

Massachusetts COVID-19 Community Impact Survey (CCIS) 2020

Adult Questionnaire

Adult Respondents Aged 25 and Older & Youth Respondents Aged 14-24 Identifying as Parents

Contact:

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COVID-19 Community Impact Survey – Adult Survey

About the survey

This survey was open to all Massachusetts adults aged 25 and older, as well as youth aged 14-24 who identified as parents. Questions were asked in the order they appear in this document.

All respondents were randomly selected into one of five split groups (labeled Split A-E). Some questions were only included for one split and are labeled accordingly. Questions asked of all respondents are marked “Core.”

Contents

Screening Questions	3
Section 1: Demographics	3
Section 2: Awareness & Perceptions of COVID-19	10
Section 3: Experiences of COVID-19	12
Section 4: Healthcare Access	14
Section 5: Impact of COVID-19 on Basic Needs	17
Section 6: Impact of COVID-19 on Mental Health	19
Section 7: Impact of COVID-19 on Substance Use	20
Section 8: Impact of COVID-19 on Employment and Income	21
Section 9: Impact of COVID-19 on Safety	24

Screening Questions

1. Are you filling out this survey for yourself or someone else?

- Myself
- Someone else

2. Do you live in Massachusetts? (Answer "yes" if you are temporarily out of state because of COVID-19.)

- Yes
- No

No -> EXIT SURVEY

3. How old are you?

Numeric response

Under 14 -> EXIT SURVEY

4. Are you the parent or guardian of a child or children?

- Yes
- No

The respondent is directed to the adult survey if they are either:

- **25 or older, OR**
- **A parent aged 14 or older**

Section 1: Demographics

101. What city or town do you live in?

Open response

Core

102. How many people - adults and children - currently live with you, including yourself?

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- 1
- 2
- 3
- 4
- 5+
- I live outside, in a shelter, or don't have a typical place to stay

Core

103. How many people who are over 60 years old currently live with you, including yourself?

Numeric response

- I live outside, in a shelter, or don't have a typical place to stay

Split B

104. Are you a caretaker of an adult(s) with special needs in your household?

- Yes
- No

Split C

105. Are you a parent/guardian of a child or youth with special health care needs? (We define children and youth with special health care needs as those who: a) Have a chronic physical, developmental, behavioral, or emotional condition that has lasted or will last 12 months or longer; and b) need health and other services beyond what is generally required by children.)

- Yes
- No
- Don't know
- Decline to answer

Split D

106. Please select all that apply to you:

- I am deaf or hard of hearing.

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- I am blind or I have trouble seeing even when I am wearing glasses.
- I have trouble concentrating, remembering, or making decisions because of a physical, mental, or emotional condition.
- I have trouble walking or climbing stairs.
- I have trouble getting dressed or taking a bath or shower.
- I have difficulty doing errands alone such as visiting a doctor's office or shopping.
- None of the above apply to me.

Core

107. Were you pregnant during the COVID-19 outbreak or did you give birth since February 2020?

- Yes
- No

Split A

No -> SKIP TO 110

108. When did you give birth?

- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- I am still pregnant
- I had a pregnancy loss/miscarriage
- Stillbirth
- Termination/abortion

Split A

109. After the start of the COVID-19 outbreak, did your birth plans change?

- Yes

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- No
- Other (please specify): _____

Split A

110. What is the highest grade or year of school you have finished?

- I finished 8th grade or less
- I have finished 9th, 10th or 11th grade
- I have graduated high school or equivalent (for example GED)
- I have finished trade, vocational, or technical school
- I started college, but I haven't graduated
- Associate's degree (for example AA, AS)
- Bachelor's degree (for example BA, BS, AB)
- Graduate degree (for example master's, professional, doctorate)

Core

111. In 2019, what was your total annual household income before taxes?

- <\$25,000
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 and above
- Don't know

Core

112. Have you ever been sentenced to stay overnight or longer in any type of corrections institution?
Examples include a jail or prison.

