

CHES 2023 Questionnaire

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**Massachusetts Community Health Equity Survey (CHES) 2023
Questionnaire**

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Community Health Equity Survey

About the survey

The Community Health Equity Survey is an online anonymous survey open to all full or part-time residents of Massachusetts aged 14 and over. The survey was developed in collaboration with community members and partners across the state. Results will help the Massachusetts Department of Public Health and communities across the state change conditions that get in the way of health.

Some questions are asked of only a proportion of respondents. Questions asked to a proportion of respondents are determined by:

- Respondent age: The below indicators are used in this questionnaire to denote survey questions only asked to certain age groups. Questions without an age specifier were asked to all age groups.
 - **[YOUTH]**: ages 14-17
 - **[YOUNG ADULT]**: ages 18-24
 - **[ADULT]**: ages 25 and older
- Respondent’s previous responses: This ‘skip logic’ is displayed in bold italicized text above the survey question. The text indicates a respondent’s previous response patterns that would cause the question to be asked of the respondent.
- Split assignment: All respondents were randomly selected into one of four ‘split’ groups. Some questions were only asked of respondents in certain split groups. This is indicated before these questions with **Red Text for Adults/Young Adults (AYA)** and **Purple Text for Youth**.

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Consent Form

The purpose of the Community Health Equity Survey is to help communities improve conditions that impact health. To improve the health of everyone in Massachusetts, we need to listen to the people who have long been denied an equal chance at health.

This survey was developed in collaboration with residents and community organizations across the state. By taking the survey, your insights and experiences are part of the decision-making process. The Department of Public Health will use the information collected in this survey to make sure programs to improve health are meeting the needs of all people in Massachusetts. Later this year, you can visit our website to explore results and learn more about your community's experiences.

Communities can use the survey results to make changes that give everyone a chance for better health, such as asking for and spending money to address community needs, improving communication with residents, and creating policies that support people who experience unfair barriers to health. Your story can shape our future.

Who can take this survey? You can take this survey if you:

- Are 14 years of age or older
- AND
- Live in Massachusetts for some or all of the year.

About the survey:

Your answers are anonymous and cannot be connected back to you. This survey usually takes about 20 minutes to complete.

This survey will ask questions about:

- Your access to basic needs like health care and transportation
- Your physical and mental health and wellbeing
- Your experiences with COVID-19, including ongoing symptoms
- Your experiences with housing, education, and work
- Basic information about you, such as your age, gender, race, and where you live (**we do not ask for information that can be used to identify you**)

At the end of the survey is a link to resources to help connect you with things like food and economic assistance, mental health and substance use services, and parenting resources.

Your participation in this survey is **completely optional**. **You may skip any questions that you do not want to answer.** You may stop this survey at any time and for any reason.

There are minimal risks related to taking this survey. Some questions may ask about topics that could bring up painful memories, anxiety or stress. **You may pause or stop taking the survey if you feel any discomfort.** There are no direct benefits to you by taking the survey, but the information you share will help the Department of Public Health (MA-DPH) understand the greatest needs of Massachusetts residents so it can provide support where it is needed most and work with communities to achieve better health.

Have questions?

If you have any questions about this survey, please email the Community Health Equity Initiative at chei@mass.gov.

This research has been approved by the MA-DPH Institutional Review Board (MA-DPH IRB) to make sure it meets the regulatory and ethical standards required to protect participants. If you wish to speak with someone from the MA-DPH IRB, you may contact them at DPH.IRB@mass.gov or by phone (617) 624-5647.

Thank you for your time and interest in the survey and for sharing your experiences with us!

To download a copy of this form, click on the file below.

Do you agree to take this survey?

- Yes
- No

Today's Date:

Screening Questions

[Note: Section headers are not included in survey.]

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

- Myself
- Someone else

IF TAKING FOR SOMEONE ELSE:

Please answer the rest of the questions for the person you are filling out the survey for.

2. Do you live in Massachusetts?

Answer "Yes" if you have lived in Massachusetts **within the past 12 months.**

- Yes
- No

3. How old are you?

Numeric response

Section 1: Demographics

These first questions ask for information about you. This will help us understand how needs and experiences differ across groups, so that we can help communities get the resources they need.

101. What Massachusetts city or town do you live in?

[Open text box]

101a. IF live in Boston, Springfield, or Worcester:

Please choose the neighborhood you live in.

Click the box to see the list.

If BOSTON:

Allston
Back Bay
Bay Village
Beacon Hill
Brighton
Charlestown
Chestnut Hill
Chinatown
Dorchester
Downtown
East Boston
Fenway-Kenmore
Hyde Park
Jamaica Plain
Mattapan
North End
Roslindale
Roxbury
Seaport
South Boston
South End
West End
West Roxbury
Other

If WORCESTER:

Barber's Station
Barnardville
Blithewood
Bloomingdale
Bradley Station
Cambridge Street
Columbus Park
Greendale
Hammond Street
Indian Hill
Jamesville
Lake View
Lakemont
Leesville
Lincoln Square
Manchaug Sutton
Mount Saint James
Neighborly Newton
Quinsigamond Village
Summit
Tallawanda
Tatnuck
Trowbridgeville
Valley Falls
Vernon Hill
Washington Square
West Tatnuck
Westwood Hills
Other

IF SPRINGFIELD:

Amory Hill
Brightwood
Fiberloid
Forest Park
Franconia
Iceville
Indian Orchard
Jenksville
Oak Street Station
Pecousic
Pine Point
Rushville
Sixteen Acres
Wachogue
Other

[ADULT/YOUNG ADULT] 102. What is the highest grade or year of school you have finished?

