacted.

- Testers of the web survey were asked to go back a question and change a response. All respondents were successfully able to complete this task and no issues were reported.
- Overall, respondents felt the survey was easy to follow along and understand.
- Five respondents described the survey as long, but several mentioned that they think it would go quicker if they weren’t reading questions out loud.

Overall, we have no major concerns about the usability of the web or paper survey. As with the usability testing in previous years, we feel confident about the quality and functionality of both modes.

#### IV. Question by Question Findings

The following are specific questions that the usability interview participants had trouble with or had feedback on. If we did not encounter a problem with a question during testing or if a question finding was isolated to a single respondent, it was not included here. A few questions were specifically probed on because they were new to the 2022 instrument.

##### **Q13 (PAPI). What are the reasons you missed or postponed appointments during COVID-19? Check all that apply.**

This is the second year for this question, and we wanted to test whether respondents still thought the list of response options was exhaustive. Most people did not experience any issues with the list and thought it was complete. One respondent said they feel clinics do not want to see patients if their appointments are not COVID-19 related and suggested having an option that would say something like, “the clinic thought the appointment was not a priority.” Another respondent mentioned that it would be nice if the list included the response option, “I forgot my insurance card.”

*Recommendation: RTI recommends no change to this question. We think the option, “the clinic cancelled my appointment because of COVID-19” would cover any clinic recommendations to postpone a non-COVID-19 related appointment. Since the insurance card suggestion was only mentioned by one respondent, and because a doctor will still see a patient even if they forget their insurance card, we do not recommend changing the list.*

##### **Q56 and Q57 (PAPI). How tall are you without shoes?/About how much do you weigh without shoes?**

One of the Spanish-speaking respondents had difficulty answering Q56, “About how tall are you without shoes?” and Q57, “About how much do you weigh without shoes?” because they were more accustomed to the metric system of measurement.

*Recommendation: RTI recommends no change to this question as the Customary System is the primary system of measurement in the United States and because this hasn’t been a widespread issue in years past,*

### **Q58 (PAPI). What is your gender?**

The response category, “Third gender or nonbinary,” was added in 2021. One female respondent commented on this question and said she thought some might find “third gender” offensive. She suggested we only use the term “non-binary” in the response option.

*Recommendation: RTI recommends no change to this question since it was used last year with no issue and only one person made a suggested change.*

### **Q119-Q121 (PAPI). Children and Teens Section**

While these questions are new to the survey this year, they did not pose any challenge to any of the respondents.

### **Q125-Q127 (PAPI). To what extent was this because you had to take on increased childcare responsibilities/ caregiving responsibilities for people with disabilities/ increased caregiving responsibilities for elderly people?**

These questions are asked of respondents if they answer “yes” to the question, “Have you been let go, had to reduce work hours, or had a reduction in pay because of COVID-19. Four of the 12 respondents found these questions confusing and said they wished they provided more context. One of those respondents was testing the paper survey and was able to easily glance at Q124 to remind themselves what the subsequent questions were referring to, but the web respondents would have needed to navigate back a question for the same reminder.

*Recommendation: To facilitate a better experience for web respondents, RTI recommends changing the question stem for Q146 (PAPI Q125), Q147 (PAPI Q126), and Q148 (PAPI Q127) to include the following lead-in statement: “You stated that you have been let go, had to reduce work hours, or had a reduction in pay because of COVID-19.” RTI does not recommend making this change to the PAPI version because these respondents can more easily review the previous questions and understand what is being asked.*

### **Q143 (PAPI). Do you consider yourself to be transgender?**

There were no reactions to this question or the definition of transgender.

*Recommendation: RTI recommends no change to this question.*

## IV. Attachments

### Attachment A – Advertisements

[reply](#) [favorite](#) [hide](#) [flag](#) [share](#) Posted 19 days ago [print](#)

#### Participants Needed to Test a Survey - \$60 Paid (Chicago) (Chicago)

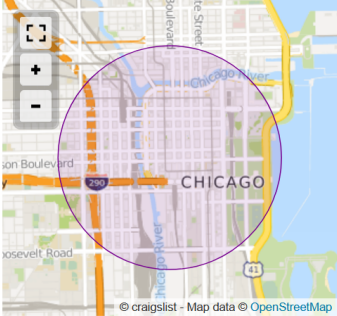
RTI International, a not-for-profit research organization, is seeking individuals to provide input on a health survey of Chicago residents. We are looking for individuals 18 years of age or older to participate. Eligible participants must have access to a Wi-Fi network and a device, such as a computer, tablet, or smartphone, on which to take the survey. Some respondents may be asked to complete a paper version of the survey.

Participants will receive a \$60 electronic VISA gift card for a 60-minute interview conducted online. Participants will be required to download the Zoom application on their computer or smartphone in order to complete the interview. All information provided will be kept private.

Interviews will be conducted in May 2022.