- Yes
- No

Split E

113. What is your sexual orientation?

- Asexual
- Bisexual and/or Pansexual
- Gay or Lesbian
- Straight (Heterosexual)
- Queer
- Questioning/I am not sure of my sexuality
- Other, (please specify): _____
- I don't understand what this question is asking

Core

114. What is your current gender identity?

- Male
- Female
- Nonbinary, Genderqueer, not exclusively male or female
- I am questioning/not sure of my gender identity
- Other (please specify:) _____
- I don't understand what this question is asking
- I prefer not to answer

Core

115. Are you transgender or of transgender experience?

- Yes
- No
- I'm not sure
- I don't understand what this question is asking
- I prefer not to answer

Core

116. Are you Hispanic or Latino?

- Yes
- No

Core

117. What is your race? Select all that apply.

- American Indian or Alaska Native (please specify tribal nation): _____
- Asian
- Black
- Native Hawaiian or other Pacific Islander (please specify): _____
- White
- Other (please specify): _____
- Unknown / not specified

Core

118. What is your ethnicity? Select all that apply.

- African (please specify): _____
- African American
- Asian Indian
- Brazilian
- Cambodian
- Cape Verdean
- Caribbean Islander (please specify): _____
- Chinese
- Colombian
- Cuban
- Dominican
- English
- Filipino
- French
- German
- Greek
- Guatemalan
- Haitian
- Honduran
- Irish
- Italian
- Japanese
- Jewish
- Korean

CCIS 2020 Adult Questionnaire

- Laotian
- Mexican, Mexican American, Chicano
- Middle Eastern (please specify): _____
- Native American (please specify): _____
- Polish
- Portuguese
- Puerto Rican
- Russian
- Salvadoran
- Scottish
- Ukrainian
- Vietnamese
- Other (please specify): _____
- Don't know / not sure
- I prefer not to answer

Core

119. (For English Survey) Do you speak language(s) other than English at home?

- Yes
- No

Core

No -> SKIP TO 121

119. (For Non-English Surveys) How well do you speak English?

- Very well
- Well
- Not well
- Not at all

Core

120. Which language(s) do you speak at home?

Open response

Core

Section 2: Awareness & Perceptions of COVID-19

201. How worried are you about getting infected with COVID-19 in Massachusetts?

- Not at all worried
- Not very worried
- Somewhat worried
- Very worried

Core

202. Please select the two sources that you go to for the most reliable and up-to-date information about COVID-19.

- Social media (Twitter, Facebook, Instagram, etc.)
- Government websites (e.g. mass.gov, CDC)
- News outlets (Newspapers, TV stations, radio stations, and websites)
- What I hear from friends and family
- Government officials
- Community partners (e.g. emails from schools, employers, businesses, community organizations, etc.)
- Other (please specify): _____

Split B

203a. Do you agree or disagree with the following statement? My community is receiving adequate support to: Prevent the spread of COVID-19

- Strongly agree
- Agree
- Neither disagree or agree
- Disagree
- Strongly disagree

Core

203b. Do you agree or disagree with the following statement? My community is receiving adequate support to: Protect workers from COVID-19

CCIS 2020 Adult Questionnaire

- Strongly agree
- Agree
- Neither disagree or agree
- Disagree
- Strongly disagree

Core

203c. Do you agree or disagree with the following statement? My community is receiving adequate support to: Ensure medical facilities have the capacity to treat everyone who is sick or injured

- Strongly agree
- Agree
- Neither disagree or agree
- Disagree
- Strongly disagree

Core

203d. Do you agree or disagree with the following statement? My community is receiving adequate support to: Help people who have lost income

- Strongly agree
- Agree
- Neither disagree or agree
- Disagree
- Strongly disagree

Core

203e. Do you agree or disagree with the following statement? My community is receiving adequate support to: Help businesses recover

- Strongly agree
- Agree
- Neither disagree or agree
- Disagree
- Strongly disagree

Core

204a. When you are outside of the home are you able to keep 6 feet between yourself and others?

