

COVER HERE

INTRODUCTION

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

Completing this survey takes about 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, call us toll-free at 1-866-784-7723 or email us at HealthyChicagoSurvey@rti.org.

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

INSTRUCTIONS

- 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 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 nor 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.

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

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.

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

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.