For more information and to determine eligibility, please complete a short online screening form: <https://survey.rti.org/se/1/hcsscreener>

- do NOT contact me with unsolicited services or offers



compensation: \$60 electronic Visa gift card

## Attachment B – Participant screener

### Screener questions for HCS

Thank you for your interest in testing questions we plan to use in an upcoming study. We would like you to respond to the following questions to determine whether you are eligible to participate.

The information you provide will be kept confidential and used only for the purpose of determining eligibility.

Please select “next” to start the survey.

1. Are you...?  
1=Male  
2=Female  
3=Third gender or non-binary  
4=Prefer to self-describe: \_\_\_\_\_
  
2. What is your current age? \_\_\_\_\_
  
3. Do you live in Chicago or surrounding communities?  
1=Yes  
2=No
  
4. What is the **highest** level of education you have **completed**?  
1=Less than high school  
2=High school graduate or GED Equivalent  
3=Some college  
4=College graduate or higher
  
5. Was your total household income before taxes during the last 12 months over or under \$30,000? Think about income from you, your partner or spouse, and any other sources.  
1=Over \$30,000  
2=Under \$30,000  
3=I prefer not to answer
  
6. Are you of Hispanic, Latino, or Spanish origin?  
1=Yes  
2=No



7. Do you speak fluent Spanish  
 1=Yes  
 2=No
8. What race or races do you consider yourself to be? You may select one or more.  
 1=White  
 2=Black or African American  
 3=American Indian or Alaska Native  
 4=Asian or Pacific Islander  
 5=Other race(s). Please specify the other race(s): \_\_\_\_\_
9. The interview can be completed using an iPhone or Android smartphone or personal computer. Which device would you prefer to use for your interview? Please select all that apply.  
 1=iPhone Smartphone  
 2=Android Smartphone  
 3=Personal computer/laptop  
 4=Does not have any of these devices
10. What time(s) of day can you complete the survey? Please select all that apply.  
 1=Morning (8:00 am to 11:59 am CT)  
 2=Afternoon (12:00 pm to 4:59 pm CT)  
 3=Evening (5:00 pm to 8:59 pm CT)
11. Please provide your first name. \_\_\_\_\_
12. Please provide your telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_
13. Please provide your email address: \_\_\_\_\_
14. Please provide your mailing address:  
 Street address:  
 Address 2:  
 City:  
 State:  
 Zip:

END. Thank you for providing this information. We will review your responses and contact you if you are eligible to participate.

## Attachment C – Invitation Emails

### Example Invitation Email in English

Hi [REDACTED]

Thank you for expressing interest in helping us test a survey instrument. The interview will be conducted via Zoom this Wednesday at 11 am CT.

Below are instructions you will need to join the interview. You will be using **your iPhone Smartphone** to test the survey.

**Downloading the Zoom application on your iPhone: Please do this before the start of the interview.**

1. Go to the App Store
2. Type in "Zoom Cloud Meetings" and search
3. Download Zoom Cloud Meetings

**Sharing your screen with the interviewer—Please do this at the start of the interview. You will not be required to share video of yourself.**

1. Open the Zoom application. Tap the blue button that says, "Join a Meeting" or Join
2. Enter the meeting ID number: 983 6800 5837
3. Enter password: 964870
4. Once you're in the meeting, look for the green icon that says "Share." Tap the share icon and then share your preferred web browser.
5. Type in or click on the following URL: <https://survey.rti.org/se/1/hcs2022/>
6. The interviewer will then go over how to test the instrument with you.

Please let me know if you have any questions and thanks again for your willingness to help. As a thank you for your participation, you will receive a \$60 electronic VISA gift card at the completion of the interview.

Sincerely,

**Lauren Scott, Ph.D.**

[she/her](#)

Survey Research Project Manager, Division of Research Services

RTI International

Office phone: (919) 485-7644

[lscott@rti.org](mailto:lscott@rti.org)

### Example Invitation Email in Spanish

Hola [REDACTED]

Gracias por expresar interés en ayudarnos a probar un instrumento de encuesta. La entrevista se realizará vía Zoom este miércoles (5/18) a las 9 am CT.

A continuación se presentan las instrucciones que necesitará para unirse a la entrevista. Utilizará su **computadora personal** para probar la encuesta. Se adjunta el instrumento de encuesta.

Descarga de la aplicación Zoom: Si aún no tiene Zoom, el navegador Zoom debería descargarse automáticamente cuando se una a la reunión. También está disponible para descarga manual aquí: <https://zoom.us/download>

**Compartir la pantalla con el entrevistador: haga esto al comienzo de la entrevista. No se le pedirá que comparta video de usted mismo.**

1. Únase a la reunión de Zoom aquí: <https://rtiorg.zoom.us/j/92679641646?pwd=TmpoamNZa3F3QjJB3NjdzllY21wZz09>
  - a. Contraseña: 697491
2. Descargue la Encuesta de [Healthy Chicago](#) que se adjunta en formato [pdf](#) a esta invitación. Luego, en Zoom, busque el icono verde que dice "Compartir". Toca el icono de compartir y comparte la pantalla del [pdf](#).
3. El entrevistador luego repasará cómo probar el instrumento con usted. |

Por favor, hágame saber si tiene alguna pregunta y gracias de nuevo por su disposición a ayudar. Como agradecimiento por su participación, recibirá una tarjeta de regalo VISA electrónica de \$60 después de completar la entrevista.