- I do not leave the home
- Yes
- No

Core

I do not leave the home -> SKIP TO 301

Yes -> SKIP TO 301

205. Why not? Check all that apply

- I have to take public transportation to get to work
- I have to take public transportation to do errands
- The building where I live is crowded
- The streets where I live are crowded
- My workplace is crowded
- In order to do my work, I need to be physically close to others
- The place where I buy groceries is crowded
- The places where I eat are crowded
- Other (please specify): _____

Core

Section 3: Experiences of COVID-19

301. Have you had fever and/or cough or shortness of breath and/or muscle aches or loss of sense of taste or smell in the last 30 days?

- Yes
- No
- Don't know

Core

302. Did you ever get tested for COVID-19?

CCIS 2020 Adult Questionnaire

- Yes
- No
- Don't know

Core

Yes -> SKIP TO 303

Don't know -> SKIP TO 303

302a. Why didn't you get tested? Select all that apply.

- I didn't have any symptoms
- I only had mild symptoms
- I didn't know where to go
- I didn't meet testing criteria when I had symptoms
- The test wasn't available at where I wanted to get tested
- My doctor said I likely had COVID-19 so didn't need to be tested
- The test was too expensive
- I don't have health insurance
- Other reason (please specify): _____

Core

303. Have you or anyone you know tested positive for COVID-19? Select all that apply.

- No one I know tested positive for COVID-19
- I tested positive for COVID-19
- Someone I live with tested positive for COVID-19
- Other (please specify): _____

Core

304. Has someone close to you died from COVID-19?

- Yes
- No
- I don't know

Core

Section 4: Healthcare Access

401. Do you currently have any of the following health conditions? Select all that apply.

- Asthma
- COPD or emphysema
- Lung infection (for example: tuberculosis, pneumonia,)
- Other chronic lung conditions (for example: cystic fibrosis, lung cancer, etc)
- Cancer
- Diabetes
- Heart disease
- High blood pressure
- Immune compromised
- Kidney disease
- Liver disease
- Overweight or Obese
- I don't have any of these conditions

Split B

402. Since July 1, 2020, what has been your experience with trying to see a doctor, counselor or another medical professional? Select all that apply.

- I have not needed to see a medical professional
- I did not get the care that I needed
- I saw a provider in person
- I saw a provider by phone or video
- Other (please specify): _____

Core

I have not needed to see a medical professional -> SKIP TO 501

I saw a provider in person -> SKIP TO 501

I saw a provider by phone or video -> SKIP TO 501

Other -> SKIP TO 501

402a. For the care you did not get, why did you want to see a doctor or counselor at that time? Select all that apply.

- Regular care or check-up
- For an emergency or something urgent

Core

Regular care or check-up -> DISPLAY 402b

For an emergency or something urgent -> DISPLAY 402c

402b. What type(s) of regular care or check-up did you need at that time? Select all that apply.

- Primary care
- Mental health care
- Oral/Dental Care
- Prenatal care
- Abortion Services
- Sexual and reproductive health (example: birth control or STI)
- Other Women's Health or OB/GYN care
- Chronic disease management (for example: asthma, diabetes, high blood pressure, GI issues, cancer)
- Other (please explain): _____

Core

402c. What condition(s) did you need emergency or urgent care for at the time? Select all that apply

- Accidental poisoning
- Allergic reaction
- Chronic disease flare-ups (for example: asthma, diabetes, high blood pressure, GI issues, cancer) (please explain): _____
- Heart attack or stroke
- Injury (work-related) (please explain): _____
- Injury (non work-related) (please explain): _____
- Oral/dental pain visits
- Overdose
- Pain (for example: headaches, back pain, stomach pain, chest pain)
- Pregnancy-related complications
- Severe cold or flu symptoms
- Severe stress, depression, nervousness, or anxiety
- Seizure
- Other (please explain): _____

Core

402d. Why were you not able to get care at the time? Select all that apply.