- 8th grade or less
- 9th, 10th, or 11th grade

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- Started 12th grade but not finished
- High school (including GED, vocational high school)
- Started college but not finished
- Vocational, trade, or technical program after high school
- Associate degree (for example, AA, AS)
- Bachelor's degree (for example, BA, BS, AB)
- Graduate degree (for example, master's, professional, doctorate)
- Other (specify below)
- Prefer not to answer

Other:

[YOUTH] 103. What grade are you in? If you are on summer break or in summer school, select the grade you will start in the fall.

- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- I have finished high school (including GED, vocational high school)
- I have started college
- I have started a vocational, trade, or technical program after high school
- I dropped out and no longer attend high school
- I prefer not to answer

104. What is your race or ethnicity?

Select all that apply.

- American Indian or Alaska Native (list all tribal nations at the end of this page)
- Asian
- Black or African American
- Hispanic or Latine/a/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander (specify below)
- White
- Other (specify below)
- Not sure
- Prefer not to answer

Native Hawaiian or Pacific Islander:

Other race or ethnicity:

105. What is your ethnicity?

Select all that apply.

- African (specify below)
- African American

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- American
- American Indian/Alaska Native/Native American (list tribal nation(s) below)
- Asian Indian
- Brazilian
- Cambodian
- Cape Verdean
- Caribbean Islander (specify below)
- Chinese
- Colombian
- Cuban
- Dominican
- English
- Filipino
- French
- German
- Greek
- Guatemalan
- Haitian
- Honduran
- Irish
- Italian
- Japanese
- Jewish
- Korean
- Laotian
- Mexican, Mexican American, Chicano
- Middle Eastern (specify below)
- Polish
- Portuguese
- Puerto Rican
- Russian
- Salvadoran
- Scottish
- Ukrainian
- Vietnamese
- Other (specify below)
- Not sure
- Prefer not to answer

African ethnicity:

American Indian/Alaska Native/Native American tribe(s):

Caribbean Islander ethnicity:

Middle Eastern ethnicity:

Other ethnicity:

106. Please select all that apply to you:

- I am blind or I have trouble seeing even when wearing glasses
- I am deaf or hard of hearing
- I have difficulty doing errands alone such as visiting a doctor's office or shopping
- I have serious difficulty in my daily life caused by: mood, intense feelings, controlling my impulses, or hearing, seeing, or sensing something that others around me are not
- I have serious difficulty learning how to do things most people my age can learn
- I have trouble concentrating, remembering, or making decisions because of a physical, mental, or emotional condition
- I have trouble getting dressed or taking a bath or shower
- I have trouble walking or climbing stairs
- I have a disability or medical condition not described by any of the conditions above (specify below).
- I prefer not to answer
- None of the above**

Other disability or medical condition(s):

107. 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 (specify below)
- I do not understand what this question is asking
- I prefer not to answer

Other:

108. What is your current gender identity?

- Female, Woman, Girl
- Male, Man, Boy
- Nonbinary, Genderqueer, not exclusively male or female
- Questioning/I am not sure of my gender identity
- Other (specify below)
- I do not understand what this question is asking
- I prefer not to answer

Other:

109. Are you transgender or of transgender experience?

- Yes
- No
- I am not sure

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- I do not understand what this question is asking
- I prefer not to answer

110. Are you a parent or primary caregiver of a child in any of the below age categories?

Select all that apply.

- I am not a parent or primary caregiver of any children.
- 0-5 years
- 6-11 years
- 12-17 years
- 18-26 years
- 27 years or older
- Prefer not to answer

IF YOU ARE A PARENT OF A CHILD AGE 0-26:

111. Do any of your children aged 26 or younger have a disability or special health care need(s)?

A special health care need can be a physical, developmental, behavioral, or emotional condition that has lasted or will last 12 months or longer. Children with special health care needs require more services than children usually do.

- Yes
- No
- Not sure
- Prefer not to answer

[ADULT/YOUNG ADULT] 112. Are you a caregiver of an adult(s) living in your household?

Select all that apply. A caregiver provides help to someone because of a health condition or disability.

- Yes, for my parent or parent-in-law
- Yes, for my spouse/partner
- Yes, for an adult child (aged 18 or older)
- Yes, for another adult
- No
- Prefer not to answer

[ADULT/YOUNG ADULT] 113. Have you **ever** been incarcerated in any type of correctional institution?

This includes a jail or prison.

- Yes
- No
- Prefer not to answer

[ADULT/YOUNG ADULT] 114. Have you **ever** served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty
- On active duty in the past, but not now
- Prefer not to answer

IF English survey

115. Do you prefer to use a language(s) other than English at home?

- Yes
- No
- Prefer not to answer

IF YES to Q115 OR IF non-English survey

115a. Which language(s) do you prefer to use at home?

[Open response]

IF YES to Q115 or IF non-English survey

116. How well do you speak English?

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

117. Were you born in the United States?

- Yes
- No
- Prefer not to answer

IF NO to Q117:

117a. In what country were you born?

[Open response]

Section 2: Basic Needs

AYA Split 1/2

[ADULT/YOUNG ADULT] 201. In the **past 12 months**, did you have trouble paying for any of the following? *Select all that apply.*

- Childcare or school
- Food or groceries
- Formula or baby food
- Health care (appointments, medicine, insurance)
- Housing (rent, mortgage, taxes, insurance)
- Technology (computer, phone, internet)
- Transportation (car payment, gas, public transit)
- Utilities (electricity, water, gas)
- Other (specify below)
- None of the above**

Other:

[ADULT/YOUNG ADULT] 202. In the **past 12 months**, have you applied for or received any of these?

Select all that apply.

- Cash assistance or Temporary Assistance for Needy Families (TANF)
- Disability assistance (SSDI, SSI, HCBS Waivers)
- Food assistance (EBT, SNAP, HIP)
- Housing/Rental assistance or Housing Choice Voucher Program
- Women, Infants, and Children (WIC)
- None of the above**

[YOUTH] 203. In the **past 30 days**, how often did you worry that food at home would run out before your family got money to buy more?