Gracias,

Paola Sardi (she/her)

Survey Specialist

RTI International

## Attachment D – Web Usability Protocol

### HCS Web Usability Protocol

#### 2022 HCS Usability Protocol – CAWI

**Participant ID:**  
**Usability interviewer:**  
**Date of interview:**

#### Introduction/Consent

*Welcome the participant.*

Thank you for agreeing to participate in this interview. Before we begin, I want to tell you a little more about the study. The Healthy Chicago Survey asks about the health of people living in Chicago. The information collected will be used to develop programs in Chicago to improve the health of Chicagoans.

We have developed a draft survey that we are testing with 12 people to ensure that the instructions make sense, the questions and answer options are clear, the survey is easy for you to navigate, and to help us determine if you have any challenges in completing the survey.

We expect this interview to last no longer than one hour. As a token of appreciation for your time, we will provide you with \$60.

#### [INSTRUCTIONS]

There are no right or wrong answers. We are not planning to keep or use your answers to the survey questions. We just want to see how you complete the survey and if you have any challenges.

As you complete the survey, I would like you to read the questions out loud and tell me your answer. (*Again, it does not matter what your answer is to the question, so if you're more comfortable, you can make up an answer. I care more about whether the question or answer choices are confusing to you.*)

#### [PERMISSION TO RECORD]

I would like to record today's session. We will only record your voice as you complete the survey. You do not have to share your video. You can also leave out any information that may identify you, like names of people and streets.

Would it be okay to record the session?

*If yes, START ZOOM RECORDING.*

As you are completing the survey, please let me know if you have any questions or concerns, if something doesn't make sense, or if you are unsure how to do something. Anything you can tell me will be helpful. If I notice you pause on a survey question, I may ask you to tell me what you are thinking about.

Do you have any questions before we begin?

[OPENING SURVEY LINK AND ENTERING PIN]

(Confirm that the respondent is completing the survey using the device mentioned in the invitation.)

When you are ready, please begin the survey. Again, please read the question out loud and tell me your response. I may interrupt from time to time to ask you specific questions. However, you can help me by letting me know if you find anything confusing as you complete the survey.

**INTERVIEWER: NOTE ANY USABILITY / COGNITIVE ISSUES AS PARTICIPANT COMPLETES THE SURVEY. PROBE AS NEEDED.**

**Introduction**

- *Did respondent read the introduction?*

*If No: Have them read the introduction before moving on.*

**Survey Instructions**

- *Did respondent read the instructions?*

*If No: Have them read the introduction before moving on.*

**General Health Section**

- *C7 – did respondent read the definition statement before answering?*
- *Q156 – did respondent read the instruction statement before answering?*
- *Q116 – **PROBE:** What did you think about the list of responses? Is there anything that's unclear? Is there anything that you think is missing?*
- *Q117 – did respondent read the definition statement before answering?*

**Chronic Health Conditions Section**

- *E1 – did respondent read the instruction statement before answering?*
  - *Did respondent select the right "Yes" option?*
- *G7 – did respondent select the right "Yes" option?*

**AT G4, ASK RESPONDENT TO BACK UP**

- *Let's pretend you realized you chose the wrong answer in the previous question and wanted to change your answer. Can you show me what you would do?*
- *E1 grid: Did respondent answer each item before moving on?*

**Tobacco Use Section**

**AFTER QUESTION J1 – ASK PARTICIPANT TO BREAK OFF**

- *Pretend that you need to close the survey because something came up. You intend to come back and finish later. Show me what you would do.*
- *Note how the respondent would re-access the survey.*
- *Note any issues.*
- *J5 – did respondent read the instruction statement before answering?*

### **Cannabis Use Section**

- *Q15 – did respondent read the instruction statement before answering?*
- *JJ1 – Note how respondent entered response – any issue with the field?*
- *JJ3 – did respondent answer each statement?*

### **Diet & Physical Activity Section**

- *L1 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *L2 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *L6 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *K16 – did respondent read the instruction statement before answering?*
- *K1 – Note any reactions to the new response category number 3 (“third gender or nonbinary”).*

### **Alcohol & Prescription Drugs**

- *W1 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *W3\_M / W3\_F – Note how respondent entered response – any issue with the field?*
- *W5 – did respondent read the instruction statement before answering?*
- *Q158 – did respondent read the instruction statement before answering?*

### **Cancer Screening Section**

- *P3 – did respondent read the instruction statement before answering?*

### **Mental Health Section**

- *S1 series – did respondent answer each statement?*
- *S9 series – did respondent answer each statement?*
- *Q46 – Note how respondent entered response – any issue with the field?*