- My appointment was cancelled, delayed, or the wait was too long
- I didn't have a phone, tablet or computer
- I didn't have good enough phone or internet connection
- There were no accommodations for people who have trouble seeing or are hard of hearing
- I did not have a private place for a phone call or video chat
- I was worried about getting COVID-19 from seeing my doctor in person
- I did not have safe transportation to get to my appointment
- I was worried I couldn't afford the care or my insurance didn't cover it
- I didn't have time for my appointment
- I had COVID-19 and had to self-quarantine
- I was caring for someone with COVID-19 and had to self-quarantine
- Other (please specify): _____

Core

403. What type(s) of health insurance do you currently have? Select all that apply.

- I currently do not have any insurance
- MassHealth
- Medicare (for those age 65+ or with disabilities)
- Private health insurance through my employer
- Private health insurance through my spouse or parent
- Private health insurance that I bought myself
- Other (please specify): _____
- Don't Know

Split C

404. Has your health insurance changed since the COVID-19 outbreak?

- No, I still have the same insurance as before the COVID-19 outbreak
- Yes. I lost my prior insurance because of a change in employment but I was able to get on long-term insurance (such as MassHealth).
- Yes. I lost my prior insurance because of a change in employment but I was able to get on short-term insurance (such as Cobra).
- Yes. I lost my prior insurance because of a change in employment and I was NOT able to get another form of health insurance.
- Other (please specify): _____

Split C

Section 5: Impact of COVID-19 on Basic Needs

501. Which of the following basic needs are you worried about getting for you and your family? This could be now or in the next couple of weeks. Select all that apply.

Household Items:

- Food or groceries
- Face masks
- Cleaning products (for example: alcohol wipes, bleach, hand sanitizer)
- Paper products (for example: paper towels, toilet paper)
- Hygiene products (for example: soap, toothbrush, toothpaste)
- Menstrual products (for example: pads, tampons)
- None of the above

Healthcare and Medication:

- Medications
- Medical care or treatment
- Mental or emotional support
- None of the above

Technology:

- Internet access
- Computer or tablet
- Cell phones
- None of the above

Childcare Supplies:

- Available and affordable childcare for my kid(s)
- Diapers, wipes
- Formula, baby food
- None of the above

Other:

- Other (please specify): _____

Core

502. Which of these would be helpful to you right now? Select all that apply.

- Free or cheaper food and other supplies
- A safe place to stay if I have to move out of my current place
- Financial and health benefits and getting help applying for them (unemployment, health insurance, federal subsidies, payment postponement, etc)
- Knowing what my rights are as an employee

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- Knowing what my rights are as an immigrant
- Knowing what my rights are as a renter or tenant
- Knowing what my rights are as an indigenous person
- Goods and services I can access as someone with a disability
- Translation services to help me get goods / services
- Emergency childcare services
- Free or discounted delivery of food, medication, and other basic supplies to me at home
- Other (please specify): _____

Core

503. Which types of expenses or bills are you most worried about paying in the next few weeks?

- Housing: Rent, mortgage, property taxes, condo fees, housing insurance
- Utilities: cable, cell, electricity, water, gas, heating
- Vehicle: lease, car loan payment, car insurance,
- Debt: credit card debt, student loan debt, bank fees
- Insurance: health insurance, disability insurance, life insurance
- School tuition / Daycare cost
- Other (please specify): _____
- I'm not worried about paying bills or expenses right now.

Core

504. Are you worried about any of these that will require you to move out of where you live in the next few months? Select all that apply

- I am having a conflict with family or roommates
- I am being abused at home
- I or my family is having problems paying rent or the mortgage on time
- I or a family member might go to jail
- I or a family member might get COVID-19
- Other reasons why you may need to move out (please specify): _____
- I live outside, in a shelter, or don't have a typical place to stay
- I'm not worried about having to move out right now

Split D

505. Have you applied to any of these financial supports since the beginning of the COVID-19 outbreak? What is the status of your application?

List of financial supports:

- State unemployment benefits
- Welfare or Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Food Stamps (SNAP)
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid (MassHealth)
- Women, Infants, and Children (WIC)
- Direct cash payment from the federal government under the CARES Act
- Children's Health Insurance Program (CHIP)

Response options:

- Didn't try to apply
- Tried to apply but form wasn't translated
- Tried to apply but website wasn't working
- Applied and denied
- Applied and haven't heard back
- Applied, qualified, but haven't received benefit
- Received benefit
- Other (please specify your application status): _____

Split E

Section 6: Impact of COVID-19 on Mental Health

601. Now thinking about your mental health, which includes stress, depression, and problems with emotions, on how many days during the past 30 days was your mental health not good?