- A lot
- Sometimes
- Never

[ADULT/YOUNG ADULT] 204. In general, how do your finances work out at the end of the month?

- I have some money left over
- I have just enough money to pay for the things I need
- I do not have enough money to pay for the things I need
- Not sure
- Prefer not to answer

AYA Split 2/3/4

Youth: All

205. What best describes the internet access where you live?

- I have an internet connection that works well
- I have an internet connection that does not work well
- I do not have an internet connection

AYA Split 2/3/4

Youth: All

IF I DO NOT HAVE for Q205

205a. Why do you not have an internet connection? *Select all that apply.*

- I do not have the equipment I need
- I do not know how to subscribe to or set up internet service
- I do not want or need internet
- Reliable service costs too much
- There is no service where I live
- Other (specify below)

Other:

AYA Split 2/3/4

IF yes, but internet does not work well, for Q205

205b. Why does your internet connection not work well? *Select all that apply.*

- Connection is too slow or not enough bandwidth
- I do not have the equipment I need

- I do not know how to subscribe to or set up internet service
- Reliable service costs too much
- There is no service where I live
- Other (specify below)

Other:

206. What is your living situation right now?

- I have a steady place to live
- I have a steady place to live right now, but I am worried about losing it
- I do not have a steady place to live for now (for example, I am staying with others or in a hotel, shelter, outside, car, abandoned building, or bus or train station)
- Other (specify below)

Other:

IF Q206 = Steady place or Steady place but worried about losing

206a. What best describes your current living arrangement?

- A house, condo, apartment, or room rented by me or my family
- A house, condo, or apartment owned by me or my family
- [YOUTH]** Foster care or residential placement
- [AYA]** Group home or other congregate setting (for example, nursing home or long-term rehab facility)
- University or other school dormitory
- Other (specify below)

Other:

IF Q206 = Steady place but worried about losing

206b. Why are you worried about losing your housing?

[Open response]

Section 3: Neighborhood and Built Environment

AYA Split 2/3/4

Youth: All

301. Do you have any of these problems where you live right now?

Select all that apply.

- Lead paint or pipes
- Mold or water leaks
- Noise from neighborhood
- Not enough heat during the winter
- Pests such as bugs, roaches, mice, or rats
- Poor air quality or air pollution
- Too hot during the summer
- Too many people living in the space

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- Water is not safe to drink
- Other (specify below)
- None of the above**

Other:

AYA Split 1/2/4

Youth: All

302. How much do you agree with the following statement?

I live in a place that allows me to get where I need to go (work, social, errands) safely, comfortably, and easily.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

AYA Split 1/2/4

Youth: All

IF SOMEWHAT AGREE, SOMEWHAT DISAGREE, OR STRONGLY DISAGREE

302a. What makes it difficult to get where you need to go? *Select all that apply.*

- Cost of transportation
- I do not have access to a car or cannot drive
- I live too far from where I need to go
- The walking paths are not safe or accessible
- The public transportation (train, bus) near me does not work for me
- There is no public transportation (train, bus) near me
- Other (specify below)

Other:

AYA Split 1/2/4

Youth: All

IF transportation doesn't work for me in Q302a

302b. Why does the public transportation near you not work for you?

- It is not accessible to people with disabilities
- It is not reliable
- The schedule does not meet my needs
- Other (specify below)

Other:

AYA Split 1/2/4

Youth: All

303. During your life, how often have you seen or heard someone get physically attacked, beaten, stabbed, or shot in the neighborhood in which you were living?

- Very often
- Somewhat often

- Rarely
- Never

AYA Split 1/2/4

Youth: All

IF 303= VERY OFTEN, SOMEWHAT OFTEN, OR RARELY:

303a. How often have you seen or heard someone get physically attacked, beaten, stabbed, or shot in your current neighborhood?

- Very often
- Somewhat often
- Rarely
- Never

Section 4: Safety and Social Context

[YOUTH] 401. Right now, if you needed help with a personal problem, is there someone you could talk to? *Select all that apply.*

- Yes, there is an adult in my home I could talk to
- Yes, there is an adult outside of my home I could talk to
- Yes, there is a friend or non-adult family member I could talk to
- No, there is no one I could talk to

[YOUTH] 402. {GRID} To what extent do the following statements apply to you?

	Very much	Somewhat	Not at all
I feel safe when I am with my family/caregiver(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I belong at my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my family/caregiver(s) support my interests and things that I care about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[YOUTH] 403. In the **past 30 days**, have you had to help your family in any of the following ways? *Select all that apply.*

- I did errands or chores for my family
- I helped my family financially
- I provided emotional support to my parent or caregiver
- I spent time trying to deal with fights in my family
- I took care of a family member with a disability or who was sick
- I took care of children in my household
- None of the above**

[YOUNG ADULT/ADULT] 404. {GRID} The next questions are about feeling supported by friends, acquaintances, neighbors, and family. Is there anyone you could count on:

	Yes	Not sure	No
For favors like getting a ride, borrowing a little money, or errands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To take care of you if you were sick and could not leave your bed for several weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To lend you several hundred dollars for an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To talk to if you were having trouble with family relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To help you find housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about violence-related experiences. We ask everyone these questions to understand how common these experiences are. This information helps people get the resources they need.

405. Has someone you were dating, going out with, or married to **ever** hurt you physically? For example, 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, gone out with someone, or been married
- Yes
- No
- Prefer not to answer

IF YES to Q405

405a. Has this happened in the **past 12 months**?

- Yes
- No
- Prefer not to answer

406. Has someone you were dating, going out with, or married to **ever** done any of the following?

- Monitored your phone calls, texts, email, or social media
- Called or messaged a lot to track where you were
- Been angry if you talked to someone else
- Stopped you from seeing friends or family or going to school or work
- Controlled your access to your money
- I have never been on a date, gone out with someone, or been married
- Yes
- No
- Prefer not to answer

IF YES to Q406

406a. Has this happened in the **past 12 months**?

