

AMHTF COVID-19 Survey

Start of Block: Default Question Block

Q1

University at Albany

INFORMED CONSENT INFORMATION
FOR RESEARCH PARTICIPATION

Study Title: Disparities in COVID-19 Exposure and Outcomes in Albany

Principal Investigator: Annis Golden, Associate Professor

Co-Principal Investigator: Lawrence M. Schell, Distinguished Professor

IRB Study Number: 20X184

Researchers at the University at Albany are conducting a survey of local residents in collaboration with the Albany Minority Health Task Force, which we invite you to take part in. The Albany Minority Health Task Force is a group of professionals from the Albany community focusing on improving the health status of communities of color within the Capital Region. Since 2005, the AMHTF has collaborated with faculty from the University at Albany and the University's Center for the Elimination of Minority Health Disparities (CEMHD) to facilitate research that reflects the concerns of the local community.

This form has important information about the study, what we will ask you to do if you decide to participate in this study, and the way we would like to use information obtained from the study.

Why are you doing this study?

You are being asked to participate in a survey aimed at reducing the impact of the COVID-19 pandemic and future epidemics on communities of color in Albany, NY. Your participation in the survey will help to gather information related to the local gaps in resources, risks for exposure and worse health outcomes, and barriers to accessing testing and care. The results of the survey will serve as a basis for advocating for resources and policy changes to address differences in impacts and prevent them in the future.

What will I do if I choose to be in this study?

You will be asked to provide information about the impact of COVID-19 on your health and social, emotional, and economic impact. The individual information shared by you will not be disclosed to any others unless disclosure is required by law.

Participation in the study should take approximately 30 minutes of your time.

What are the possible risks or discomforts?

Your participation in this study does not involve any physical or emotional risk to you beyond that of everyday life.

As with all research, there is a chance that confidentiality of the information we collect from you could be breached – we will take steps to minimize this risk, as discussed in more detail below in this form.

What are the possible benefits for me or others?

Taking part in this survey may not benefit you personally, but this might help authorities understand your concerns and assist in providing necessary resources, health care, and testing.

How will you protect the information you collect about me, and how will that information be shared?

All your responses will be completely anonymous. Your responses will be assigned a random ID number and you will not be identified at any time. Members of the research team will only use the contact information you provide in the study to send you your gift card and to contact you for a follow-up phone interview if you give permission to do so at the end of the survey.

The results of this survey may be used in publications and presentations. The confidentiality of data will be maintained. Your individual privacy will be protected in all published and written reports resulting from the survey, as they will be presented in a summary format. The anonymized survey results, but not identifiable individual responses, will be shared with participants, with organizations that serve the community, with elected officials, and with public health practitioners and researchers.

What is the cost of participating in this study?

Participation in this survey will involve no cost to you. You will be compensated for your time with a \$25 Walmart gift card.

What are my rights as a research participant?

Participation in this study is voluntary. You do not have to answer any question you do not want to answer. You may withdraw from this study at any time, and you will not be penalized in any way for deciding to stop participation. If you stop the survey before submitting your contact information to receive the gift card, you will not receive a gift card for your participation. Please note that if you use your mobile phones to access and complete the survey, you will be responsible for resulting data costs.

Any information collected from you will not be used if you decide to withdraw before finishing the study.

Who can I contact if I have questions or concerns about this research study?

Questions, concerns, or complaints about this study may be directed to Annis Golden at 518-442-4879.

If you have any questions about your rights as a participant in this research, you can contact the following office at the University at Albany:

Institutional Review Board
University at Albany
Office of Regulatory and Research Compliance
1400 Washington Ave, MSC 100E
Albany, NY 12222
Phone: 1-866-857-5459
Email: rco@albany.edu

Q2

Consent

Please read carefully. You are making a decision whether or not to participate in this research study. By clicking I agree below, you indicate that you have read the information provided above, you have had all your questions answered, and you have decided to take part in this research. You may take as much time as necessary to think it over.

By participating in this research, you confirm that you are at least 18 years old and currently live in the City of Albany.

I agree

I do not agree

Skip To: End of Survey If Consent Please read carefully. You are making a decision whether or not to participate in this re... = I do not agree

End of Block: Default Question Block

Start of Block: Background

Q97 You may have heard the virus causing the pandemic called different things, including COVID, coronavirus, COVID-19. In this survey, we are referring to it as COVID-19.