### **Financial Security Section**

- *FS1 series – did respondent answer each statement?*

### **Your Neighborhood Section**

- *AA7 series – did respondent answer each statement?*
- *Q56 – did respondent read the instruction statement before answering?*
- *Q64 – Note how respondent entered response – any issue with the field?*
- *Q69 series – did respondent answer each statement?*

### **Coronavirus & COVID-19 Section**

- *Q149 – did respondent have any difficulties answering this question?*

### **About You Section**

- *K4a – did respondent answer each statement?*
- *K5 – was it clear that this was a Check All That Apply question?*
- *K6 – did respondent answer each statement?*
- *K22 and K25 – Note any reactions to the question.*
- *K25 – did respondent read the instruction statement before answering?*
- *Q106a – did respondent read the instruction statement before answering?*
- *Q150 and Q151 – did respondent experience any difficulty answering these questions?*
  - *Did respondent read the instruction statement before answering?*
- *K9 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the fields?*

- *CM1 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *K14 – did respondent read the instruction statement before answering?*
  - *Note how respondent entered response – any issue with the field?*
- *Sending the survey back – were these instructions clear?*

### **Debriefing Questions**

*D1. Overall, what did you think of the survey?*

*D2. What did you think about the layout of the survey? Was everything easy to read?*

*D3. What did you think of the skip instructions? Were they clear to follow? Did you know which questions to answer?*

*D4. Was there anything challenging about taking this survey?*

*D5. Were there any questions that were difficult for you to answer?*

*D6. What did you think about the length of the survey?*

*D7. Is there anything else that you'd like to share about this survey?*

## Attachment E – Paper Usability Protocol

### 2022 HCS Usability Protocol – PAPI

**Participant ID:**  
**Usability interviewer:**  
**Date of interview:**

#### Introduction/Consent

*Welcome the participant.*

Thank you for agreeing to participate in this interview. Before we begin, I want to tell you a little more about the study. The Healthy Chicago Survey asks about the health of people living in Chicago. The information collected will be used to develop programs in Chicago to improve the health of Chicagoans.

We have developed a draft survey that we are testing with 12 people to ensure that the instructions make sense, the questions and answer options are clear, the survey is easy for you to navigate, and to help us determine if you have any challenges in completing the survey.

We expect this interview to last no longer than one hour. As a token of appreciation for your time, we will provide you with \$60.

#### [INSTRUCTIONS]

There are no right or wrong answers. We are not planning to keep or use your answers to the survey questions. We just want to see how you complete the survey and if you have any challenges.

As you complete the survey, I would like you to read the questions out loud and tell me your answer. *(Again, it does not matter what your answer is to the question, so if you're more comfortable, you can make up an answer. I care more about whether the question or answer choices are confusing to you.)*

#### [PERMISSION TO RECORD]

I would like to record today's session. We will only record your voice as you complete the survey. You do not have to share your video. You can also leave out any information that may identify you, like names of people and streets.

Would it be okay to record the session?

*If yes, START ZOOM RECORDING.*

As you are completing the survey, please let me know if you have any questions or concerns, if something doesn't make sense, or if you are unsure how to do something. Anything you can tell me will be helpful. If I notice you pause on a survey question, I may ask you to tell me what you are thinking about.

Do you have any questions before we begin?



When you are ready, please begin the survey. Again, please read the question out loud and tell me your response. I may interrupt from time to time to ask you specific questions. However, you can help me by letting me know if you find anything confusing as you complete the survey.

**INTERVIEWER: NOTE ANY USABILITY / COGNITIVE ISSUES AS PARTICIPANT COMPLETES THE SURVEY. PROBE AS NEEDED.**

### Introduction

- *Did respondent read the introduction?*

*If No: Have them read the introduction before moving on.*

### Survey Instructions

- *Did respondent read the instructions?*

*If No: Have them read the introduction before moving on.*

### General Health Section

- *Q3 – did respondent read the instruction statement before answering?*
- *Q6 – did respondent miss skip logic?*
- *Q9 – did respondent miss skip logic?*
  - *Did respondent read the instruction statement before answering?*
- *Q12 – did respondent miss skip logic?*
- *Q13 – **PROBE**: What did you think about the list of responses? Is there anything that's unclear? Is there anything that you think is missing?*
- *Q14 – did respondent read the instruction statement before answering?*

### Chronic Health Conditions Section

- *Q16 – did respondent read the instruction statement before answering?*
  - *Did respondent select the right "Yes" option?*
- *Q20 – did respondent select the right "Yes" option?*

*Did the respondent miss the skip logic?*

- *Q23 – did respondent miss skip logic?*
- *Q29 – did respondent miss skip logic?*

### Tobacco Use Section

- Q31 – did respondent miss skip logic?
- Q32 – did respondent miss skip logic?
- Q33 – did respondent miss skip logic?
- Q35 – did respondent miss skip logic?
- - Did respondent read the instruction statement before answering?
- Q37 – did respondent miss skip logic?
  - Did respondent read the instruction statement before answering?