- Yes
- No

- Prefer not to answer

[YOUTH] 407. Has someone you have lived with **ever** hurt, tried to hurt, or threatened you or someone else in your household?

- Yes
 No
 Prefer not to answer

[YOUTH] IF YES to Q407

407a. Has this happened in the **past 12 months**?

- Yes
 No
 Prefer not to answer

408. Has anyone **ever** forced you to do sexual things that you did not want to do? Count such things as kissing, touching, or someone having sex with you when you were unable to consent (for example, when you were drunk, asleep, or felt like you had no choice).

- Yes
 No
 Prefer not to answer

IF YES to Q408

408a. Has this happened in the **past 12 months**?

- Yes
 No
 Prefer not to answer

*If you or someone you know needs information, support, or help because of an unhealthy relationship or unwanted sexual experiences, you can call the **SafeLink Hotline at 877-785-2020**.*

AYA ALL

Youth: All

409. Discrimination can refer to harmful words and behaviors aimed at you based on some part of your identity. In the **past 12 months**, has this happened to you?

- Yes, this has happened to me in the past 12 months
 No, this has happened to me but not in the past 12 months
 No, this has **never** happened to me

AYA Split 1/2/4

Youth: All

IF YES to Q409

409a. What do you believe the discrimination was about?

Select all that apply.

- Your age
 Your country of origin
 Your disability
 Your education or income level

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- Your gender
- Your gender expression
- Your language or accent
- Your race or ethnicity
- Your religion
- Your sexual orientation
- Your weight
- Other (specify below)
- Not sure

Other:

AYA Split 1/2/4

Youth: All

IF YES to Q409

409b. Where or when did the discrimination happen?

Select all that apply.

- School
- Work
- Shop or restaurant
- Online or social media
- Applying for food, housing, or cash assistance (for example, SNAP)
- Getting health care
- Interacting with police, or other parts of the criminal legal system
- Looking for a place to live
- Other (specify below)

Other:

Section 5: Employment

[ADULT/YOUNG ADULT] 501. Which best describes your current work situation?

- A student only
- Employed full time (35 or more hours per week, across all jobs)
- Employed part time (less than 35 hours per week)
- Homemaker, stay-at-home parent, unpaid caregiver, or other unpaid position
- Out of work for less than one year
- Out of work for more than one year
- Retired
- Self-employed (including those working as independent contractors)
- Unable to work
- None of the above**

[YOUTH] 501. In the **past 12 months**, did you work at a job for pay? Do NOT count chores or other unpaid work.

- Yes, 35 or more hours a week (across all jobs)
- Yes, 20-34 hours a week
- Yes, 11-19 hours a week
- Yes, less than 10 hours a week
- No

AYA Split 1/2/3

[ADULT/YOUNG ADULT] IF EMPLOYED (full-time, part-time, or self-employed)

501a. Do you currently have more than one paid job?

- Yes
- No

IF EMPLOYED (full-time, part-time, or self-employed) OR OUT OF WORK FOR LESS THAN ONE YEAR and IF YES to [YOUTH] 501

501b. What kind of work do/did you do? For example, registered nurse, cashier, auto mechanic, camp counselor. If you have more than one job, please answer for your primary job.

[Open response]

[ADULT/YOUNG ADULT] IF EMPLOYED (full-time, part-time, or self-employed) OR OUT OF WORK FOR LESS THAN ONE YEAR

501c. What kind of business do/did you work in? For example, hospital, elementary school, automobile manufacturing, restaurant. If you have more than one job, please answer for your primary job.

[Open response]

AYA Split 1/2

[ADULT/YOUNG ADULT] IF EMPLOYED (full-time, part-time, or self-employed) OR OUT OF WORK FOR LESS THAN ONE YEAR (should not include 'unable to work')

502. In the **past 12 months**, has your job or work changed in any of the following ways? *Select all that apply.*

- I left my job
- I started a different role at my workplace
- I started a new job at a different workplace
- I took paid leave from work
- I took unpaid leave from work
- I worked fewer hours
- I worked more hours
- Other (specify below)
- None of these**

Other:

AYA Split 1/2

[ADULT/YOUNG ADULT] IF ANY STATUS CHANGE

502a. Why did your job or work change? *Select all that apply.*

- Employer action (for example, my employer laid me off or reduced my hours)

- I felt my work or workplace was not safe or healthy
- I felt stressed or worn out
- I had a health issue that reduced my ability to work
- I needed better pay
- I needed to take care of a child/children
- I needed to take care of an adult family member
- My job is seasonal
- Staffing shortage
- Other (specify below)

Other:

[ADULT/YOUNG ADULT] IF EMPLOYED (full-time, part-time, or self-employed)

503. Where do you do your work?

- At home only
- Outside my home only (for example, office, store, or delivery truck)
- Sometimes at home and sometimes outside my home
- Other (specify below)

Other:

AYA Split 1/2/3

[ADULT/YOUNG ADULT] IF EMPLOYED (full-time, part-time, or self-employed)

504. Do you have paid sick leave through your employer?

Paid sick leave is paid time off from work that can be used when you or a family member are sick, injured, unwell, or need to go to a medical appointment.

- Yes
- No
- Not sure

AYA Split 1/2/3

IF YES PAID SICK LEAVE

504a. If you felt you needed to, how likely would you be to use your paid sick leave?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

AYA Split 1/2/3

IF SOMEWHAT UNLIKELY OR VERY UNLIKELY

504b. Why would you be unlikely to use your paid sick leave?

Select all that apply.