Numeric response from 0 - 30

Core

602. In the past month, have you had three or more of the following reactions to things you've seen, heard, or experienced related to the COVID-19 outbreak:

- Had nightmares or thought about it when you did not want to?
- Tried not to think about it or went out of your way to avoid situations that reminded you of it?
- Been constantly on guard, watchful, or easily startled?
- Felt numb or detached from people, activities, or your surroundings?

- Felt guilty or unable to stop blaming yourself or others for it or any problems it may have caused?

- Yes, I have had three or more of these reactions in the past month
- I have had one or two of these reactions in the past month, but not as many as three or more
- No, I have not had any of these reactions in the past month, but I know someone else who has
- No, I have not had any of these reactions in the past month, and I don't know anyone else who has either
- I choose not to answer this question

Core

603. Which of these resources would be most helpful to you right now to help you with your mental health and well-being? Select all that apply.

- Information on how to see a therapist
- Suicide prevention and crisis resources
- Talking to a health professional on the phone
- Talking to a health professional over video chat
- Going to a support group using online platform (e.g. Zoom)
- Meeting in person with a health professional (individual and/or group therapy)
- Using an application on a mobile phone or tablet for mental health support
- Other resource(s) (please specify): _____

Core

Section 7: Impact of COVID-19 on Substance Use

701. During the past 30 days, have you used any of the following products Select all that apply.

- Conventional tobacco like cigarettes, cigars, chew
- E-Cigarettes/Vape products (JUUL, Vuse, FRUYT, or you mixed your own)
- Alcohol
- Heroin
- Other Opioids (fentanyl, dope, methadone, oxycodone, Vicodin)
- Marijuana or cannabis (dope, grass, hashish, weed)
- Cocaine (coke, yip, blow)/crack (freebase, rock)
- Amphetamine(speed)/methamphetamine (meth, crystal, tina)
- Inhalant (huffing aerosols, solvents, gases, or nitrites; whip-its / nitrous oxide)
- Ecstasy, MDMA (Molly), LSD, Katamine
- OTC drugs (dextromorphan, DXM, DM, dres, robo, rojo, tussin)

- Prescription drugs (benzo, barbiturate, tranquilizers, clonidine, ritalin, adderal)
- I have not used any of these in the past 30 days

Core

I have not used any of these in the past 30 days -> SKIP TO 802

702. Compared to before the COVID-19 outbreak (February 2020), how often are you using these products now?

- A lot more
- Somewhat more
- About the same
- Somewhat less
- A lot less

Core

703. Which of the following resources would be most helpful to you right now? Select all that apply.

- Talk to a quit coach or counselor on the phone to help me with my tobacco and vaping
- Talk to a quit coach or counselor via video (e.g. WhatsApp/Skype/FaceTime) to help me with my tobacco and vaping
- Get access to NRT (patches, gum, lozenges) or quitting medication
- Support group (AA, NA, SMART Recovery) online like Zoom
- Peer support (Recovery Support Centers) via online platform like Zoom
- Meeting in person with a therapist (Individual and/or Group Therapy)
- Meeting in person with a recovery coach or peer mentor
- Residential detoxification and stabilization
- Residential programming (halfway house; sober living)
- Harm reduction services (syringe service program, drop-in program)
- Other resource(s) (please specify): _____
- No resources

Core

Section 8: Impact of COVID-19 on Employment and Income

802. Which of the following best describes your current work situation?

- Retired

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- A homemaker
- Employed full time (35 or more hours per week)
- Employed part time (less than 35 hours per week)
- Out of work for more than one year
- Out of work for less than one year
- Furloughed (temporarily unemployed)
- Self-employed (including those working as independent contractors)
- None of the above

Core

Retired -> SKIP TO 901

A homemaker -> SKIP TO 901

Employed full time -> Proceed to 803a

Employed part time -> Proceed to 803a

Out of work for more than one year -> SKIP TO 901

Out of work for less than one year -> Proceed to 803a

Furloughed -> Proceed to 803a

Self-employed -> Proceed to 803a

None of the above -> SKIP TO 901

803a. What kind of work do/did you do? For example, registered nurse, janitor, cashier, auto mechanic. If you have more than one job, please answer for your primary job.