### Cannabis Use Section

- Q39 – did respondent read the instruction statement before answering?
  - Did respondent miss skip logic?
- Q39 – did respondent miss skip logic?
- **Q40—PROBE:** How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q41 – did respondent answer each statement?

Page Break

### Diet & Physical Activity Section

- Q44 – did respondent read the instruction statement before answering?
  - **PROBE:** How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q45 – did respondent read the instruction statement before answering?
  - **PROBE:** How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q46—did respondent miss skip logic?
- Q50 – did respondent read the instruction statement before answering?
  - **PROBE:** How would you enter your answer here? Have respondent report the number and in what field they would enter.

- *Did respondent have issue with the “period of time” question?*
- Q56—**PROBE**: How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q57—**PROBE**: How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q58– *did respondent miss skip logic?*
  - *Note any reactions to the new response category number 3 (“third gender or nonbinary”).*
- Q59 – *did respondent miss skip logic?*

Page Break

### **Alcohol & Prescription Drugs**

- Q61 – *did respondent read the instruction statement before answering? Yes*
  - **PROBE**: *How would you enter your answer here? Have respondent report the number and in what field they would enter.*
  - *Did respondent miss skip logic?*
- Q62 and Q63 – *Did respondent miss skip logic?*
  - **PROBE**: *How would you enter your answer here? Have respondent report the number and in what field they would enter.*
- Q65– *did respondent read the instruction statement before answering?*
  - *Did respondent miss skip logic?*
- Q68– *did respondent read the instruction statement before answering?*
  - *Did respondent miss skip logic?*

### **Cancer Screening Section**

- Q70 – *did respondent miss skip logic?*
- Q71 – *did respondent miss skip logic?*
- Q72– *did respondent miss skip logic?*

- Q75 – did respondent read the instruction statement before answering?
- - Did respondent miss skip logic?
- Q77—did respondent miss skip logic?

### **Mental Health Section**

- Q91 – did respondent miss skip logic?
- Q92 – did respondent answer each statement?
- Q93 – **PROBE**: How would you enter your answer here? Have respondent report the number and in what field they would enter.

### **Financial Security Section**

- Q94 – did respondent answer each statement?

### **Your Neighborhood Section**

- Q96 – did respondent miss skip logic?
- Q100 – did respondent read the instruction statement before answering?
- Q105—did respondent miss skip logic?
- Q107 – did respondent answer each statement?
- 
- Q110 – **PROBE**: How would you enter your answer here? Have respondent report the number and in what field they would enter.
- Q116 – did respondent miss skip logic?

### **Coronavirus & COVID-19 Section**

- Q124 – did respondent miss skip logic?
- Q128 – did respondent miss skip logic?

### **About You Section**

- Q132 – did respondent miss skip logic?
- Q133—If applicable, did the respondent respond “yes” or “no” to each question?
- Q134 – was it clear that this was a Check All That Apply question?

- - *Did respondent miss skip logic?*
- Q142 and Q143—note any reaction to these questions.
- Q148 and Q149 – *Did the respondent have any difficulty with these questions*
- Q154 – *did respondent read the instruction statement before answering?*
  - **PROBE:** *How would you enter your answer here? Have respondent report the number and in what field they would enter.*
- Q159 – *did respondent read the instruction statement before answering? Yes*
  - **PROBE:** *How would you enter your answer here? Have respondent report the number and in what field they would enter.*
- *Sending the survey back – were these instructions clear?*
  - **PROBE:** *Do you think you would notice the return address instructions on the last page if we weren't scrolling through it like this?*

### Debriefing Questions

*D1. Overall, what did you think of the survey?*

*D2. What did you think about the layout of the survey?*

*Was everything easy to read?*

*D3. What did you think of the skip instructions? Were they clear to follow? Did you know which questions to answer?*

*D4. Was there anything challenging about taking this survey?*

*D5. Were there any questions that were difficult for you to answer?*

*D6. What did you think about the length of the survey?*

*D7. Is there anything else that you'd like to share about this survey?*

**APPENDIX D**  
**2022 HCS PILOT TEST REPORT**

July 1, 2022

# **2022 Healthy Chicago Survey (HCS)**

## **Pilot Test Report**

Prepared for

**Chicago Department of Public Health**

333 S State St Ste 200  
Chicago, IL 60604

Prepared by

**RTI International**

3040 E. Cornwallis Road  
Research Triangle Park, NC 27709

RTI Project Number 0217366.002



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## Objectives of the HCS Pilot Test

RTI conducted a pilot test of the 2022 HCS web and paper instruments with a target of collecting 20 interviews split between each mode (10 web surveys and 10 paper surveys). The pilot test started on June 8, 2022 and closed on June 28, 2022. The goal of the pilot test was to collect data in both modes of data collection, as well as to test RTI's systems, processes, and applications to be used during data collection. Although RTI completed testing during programming and development, it is always beneficial to collect real data and to verify that everything is working as intended.