- It is discouraged where I work
- I fear I will lose my job, be suspended, or have my hours reduced
- I do not want to burden my coworkers
- I will fall behind in my work
- Other (specify below)

Other:

Section 6: Healthcare Access

AYA Split 3/4

[ADULT/YOUNG ADULT] 601. What type(s) of health insurance do you have right now? *Select all that apply.*

- I do not have any health insurance right now
- Indian Health Services
- MassHealth
- Medicare (for those age 65 or older or with disabilities)
- One Care
- Health insurance that I bought myself
- Health insurance through my job, spouse, or parent
- VA Health / Tricare
- Other (specify below)
- Not sure

Other:

AYA Split 2/3/4

Youth: All

602. Where do you go most often for health care? *Select up to three.*

- Clinic in a drug store, pharmacy, or grocery store
- Doctor's office, community health center, or primary care clinic
- Family planning or reproductive health clinic (for example, Planned Parenthood)
- Hospital emergency room
- Indian Health Services or a Tribal Health Center
- [YOUTH]** School-based health center
- [YOUTH]** Teen clinic
- Urgent care center
- VA Medical Center or VA outpatient clinic
- Other (specify below)

Other:

AYA Split 3/4

[ADULT/YOUNG ADULT] 603. Do you have any of the following ongoing health issues? *Select all that apply.*

- Asthma
- Autoimmune disorder (for example, lupus, multiple sclerosis, rheumatoid arthritis)
- Cancer
- Chronic kidney disease
- Chronic lung disease (for example, COPD, cystic fibrosis)
- Diabetes
- Heart disease (for example, arrhythmia, congestive heart failure, coronary artery disease)

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- High blood pressure
- Mental health condition (for example, ADHD, anxiety, depression, eating disorder)(specify below)
- Neurologic disorder (for example, headaches, seizures, Parkinson's disease)
- Stroke
- Other (specify below)
- None of these**

Mental health condition(s):

Other ongoing health issue(s):

[YOUTH] 603. Do you have any of the following ongoing health issues? *Select all that apply.*

- Asthma
- Mental health condition (for example, ADHD, anxiety, depression, eating disorder)
- Mouth or tooth pain
- Regular headaches
- Regular stomach pain
- Another ongoing health issue (specify below)
- None of these**

Other ongoing health issue(s):

AYA Split 2/3/4

Youth: All

The next questions ask about pregnancy and pregnancy outcomes. This information helps us understand the needs of pregnant and postpartum people and their families. We appreciate any information you are willing to share.

AYA Split 2/3/4

Youth: All

604. In the **past 12 months**, were you, your partner, or someone in your household pregnant? *Select all that apply.*

- Yes, I am pregnant or was pregnant
- Yes, my partner is or was pregnant
- Yes, someone else in my household is or was pregnant
- No

AYA Split 2/3/4

Youth: All

IF YES to Q604:

604a. Thinking about the most recent pregnancy, are you/they still pregnant?

- Yes
- No

AYA Split 2/3/4

Youth: All

IF NO to Q604a:

604b. Did the pregnancy result in:

- Birth of a child
- A pregnancy loss
- A pregnancy termination/abortion
- Not sure
- Prefer not to answer

AYA Split 2/3/4

Youth: All

IF NO to Q604a:

If you or someone you know needs support around a pregnancy or infant loss you can visit [Share - nationalshare.org/massachusetts](https://nationalshare.org/massachusetts) for a list of local resources in Massachusetts.

AYA Split 1/3/4

Youth: All

605. In the **past 12 months**, did you need any of the kinds of health care listed below? *Select all that apply.*

- Care for a short-term illness (for example, fever, infection)
- Care for an injury
- Care for an ongoing physical health issue (for example, asthma, diabetes, heart disease)
- Home and community based services (for example, a personal care assistant, home-delivered meals, adult day programs)
- Mental health care
- Sexual or reproductive health care (for example, birth control, STI testing, abortion)
- Substance use or addiction treatment (for example, day treatment, rehab, suboxone)
- Some other type of care

- I did not need any of these in the past 12 months.**

AYA Split 1/3/4

Youth: All

IF selected a for 605:

In the past 12 months:

605a. Did you get care for a **short-term illness** when you needed it?

- Yes
- No

AYA Split 1/3/4

Youth: All

IF selected b for 605:

605b. Did you get care for an **injury** when you needed it?

- Yes
- No

AYA Split 1/3/4

Youth: All

IF selected c for 605:

605c. Did you get care for an **ongoing physical health issue** when you needed it?

- Yes
- No

AYA Split 1/3/4

Youth: All

IF selected d for 605:

605d. Did you get **home and community based services** when you needed it?

- Yes
- No

AYA Split 1/3/4

Youth: All

IF selected e for 605:

605e. Did you get **mental health care** when you needed it?

- Yes
- No

AYA Split 1/3/4

Youth: All

IF selected f for 605:

605f. Did you get **sexual or reproductive health care** when you needed it?

- Yes
- No

AYA Split 1/3/4

Youth: All

IF selected g for 605:

605g. Did you get **substance use or addiction treatment** when you needed them?

- Yes
- No

AYA Split 1/3/4

Youth: All

IF selected h for 605:

605h. Did you get **some other type of care** when you needed it?

- Yes
- No

AYA Split 1/3/4

Youth: All

If selected No to 605h for 'some other type of care':

605i. What was the other type of care that you did not get when you needed it? *[open response]*

AYA Split 1/3/4

Youth: All

IF NO to any of Q605a – h:

605j. Why were you not able to get care when you needed it? *Select all that apply.*

- I could not find a provider I was comfortable with
- I could not get an appointment soon enough
- I could not take time off from work
- I did not have transportation
- I did not want others to know I was getting this care
- I had to care for a family member
- I was worried about cost
- I was worried I would not be able to understand the doctor
- Other (specify below)

Other:

AYA Split 3/4

Youth: All

606. If you or someone you know wanted or needed an abortion, would you know where to go to get one?

- Yes, I would know where to go
- No, but I know where to find that information
- No, and I do not know where to find that information
- Prefer not to answer

AYA Split 3/4

Youth: All

607. If you or someone you know wanted or needed an abortion, how easy do you think it would be to schedule and get to an appointment for one?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard
- Prefer not to answer

AYA Split 3/4

[ADULT/YOUNG ADULT] 608. Select the statement(s) that describe your use of health care visits by video or phone (telehealth) in the **past 12 months**:

Select all that apply.