Open response

Core

803b. What kind of business do you work in? For example, hospital, elementary school, manufacturing, restaurant. If you have more than one job, please answer for your primary job.

Open response

Core

804. Has your employer given you any of the following to protect you against COVID-19? Select all that apply.

- I am not currently employed
- I have been working from home
- Personal protective equipment (PPE)
- Social distancing (increasing the physical space between people to avoid spreading illness)

CCIS 2020 Adult Questionnaire

- Cleaning of work setting
- Monitoring of symptoms of staff/customers
- Hand sanitizer
- Additional health and safety training
- Other (please specify): _____
- None of the above

Core

805. If you are currently working, do you have paid sick leave you can use through your employer?

- I am not currently employed
- Yes
- No
- Don't know

Split E

806. Was your employment status or the nature of your work changed in any of the following ways due to COVID-19? Select all that apply.

- I permanently lost my job
- I temporarily lost my job
- My hours were reduced
- My hours were increased
- I have started a new/different job
- I have been assigned a different role at work
- I am working from home
- I have needed to take paid leave from work
- I have needed to take unpaid leave from work
- Other (please specify):
- My employment status and the nature of my work has not changed due to COVID-19.
- I am not currently employed

Core

807. Why did your employment status or the nature of your work change? Select all that apply

- My employer laid me off or reduced my work hours
- I needed to take care of my child / children

- I needed to take care of a sick family member
- I was afraid to get COVID-19 at work
- I was afraid to get COVID-19 on my way to work
- Other (please specify): _____
- My employment status and the nature of my work has not changed due to COVID-19.

Split D

Section 9: Impact of COVID-19 on Safety

901. Since COVID-19 began (March 10, 2020), has someone you were dating or married to physically hurt you? (i.e. being shoved, slapped, hit, kicked, punched, strangled, forced into sexual activity, or anything that could have caused an injury)

- I have never been on a date or gone out with anyone and am not and never have been married
- Yes, and this is something new (just started in the last few weeks or months)
- Yes, and this is something that has happened in the past, and it is about the same
- Yes, and this is something that has happened in the past, but it is getting worse
- Yes, this has happened to me, but not recently (that is, not between late February and now)
- No, this has not happened to me
- I choose not to answer this question

Core

902. Since COVID-19 began (March 10, 2020), has someone you were dating or married to done any of the following: monitored your cell phone, called or texted you a lot to ask where you were, stopped you from doing things with friends, been angry if you were talking to someone else, or prevented you from going to school or work (including remotely)?

- I have never been on a date or gone out with anyone and am not and never have been married
- Yes, and this is new (just started within the last few weeks or months)
- Yes, and this is something that has happened in the past too and it is about the same
- Yes, and this is something that has happened in the past too, but it is getting worse
- Yes, this has happened to me, but not recently (that is, not between late February and now)
- No, this has not happened to me
- I choose not to answer this question

Core

903. For which of the following topics would online support be most helpful to you or someone you know right now? Please select all that apply:

- Parenting and/or stress from parenting
- Services, information, and/or social opportunities for older adults
- Dating violence and/or domestic violence
- Unwanted sexual experiences
- Child/youth abuse
- Elder abuse
- Abuse of people with disabilities
- Services for people who have been abusive toward their partners who want help to stop
- Services for people who have done unwanted sexual things to others and who want help to stop
- Reporting abusive behavior to authorities

Core

904. Discrimination can refer to harmful words and behaviors aimed at you because of your race or ethnicity. Since the COVID-19 outbreak began (March 10, 2020), have you experienced any form of discrimination because of your race or ethnicity?

- Yes
- No

Core

No -> SKIP TO END

904a. In what way(s) did you experience discrimination?

Open response

Core