RTI's systems tests during pilot included the following systems, processes, and applications:

- **TeleForm** – TeleForm is the software RTI uses to program the HCS paper survey. It uses Optical Character Recognition to electronically convert scanned images of text (handwritten, typewritten, and printed) into machine-encoded text. It requires coding and formatting to ensure that scanned paper surveys correctly read all data.
- **Voxco** – Voxco is the software RTI uses to program the HCS web survey. It is a multi-mode data collection system that tracks survey activities and sample cases across modes and provides a centralized survey management portal to manage survey progress. It requires coding. While RTI conducted usability testing using the Voxco CAWI program, the pilot test enabled us to collect data using the actual data collection protocol rather than relying on simulated data alone.
- **Symphony** – Symphony serves as the database management system for projects that use mailings, like the HCS. All mailings must be logged into the system to enable tracking of all sample records. All returns are receipted and coded as “stages” and “events”, such as “undeliverable” and “completed survey”.
- **Mail receipting/Data Capture** – RTI has a team of data capture clerks, who open all returned mail for the HCS project and sort the mail based on stage, recording that data into Symphony. All paper surveys are batched and scanned. Scanned data is then committed into the TeleForm survey dataset on RTI's secure network. All paper data is verified using a two-step process, where one clerk enters data, then a senior clerk verifies and makes necessary corrections. The Symphony programmer merges both web and paper survey data for the team of statisticians to check.

## Sample

The pilot sample consisted of 200 records from the first sample release. A total of 20 cases of the pilot sample (10% of total pilot sample) were designated to receive a Spanish PAPI instrument. These are households flagged as most likely to contain one or more Hispanic individuals, based on data from two sources: (1) American Community Survey estimated density of Hispanics at the Census block group level associated with the sampled address; and (2) surname information from our enhanced ABS frame, where available, matched against a look-up file the Census Bureau publishes containing race/ethnicity probabilities of a given surname.

## **Instrument Development**

The survey versions administered during the pilot contained revisions based on RTI and CDPH's testing of the CAWI and review of the PAPI. There was one revision to the instrument that could not be incorporated into the pilot versions of the instruments: the addition of a resource after the new mental health questions. This change will be incorporated into the programs used for data collection.

## **Data Collection Protocol**

The pilot test began on June 8 when Grace Printing mailed out survey packets containing CAWI login credentials, a copy of the paper survey, and a business reply envelope. The 20 addresses flagged as likely to contain one or more Hispanics individuals received both an English and a Spanish paper survey.

Since the pilot test was designed to test RTI's systems, only the first mailing of the data collection protocol was sent.

## **Pilot Test Results**

As of June 29, the pilot collected a total of 21 interviews. Of these, 18 were CAWI interviews. There were 3 PAPI surveys returned by June 30. All surveys were completed in English.

Of the 18 CAWI interviews, 13 completed on a smartphone device and 5 completed on a desktop.

The average completion time of CAWI was 25 minutes. The estimated survey timing specified at the beginning of the survey was increased from 20 to 25 minutes, which should be appropriate to leave as is.

There were 8 cases that dropped out or suspended, meaning 69% of the respondents who accessed the CAWI and started the survey also completed the survey. Of the 8 suspended cases, 3 dropped out at the introduction, while the others suspended at various points in the survey itself.

RTI also conducted a check of the pilot test data for the following potential issues:

- Frequencies – we examined frequencies of all variables, including free response text
- Skip patterns – we created flags to check that all skip patterns were being implemented correctly
- Out of range or invalid values – we created flags for all applicable questions
- Other-specify fields – we checked that the field only had an answer when the respondent chose the “other-specify” option
- Dataset completeness – we checked that all questions in the questionnaire were also in the dataset and vice versa

## Select Demographic Data (from CAWI completes only)

### Community Area (CA\_ID)

Value	Completes	Percent
4-Lincoln Square	3	16.7%
8-Near North Side	1	5.6%
10-Norwood Park	1	5.6%
17-Dunning	1	5.6%
18-Montclare	1	5.6%
20-Hermosa	1	5.6%
24-West Town	1	5.6%
36-Oakland	1	5.6%
37-Fuller Park	1	5.6%
39-Kenwood	1	5.6%
48-Calumet Heights	1	5.6%
49-Roseland	1	5.6%
52-East Side	1	5.6%
70-Ashburn	1	5.6%
76-O'Hare	2	11.1%
<b>Total</b>	<b>18</b>	<b>100.0%</b>

### Gender (K1)

Value	Completes	Percent
01-Male	6	33.3%
02-Female	12	66.7%
<b>Total</b>	<b>18</b>	<b>100.0%</b>

### Age (K3)

Value	Completes	Percent
01-18-24	1	5.6%
02-25-29	4	22.2%
03-30-44	4	22.2%
04-45-64	6	33.3%
05-65 or older	3	16.7%
<b>Total</b>	<b>18</b>	<b>100.0%</b>