- I had one or more health care visits by video or phone
- I was offered this type of visit but did not have it
- I was not offered this type of visit
- I did not have any health care visits in the past 12 months**

AYA Split 3/4

IF offered but did not have, to Q608

608a. Why were you not able to have this type of visit?

[Open response]

Section 7: Education

[YOUTH] 701. Are you homeschooled?

- Yes
- No

[YOUNG ADULTS aged 18 and 19]

702. In the **past 12 months**, did any of the things below make learning or going to high school hard for you? *Select all that apply.*

- I was not in high school in the past 12 months
- I did not feel safe at school
- I had to miss school a lot
- I needed more academic, language, or counseling support in school
- I needed more support outside of school (for example, from my parents or a tutor)
- It was too hot or too cold in the classroom
- Other (specify below)
- None of these**

Other:

[YOUTH who said no to homeschool (701)]

703. In the **past 12 months**, did any of the things below make learning or going to school hard for you? *Select all that apply.*

- I was not in school in the past 12 months
- I did not feel safe at school
- I had to miss school a lot
- I needed more academic, language, or counseling support in school
- I needed more support outside of school (for example, from my parents or a tutor)
- It was too hot or too cold in the classroom
- Other (specify below)
- None of these**

Other:

IF REGULAR ABSENCES for Q703

703a. What was the reason you had to miss school a lot? *Select all that apply.*

- I did not have a safe way to get to school
- I had to work or take care of my family
- I was suspended or expelled
- Mental health issues (for example, anxiety, depression, substance use)
- Physical health issues (for example, sickness, long-term health condition)

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- We had to move a lot
- Other (specify below)

Other:

IF DOESN'T MEET NEEDS for Q703

703b. What help did you need that your school did not give you? *Select all that apply.*

- Extra help with schoolwork
- Help for my physical health (for example, school nurse)
- Help for my mental health (for example, school counselor)
- Language help (for example, ESL, ELL, or interpreter)
- Other (specify below)

Other:

[YOUTH who said no to homeschool AND respondents aged 18/19 in HS Past Year]

704. In the **past 12 months**, how often were you hurt, harassed, or hassled by staff at your school?

- Never
- Once or twice
- Monthly
- Daily

[ALL YOUTH who said no to homeschool AND respondents aged 18/19 in HS Past Year]

705. What has your school provided that has been helpful for you? *Select all that apply.*

- Extracurricular activities, clubs, or organizations
- College-preparation, honors/AP classes
- Guidance counselor
- Programs to reduce bullying, violence, or racism
- Other (specify below)

Other:

[Respondents under 20] 706. Have you **ever** had sex education or health class in school?

- Yes
- No
- Not sure

[Respondents under 20] IF YES/Not sure to 706

706a. Did you learn about any of the topics below in school? *Select all that apply.*

- Anatomy and physiology (for example, body parts, human reproductive system)
- Consent and healthy relationships (for example, communication skills, respecting partners)
- Contraception or birth control
- Gender identity and expression
- Interpersonal violence (for example, bullying, sexual abuse, dating violence)
- Puberty and development (for example, body changes that happen during teen years)
- Sexual orientation and identity

- Sexually transmitted infections (STIs), including HIV
- None of these**

Section 8: Parents

IF YES to Q111:

707. How many children aged 26 or younger with a disability or special health care need(s) do you have?

- 1
- 2
- 3
- 4 or more

IF 3, 4 or more children

The following questions ask about only 2 of these children.

Now, thinking about your **first or only child** (aged 26 or younger) with a disability or special health care need(s)...

IF YES to Q111:

707a. How old is this child?

Autofill/drop-down response [Under 1 year; 1 – 26 years]

IF YES to Q111:

707b. What disability or health condition(s) does this child have?

[Open response]

IF YES to Q111 and IF child age (707a) between 14- 17:

Now, thinking about this teen and the need for them to switch over to adult care at age 18:

707c. Has this teen's health care provider talked with them about the changes in health care that happen at age 18?

- Yes
- No
- Not sure

IF YES to Q111 and IF child age (707a) between 14- 17:

707d. Has this teen spent time alone with their health care provider to talk about their health?

- Yes
- No
- Not sure

IF YES to 111 and IF Q707 >1

707e. Now, thinking about your **second child** (aged 26 or younger) with a disability or special health care need(s)...

707f. How old is this child?

Autofill/drop-down response [Under 1 year; 1 – 26 years]

707g. What disability or health condition(s) does this child have?

[Open response]

IF child age (707f) between 14- 17:

Now, thinking about this teen and the need for them to switch over to adult care at age 18:

707h. Has this teen's health care provider talked with them about the changes in health care that happen at age 18?

- Yes
- No
- Not sure

IF child age (707f) between 14- 17:

707i. Has this teen spent time alone with their health care provider to talk about their health?

- Yes
- No
- Not sure

IF YES [0-5, 6-11, 12-17,] to Q110:

708. How many children under age 18 live with you right now?

- 0
- 1
- 2
- 3
- 4 or more

[Parents of children 0-5]

709. In the **past 12 months**, have you had a hard time getting or paying for regular childcare?

- Yes
- No

[Parents of children 0-5] IF YES to Q709

709a. Which of these things made it hard for you to get regular and reliable childcare? *Select all that apply.*

Providers include nannies, babysitters, daycare centers, and preschools.

