

**Massachusetts COVID-19 Community Impact Survey (CCIS) 2020
Youth Questionnaire**

Youth Respondents Aged 14 - 24 Not Identifying as Parents

Contact:

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COVID-19 Community Impact Survey – Youth Survey

About the survey

This survey was open to all Massachusetts youth aged 14-24, except those who identified as parents. All questions were asked in the order they appear in this document.

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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 youth survey if they are both:

- **24 or younger, AND**
- **Not a parent**

Section 1: Demographics

101. What town or city do you live in?

Open response

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

- 1

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

104. Please pick all that apply:

- I am deaf or hard of hearing.
- 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.

105. 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)

106. In February 2020, were you a student at a public school, a student at a private school, a homeschooled student, or a student in a high school equivalency program?

- Yes, public school
- Yes, private school
- Yes, homeschooled
- Yes, HiSet / GED
- No

108. What is your sexual orientation?

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- 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

109. What is your current gender identity?

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

110. 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

111. Are you Hispanic or Latino?

- Yes
- No

112. 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

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- Other (please specify): _____
- Unknown / not specified

113. 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
- 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

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

- Yes
- No

No -> SKIP TO 114A

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

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

114a. Which language(s) do you speak at home?

Open response

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

205. When you are outside of the house, are you able to keep 6 feet between yourself and others?

- I do not leave the home
- Yes
- No

I do not leave the home -> SKIP TO 301

Yes -> SKIP TO 301

206. 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): _____

Section 3: Experiences of COVID-19

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

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

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

- Yes
- No
- I don't know

Section 4: Healthcare Access

401. 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 since the COVID-19 outbreak
- I did not get the care that I needed
- I have seen a provider in person
- I have seen a provider by phone or video
- Other (please specify): _____

I have not needed to see a medical professional since the COVID-19 outbreak -> SKIP TO 501

I have seen a provider in person -> SKIP TO 501

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

Other -> SKIP TO 501

401b. For the care you did not get, why did you want to see a doctor or counselor at that time? Select all that apply.

- Needed a routine check-up
- Ran out of a prescription medicine
- Was sick or had symptoms of a health problem
- Was injured by another person
- Was injured some other way
- Had a question or concern that could be related to sexual or reproductive health (including getting birth control)
- Wanted help with dealing with stress, depression, nervousness, or anxiety
- Had a problem that could be related to using tobacco, alcohol, or other drugs
- Other (please specify): _____

401c. Why were you not able to get care at the time? Select all that apply.

- My doctor or counselor cancelled or changed when my appointment was
- My doctor or counselor offered to video chat or call me instead, but that didn't work for me
- I was worried about going to the appointment because of the risk of getting COVID-19
- I didn't have transportation to get there
- I didn't have insurance
- I didn't have time to go because I had other responsibilities (for example: taking care of siblings)
- I didn't know where to go to get the care that I needed
- I didn't want my parents to find out about the problem
- I was afraid of what the doctor would do or say
- Other (please specify): _____

Section 5: Impact of COVID-19 on Basic Needs

501. How worried are you about each of the following for yourself or your family now and in the next couple of weeks?

List of stressors:

Basic Things

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- Getting enough food
- Having a place to live
- Having/paying for cell phones

School/work related

- Getting all the computers, laptops, or tablets that we need
- Getting reliable and affordable internet connection
- Getting help with schoolwork
- Continuing my education in the fall
- Finding or keeping a job for myself
- Someone in my family finding or keeping a job
- Getting a work permit

Physical and mental health

- Getting medicines
- Getting medical care if I get sick or someone in my family gets sick
- Exercising/staying active and healthy
- Mental or emotional support

Relationships

- My relationship with my family (or anyone else in my house)
- My social interactions (hanging out with friends, staying connected with my community)
- My relationship with my partner or the person I'm dating
- Bullying in person by someone in my neighborhood or at work
- Bullying by someone online

Response options:

- Not worried
- Kind of worried
- Very worried

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
- Getting my own computer, phone, or tablet
- A tutor who can help me with my school work
- A mentor who I can talk to about my problems
- Finding a job
- Other resource(s) (please specify): _____

503. Compared to before the stay-at-home advisory (started on March 10, 2020), how have your family responsibilities changed? Select all that apply.

- I have to take care of family members who are sick
- I have to babysit my siblings more often
- I have to leave the house to do errands for my other family members
- My family needs me to help out financially more
- I spend more time trying to deal with fights in my family
- I spend more time doing chores or helping out around the house
- Other (please specify): _____
- My responsibilities haven't changed

Section 6: Impact of COVID-19 on Mental Health

601. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

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 COVID-19:

- 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

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

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, Ketamine
- 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

I have not used any of these in the past 30 days -> SKIP TO 801

701a. 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

702. 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

Section 8: Impact of COVID-19 on Education

801. How likely is it that you will continue your education this school year?

- Definitely will
- Probably will
- Probably won't
- Definitely won't
- Don't know

Definitely will -> SKIP TO 902

Probably will -> SKIP TO 902

801a. Why don't you think you will continue your education this school year? (Select all that apply)

- I graduated
- I am getting poor grades or failing school
- I don't like school
- I can't keep up with the coursework or don't think I can meet the requirements
- I don't feel safe returning to school because of COVID-19
- My school's plan for opening due to COVID-19 doesn't meet my needs
- I don't feel safe returning to school because of bullying, discrimination or violence
- I have to take care of my children or family members
- I have to financially support myself or my family
- Tuition is too expensive
- Other reason (please specify): _____

Section 9: Impact of COVID-19 on Employment and Income

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

- I'm a student and do not work
- 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

I'm a student and do not work -> SKIP TO 1001

Out of work for more than one year -> SKIP TO 1001

None of the above -> SKIP TO 1001

903a. 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

903b. 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

904. 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)
- Cleaning of work setting
- Monitoring of symptoms of staff/customers
- Hand sanitizer
- Additional health and safety training
- Other (please specify): _____

- None of the above

906. 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 tell us:
- My employment status and the nature of my work has not changed due to COVID-19.
- I am not currently employed

Section 10: Protective Factors

1001. Right now, if you needed help with a personal problem, is there someone outside of your home who you feel you could contact? Select all that apply.

- Yes, there is an adult I can contact
- Yes, there is a friend I could contact
- No, there is no one I could contact

Section 11: Impact of COVID-19 on Safety

1101. Right now, in terms of violence or crime, how safe do you feel in your neighborhood?

- Very safe
- Somewhat safe
- Neither safe or unsafe
- Somewhat unsafe
- Very unsafe

1102. Since COVID-19 began (March 10, 2020), have you or someone you live with been hurt or threatened at home by someone in your house? Has someone in your house tried to hurt or kill you or someone else at your home but not succeeded?

- 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
- This has happened to me, but not recently (that is, not between late February and now)
- No, this has not happened
- I choose not to answer this question

1103. 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 March 10 and now)
- No, this has not happened to me
- I choose not to answer this question

1104. 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 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 March 10 and now)
- No, this has not happened to me
- I choose not to answer this question

1106. 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?

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- Yes
- No

No -> SKIP TO END

1107. In what way did you experience discrimination?

Open response