### Hispanic/Latino (K4)

Value	Completes	Percent
01-Yes	3	16.7%
02-No	15	83.3%
<b>Total</b>	<b>18</b>	<b>100.0%</b>

### Race (K5)

Value	Completes	Percent
01-White	9	50.0%
02-Black or African American	5	27.8%
03-American Indian or Alaska Native	0	0.0%
04-Asian	0	0.0%
05-Native Hawaiian or Pacific Islander	1	5.6%
06-Some other race	3	16.7%
<b>Total</b>	<b>18</b>	<b>100.0%</b>

### Education Level (K11 / Q105)

Value	Completes	Percent
01-Less than high school graduation	0	0.0%
02-High school graduation (Grade 12 or GED)	3	16.7%
03-Some college or technical school	5	27.8%
04-Associate degree	3	16.7%
05-Bachelor's degree	4	22.2%
06-Graduate or professional degree	3	16.7%
<b>Total</b>	<b>18</b>	<b>100.0%</b>

## Conclusion

After completing all systems tests and checking CAWI/PAPI pilot test data, RTI is confident that main data collection is ready to begin. RTI is not making any recommendations for changing questionnaire content at this point.

**APPENDIX E**  
**2022 HCS MAILING MATERIALS IN ENGLISH AND SPANISH**



\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>

Keep the \$2,  
as a thank you  
for your help.

Dear Fellow Chicagoan:

Congratulations, you've been selected to participate in the Healthy Chicago Survey! By completing this survey, you will help the Chicago Department of Public Health (CDPH) learn about the health of people in **your** neighborhood and how to make things better. For example, your information will help CDPH create programs to reduce smoking, improve access to health services, and ensure all Chicagoans can get healthy food. The survey should be completed by an adult in your household who had the most recent birthday. We have included \$2 in this envelope as a thank you for your help.

The survey is easy and may be completed online or by scanning the QR code below:

**ONLINE**

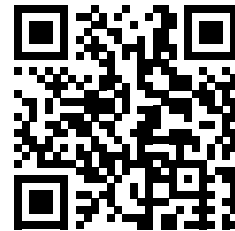
[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Get **\$20**,  
after you complete  
the survey online

Enter your LoginID: <<LoginID>>

Scan the QR code with your Phone's



Participation is voluntary, and all of your answers will be kept private and confidential. This survey is sponsored by CDPH and will take approximately 20 minutes. If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at 1-866-784-7723 or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Sincerely,

Allison Arwady, MD, MPH  
Commissioner, Chicago Department of Public Health



\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



Estimado(a) residente de Chicago:

¡Felicitaciones, usted ha sido seleccionado(a) para participar en la Encuesta de la salud pública de Chicago! Al completar esta encuesta, ayudará al Departamento de Salud Pública de Chicago (CDPH, por sus siglas en inglés) a saber sobre la salud de las personas en su vecindario y cómo mejorar las cosas. Por ejemplo, su información ayudará al Departamento de Salud Pública de Chicago a crear programas para reducir el tabaquismo, mejorar el acceso a los servicios de salud y asegurar que todas las personas que viven en Chicago puedan obtener alimentos saludables. Esta encuesta debe llenarla el adulto en el hogar que tenga el próximo cumpleaños. Hemos incluido \$2 dólares en este sobre como agradecimiento por su ayuda.

La encuesta es fácil y se puede completar por internet o escaneando el código QR a continuación:

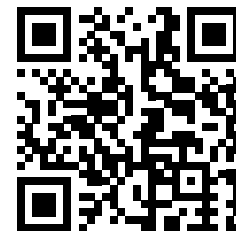
**POR INTERNET**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Reciba **\$20**,  
después de completar  
la encuesta por Internet

**Escaneé el código QR con la cámara de su teléfono**



**Ingrese su identificación de inicio de sesión: <<LoginID>>**

La participación es voluntaria y todas sus respuestas se mantendrán privadas y confidenciales. Esta encuesta está patrocinada por el Departamento de Salud Pública de Chicago y tomará aproximadamente 20 minutos. Si tiene preguntas o inquietudes sobre esta encuesta, puede visitar la página de Internet [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), puede llamarnos gratis al 1-866-784-7723 o puede enviarnos un mensaje electrónico a [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Si prefiere completar la encuesta en español, puede hacerlo por Internet o puede llamarnos al 1-866-784-7723 para que le enviemos por correo una copia de la encuesta en papel.

Atentamente,

Allison Arwady, MD, MPH  
Comisionada, Departamento de Salud Pública de Chicago



RTI International  
Attn: Data Capture (0217366.002.001)  
5265 Capital Boulevard  
Raleigh, NC 27616-2925

\*<<CaseID>>\*<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>



Help Chicago stay healthy! Open this postcard to learn how you can help communities across Chicago and earn up to \$20.  
!Ayude a Chicago a mantenerse saludable! Abra esta tarjeta postal para saber cómo puede ayudar a las comunidades de Chicago y ganar hasta \$20 dólares.