- Could not find a provider I was comfortable with
- Could not find a provider that accepts vouchers
- Could not find a provider whose schedule fit my needs
- Could not find a provider
- Could not get a childcare voucher
- It costs too much
- Providers had long waitlists or no openings
- Transportation issues
- Other (specify below)

Other:

[PARENTS OF YOUTH UNDER 18 OR PARENTS OF CYSHN under 27]

710. In the **past 12 months**, was there a time your child or one of your children needed care from a mental health professional, but it was not received?

- Yes
- No
- Not sure

Section 9: Mental Health

801. These questions are about how you have been feeling lately.

{GRID}

a. In the **past 30 days**, about how often did you feel:

Nervous?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Prefer not to answer

b. In the **past 30 days**, about how often did you feel:

Hopeless?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Prefer not to answer

c. In the **past 30 days**, about how often did you feel:

Restless or fidgety?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Prefer not to answer

d. In the **past 30 days**, about how often did you feel:

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
- Prefer not to answer

e. In the **past 30 days**, about how often did you feel:
That 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
- Prefer not to answer

AYA Split 1/2/4

Youth: All

802. How often do you feel isolated from others? Isolation can include not having many people to talk to or spend time with on a regular basis.

- Always
- Usually
- Sometimes
- Rarely
- Never

AYA Split 2

[ADULT/YOUNG ADULT] 803. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good?

Numeric response from 0 – 30

- Prefer not to answer

Youth Split 1/2

[YOUTH] 803. In 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
- Prefer not to answer

804. In the **past 12 months**, did you ever think about doing something to end your life?

- Yes
- No
- Prefer not to answer

IF YES for Q804

804a. In the **past 12 months**, how many times did you do something to try to end your life?

- 0 times
- 1 time
- 2 or more times
- Prefer not to answer

*If you or someone you know is feeling depressed or thinking about hurting themselves, they can get help by calling or texting the **Suicide & Crisis Lifeline at 988**. Your conversations are free and confidential.*

Section 10: Substance Use

AYA Split 1/2/3

Youth: All

The next questions ask about your use of alcohol and other drugs. This information will help people get support where and how they want. Your responses are anonymous.

AYA Split 1/2/3

Youth: All

901. In the **past 30 days**, have you used any of the following products? *Select all that apply.*

- Chewing tobacco, snuf, dip, or snus
- Cigarettes
- Cigars / cigarillos
- E-Cigarettes / Vape products of any kind (dab pen, FRUYT Stik, JUUL, Pax, Puff Bar, Xtra)
- Hookah or waterpipe
- Nicotine pouches (Zyn, On!)
- Nicotine gum, gummies, tablets, or lozenges (Krave, Lucy, Rogue, Solace, Velo)
- None of these**

AYA Split 1/2/3

Youth: All

IF YES TO ANY TOBACCO PRODUCTS IN Q901:

901a. In the **past 12 months**, have you used any of these resources to try to quit or reduce your nicotine, cigarette, or vape/e-cig use? *Select all that apply.*

- Massachusetts' Quitline (1-800-QUIT-NOW)
- Nicotine replacement therapy (patches, gum, lozenges) or smoking cessation medications (Chantix, Wellbutrin)
- Other smoking cessation program, class, or counseling (specify below)
- None of these**

Other:

AYA Split 1/2/3

Youth: All

IF YES TO ANY TOBACCO PRODUCTS IN Q901:

901b. In the **future**, would you be interested in using any of these resources to try to quit or reduce your nicotine, cigarette, or vape/e-cig use? *Select all that apply.*

- Massachusetts' Quitline (1-800-QUIT-NOW)
- Nicotine replacement therapy (patches, gum, lozenges) or smoking cessation medications (Chantix, Wellbutrin)
- Other smoking cessation program, class, or counseling (specify below)
- None of these**

Other:

902. In the **past 12 months**, have you used any of the following substances? *Select all that apply.*

- Alcohol
- Amphetamine (speed)/methamphetamine (meth, crystal, tina)
- Cocaine (coke, yip, blow)/crack (freebase, rock)
- Ecstasy, MDMA (Molly), LSD, Ketamine
- Fentanyl
- Heroin
- Marijuana or cannabis (dope, grass, hashish, weed) for **medical use**
- Marijuana or cannabis (dope, grass, hashish, weed) for **non-medical use**
- Opioids (pain relievers) **not prescribed to you**
- Opioids (pain relievers) **prescribed to you but not taken as directed**
- Other Prescription drugs (benzo, barbiturate, tranquilizers, clonidine, Ritalin, Adderall) for **non-medical use**
- Over-the-counter drugs (dextromethorphan, DXM, DM, dres, robo, rojo, tussin) for **non-medical use**
- Psilocybin (Magic Mushrooms)
- None of these**

If selected Alcohol in 902

902a. Have you used alcohol in the **past 30 days**?

- Yes
- No

If selected medical marijuana in 902

902b. Have you used marijuana or cannabis (dope, grass, hashish, weed) for **medical use** in the **past 30 days**?

- Yes
- No

If selected non-medical marijuana in 902

902c. Have you used marijuana or cannabis (dope, grass, hashish, weed) for **non-medical use** in the **past 30 days**?

- Yes
- No

IF ANY USE IN Q902

{GRID} 903. In the **past 12 months**, have you used any of these resources to help manage your use of alcohol or other drugs?