A few days ago, we mailed you an envelope containing **\$2** in cash and an invitation to complete an important survey. If you already completed the survey – *thank you*. If not, please complete your survey today.

**The survey is easy and may be completed in one of two ways:**

**ONLINE**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Scan for website



OR



Enter your LoginID:  
**<<LoginID>>**

Get **\$20**, after you complete the survey online

Hace unos días, le enviamos por correo un sobre blanco grande que contenía **\$2** dólares en efectivo y una invitación para completar una encuesta importante. Si ya completó la encuesta, – *gracias*. Si no lo ha hecho, complete su encuesta hoy.

**La encuesta es fácil y se puede completar de dos maneras:**

**POR INTERNET**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Escaneé para el  
sitio web



OR



Ingrese su identificación de  
inicio de sesión: **<<LoginID>>**

Reciba **\$20** después de completar la encuesta  
por Internet

If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at **1-866-784-7723** or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

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*Many thanks,  
Muchas gracias,*

Allison Arwady, MD, MPH  
Commissioner  
Chicago Department of Public Health  
Comisionada  
Departamento de Salud Pública de Chicago



\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>

<<COUNTY\_NAME>> County Resident

<<ADDRESS\_1>> <<ADDRESS\_2>>

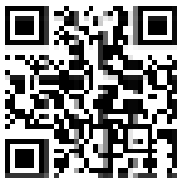
<<CITY>>, <<ST>> <<ZIP>>

Dear Fellow Chicagoan:

We have been trying to reach you about participating in the Healthy Chicago Survey. The survey is ending soon, and we would greatly appreciate your participation. By completing this survey, you will help the Chicago Department of Public Health (CDPH) learn about the health of people in **your** neighborhood and how to make things better. For example, your information will help CDPH create programs to reduce smoking, improve access to health services, and ensure all Chicagoans can get healthy food.

The survey is easy and may be completed in one of three ways:

### SCAN FOR WEBSITE



OR

### ONLINE

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



Enter your LoginID:

<<LoginID>>

Get **\$20**, after you complete the survey online

### BY MAIL

Answer questions in the paper survey that we sent.



Get **\$10**, after you complete the paper survey

Participation is voluntary, and all of your answers will be kept private and confidential. This survey is sponsored by CDPH and will take approximately 20 minutes. If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at 1-866-784-7723 or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

Si prefiere completar la encuesta en español, puede hacerlo por Internet o puede llamarnos al 1-866-784-7723 para que le enviemos por correo una copia de la encuesta en papel.

Sincerely,

Allison Arwady, MD, MPH

Commissioner, Chicago Department of Public Health





\*<<CaseID>>\*

<<SYMPH\_CaseID\_Barcode>>/<<StageID>>/<<Control#>>  
<<COUNTY\_NAME>> County Resident  
<<ADDRESS\_1>> <<ADDRESS\_2>>  
<<CITY>>, <<ST>> <<ZIP>>

Estimado(a) residente de Chicago:

Hemos estado tratando de comunicarnos con usted sobre participar en la Encuesta de la salud pública de Chicago. La encuesta finalizará pronto, y agradeceríamos mucho su participación. Al completar esta encuesta, ayudará al Departamento de Salud Pública de Chicago (CDPH, por sus siglas en inglés) a saber sobre la salud de las personas en su vecindario y cómo mejorar las cosas. Por ejemplo, su información ayudará al Departamento de Salud Pública de Chicago a crear programas para reducir el tabaquismo, mejorar el acceso a los servicios de salud y asegurar que todas las personas que viven en Chicago puedan obtener alimentos saludables.

La encuesta es fácil y se puede completar de tres maneras:

Escaneé para el sitio web



POR INTERNET

www.HealthyChicagoSurvey.org



Ingrese su identificación de inicio de sesión: <<LoginID>>

POR CORREO

Responda las preguntas de la encuesta en papel que enviamos.



Reciba \$10 después de completar la encuesta en papel

Reciba \$20 después de completar la encuesta por Internet

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Help Chicago stay healthy! Open this postcard to learn how you can help communities across Chicago and earn up to **\$20**.

---

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**ONLINE**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



OR



OR



Scan for website

Get **\$20**, after you complete the survey online

Get **\$10**, after you complete the paper survey

Enter your LoginID: <<LoginID>>

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**POR INTERNET**

[www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org)



OR



Escaneé para el sitio web

Reciba **\$20** después de completar la encuesta por Internet

Reciba **\$10** después de completar la encuesta en papel

Ingrese su identificación de inicio de sesión:  
<<LoginID>>

If you have questions or concerns about this survey, please visit [www.HealthyChicagoSurvey.org](http://www.HealthyChicagoSurvey.org), call us toll-free at **1-866-784-7723** or email us at [HealthyChicagoSurvey@rti.org](mailto:HealthyChicagoSurvey@rti.org).

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