- Community-based programs (AA, religious organizations)
- Emergency room or hospital
- Harm reduction services (Narcan, syringe services)
- Inpatient services (detox, residential rehab)
- Medication-assisted treatment (methadone, Vivitrol/Naltrexone, suboxone)
- Outpatient services (OP, day treatment)
- Recovery support services or peer recovery support
- Other (specify below)
- None of these**

Other resource(s) you have used in the **past 12 months**:

IF ANY USE IN Q902

903b. Are you interested in using any of these resources **in the future**? *Select all that apply.*

- Community-based programs (AA, religious organizations)
- Emergency room or hospital
- Harm reduction services (Narcan, syringe services)
- Inpatient services (detox, residential rehab)
- Medication-assisted treatment (methadone, Vivitrol/Naltrexone, suboxone)
- Outpatient services (OP, day treatment)
- Recovery support services or peer recovery support
- Other (specify below)
- None of these**

Other resource(s) you are interested in using **in the future**:

AYA Split 1/2/3

Youth: All

IF ANY USE IN Q902

904. Where would you feel comfortable going for resources to develop a healthier relationship with alcohol or other drugs? *Select all that apply.*

- Abstinence-based 12-step program (for example, AA, NA)
- Beauty salon or barbershop
- Community center
- Doctor, clinic, or mental health provider
- Gym or sports team
- Online website or forum
- Peer Recovery Support Center
- Religious or spiritual organization
- School or education setting (for example, teacher, coach, counselor)
- Other (specify below)
- None of these**

Other:

AYA Split 1/2/3

Youth: All

IF NO USE IN Q902

904. Where would you feel comfortable suggesting that a friend go for resources to develop a healthier relationship with alcohol or other drugs? *Select all that apply.*

- Abstinence-based 12-step programs (for example, AA, NA)
- Beauty salon or barbershop
- Community center
- Doctor, clinic, or mental health provider
- Gyms or sports teams
- Online websites or forums
- Peer Recovery Support Center
- Religious or spiritual organization
- School or educational setting (for example, teacher, coach, counselor)
- Other (specify below)
- None of these**

Other:

Section 11: COVID-19 Experiences

AYA Split 3/4

[ADULT/YOUNG ADULT] 1001. In the **past 12 months**, have you received a COVID-19 vaccine? This includes COVID-19 booster vaccines.

- Yes
- No
- Not sure

AYA Split 3/4

[ADULT/YOUNG ADULT] IF YES or NOT SURE to 1001:

1001a. Why did you get your **most recent** COVID-19 vaccine? *Select up to three.*

- My employer or school required me to
- Others encouraged me to
- To get back to social activities
- To protect the health of my co-workers
- To protect the health of my community
- To protect the health of my family/friends
- To protect my health
- To receive a gift card, coupon, or other compensation
- Other (specify below)

Other reason:

AYA Split 3/4

[ADULT/YOUNG ADULT] IF NO to 1001:

1001b. Why have you not received a COVID-19 vaccine in the **past 12 months**? *Select up to three.*

- I am not sure when I am supposed to get it
- I am worried about cost
- I am worried about side effects
- I do not know where to get it
- I do not think it is necessary
- I do not think it is safe
- I do not think it works
- I had COVID-19 already
- I requested it and was denied
- It is hard to get somewhere that provides it
- Religious or cultural reasons
- Other (specify below)

Other:

AYA Split 3/4; Youth Split 3/4

1002. Where would you prefer to get a COVID-19 vaccine? *Select up to three.*

- Community event or fair
- Community organization (for example, library, church, community center)
- Health department clinic
- My doctor's office
- My home
- My school
- My workplace
- Other clinic or health center
- Pharmacy or drug store (for example, Walgreens, CVS)
- Other (specify below)

Other:

AYA Split 1/2/4

[ADULT/YOUNG ADULT] 1003. Have you **ever** had, or thought you might have had, COVID-19?

- Yes
- No

AYA Split 1/2/4

[ADULT/YOUNG ADULT] IF YES to 1003:

1003a. Did you have any symptoms that lasted 3 months or longer that you did not have before having COVID-19?

*Long-lasting COVID-19 symptoms **could** include tiredness, difficulty breathing, changes to taste or smell, trouble with memory or concentration (“brain fog”), dizziness, mood changes, or other symptoms that impact everyday functioning.*

- Yes
- No
- Not applicable (I first had COVID-19 less than three months ago)

AYA Split 1/2/4

[ADULT/YOUNG ADULT] IF YES to 1003a:

1003b. Do you have these symptoms now?

- Yes
- No

AYA Split 1/2/4

[ADULT/YOUNG ADULT] IF YES to 1003:

1003c. Have you received care to reduce these symptoms?

- Yes, I received care
- No, I wanted care but did not get it
- No, I did not know that I could get this care
- No, I did not feel I needed care

[YOUTH] 1004. Has someone in your family or household died from COVID-19 or died while sick with COVID-19?

- Yes
- No
- Not sure

[YOUTH] IF YES to 1004:

1004a. Was this person your parent or someone else who regularly took care of you?

- Yes
- No

IF YES to 1004a:

To find support around the death of a caregiver go to [National Alliance for Children's Grief \(nacg.org/find-support/\)](https://nacg.org/find-support/).

AYA Split 1/2/3; Youth Split 1/2

1005. Thinking about the **past 5 years**, what environmental impacts have you experienced?

Select all that apply.

- Feeling unwell due to poor air quality, very hot days, or allergies
- Flooding in my home or on my street

- More ticks or mosquitoes
- Power outages
- School cancellation due to weather
- Unable to get to work or to do my job due to weather
- Very cold or very hot temperatures at home, work, or school
- Other (specify below)
- None of these**

Other:

Section 12: Information Sources

AYA Split 3/4; Youth Split 3/4

1101. How do you usually get your news or learn about what's going on? *Select your top three.*

- Facebook
- Instagram
- News websites (for example, cnn.com, bbc.com)
- Newspaper (paper or online)
- Podcasts
- Radio
- Reddit
- Talking to people you know (including text, WhatsApp, or other messaging services)
- Television
- TikTok
- Twitter
- YouTube
- Other (specify below)

Other:

Thank you for your time and for sharing your experiences with us!

Visit mass.gov/chei-resources for resources to help connect you with things like food and economic assistance, mental health and substance use services, and parenting resources-

To share feedback about the survey, visit our website mass.gov/chei. Later this year, you can return to our website to explore the results and learn more about your community's experiences.

If you have any questions about this survey, please email the Community Health Equity Initiative at chei@mass.gov.