First, we would like to ask several questions about you.

Q4 What type of housing do you live in?

- Single family home or apartment - rented
 - Single family home or apartment - own
 - Two family home rented
 - Two family home own
 - Apartment/condo in a multi-unit building rented
 - Apartment/condo in a multi-unit building own
 - In-patient medical, mental health or substance abuse treatment facility
 - Shelter
 - Homeless (abandoned building, car, street, park)
 - Other, please specify _____
 - I don't know or I prefer not to answer
-

Page Break



Q5 Who else do you live with? (select all that apply)

- No one else, I live alone
- Spouse/Intimate partner
- Children
- Parent(s)
- Sibling(s)
- Other relative(s) – not your parents, spouse, siblings or children
- Unrelated adult(s), like friends and roommates
- Unrelated adult(s), that are strangers
- Other, please specify

- I don't know or I prefer not to answer

Page Break

Display This Question:

If Who else do you live with? (select all that apply) = Children

Q106 If you live with children, please tell us how many children you live with.

Display This Question:

If Who else do you live with? (select all that apply) = Children

Q103 How many of them are 5-18 years old?

Page Break

Display This Question:

If Who else do you live with? (select all that apply) = Parent(s)

Q107 If you live with parents, how many of them do you live with?

Page Break

Display This Question:

If Who else do you live with? (select all that apply) = Sibling(s)

Q108 If you live with siblings, how many of them do you live with?

Page Break

Display This Question:

If Who else do you live with? (select all that apply) = Other relative(s) – not your parents, spouse, siblings or children

Q109 If you live with other relatives (not your parents, spouse, sibling or children), how many of them do you live with?

Page Break

Display This Question:

If Who else do you live with? (select all that apply) = Unrelated adult(s), like friends and roommates

Q110 If you live with unrelated adults (for example friends, roommates), how many of them do you live with?

Page Break

Display This Question:

If Who else do you live with? (select all that apply) = Unrelated adult(s), that are strangers

Q111 If you live with unrelated adults that are strangers, how many of them do you live with?

Page Break

Display This Question:

If Who else do you live with? (select all that apply) = Other, please specify

Q112 If you live with \${Q5/ChoiceTextEntryValue/8}, how many of them do you live with?

Page Break

Q6 What is your current employment status?

- Unemployed, but seeking employment
- Unemployed, not currently seeking employment
- Employed full time, meaning 30 hours or more
- Employed part time, meaning less than 30 hours
- Unable to work
- Retired
- Homemaker (not working outside the home)
- Student (no additional job)
- Student and additional paid job
- Other, please specify _____

Skip To: Q8 If What is your current employment status? = Unemployed, but seeking employment

Skip To: Q8 If What is your current employment status? = Unemployed, not currently seeking employment

Skip To: Q8 If What is your current employment status? = Unable to work

Skip To: Q8 If What is your current employment status? = Retired

Skip To: Q8 If What is your current employment status? = Homemaker (not working outside the home)

Skip To: Q8 If What is your current employment status? = Student (no additional job)

Skip To: Q7 If What is your current employment status? = Student and additional paid job

Skip To: Q7 If What is your current employment status? = Employed full time, meaning 30 hours or more

Skip To: Q7 If What is your current employment status? = Employed part time, meaning less than 30 hours

Skip To: Q7 If What is your current employment status? = Other, please specify

Page Break



Q7 If you are currently employed, what occupation do you work in?

- Health care
- Food service
- Transportation (including Uber/Lyft/private organization)
- Grocery store
- Pharmacy store
- Sanitation, cleaning, or general services
- Warehouse or delivery
- Other stores
- Construction
- Education
- Other, please specify _____

Page Break _____



Q8 If you worked at a job site outside of your home from mid-March to end of May, did your employer provide you with adequate personal protective equipment (for example masks, gloves) to lessen your risk of exposure to COVID-19?

- Yes, my employer provided all necessary personal protective equipment
- Yes, my employer provided some personal protective equipment
- No, my employer did not provide me with any personal protective equipment
- Not applicable



Q9

Which of these statements best describes how your work was affected by COVID-19 between mid-March and the end of May?

- I lost my job
- My hours were reduced
- I was required to work more hours
- My work changed to work-from-home rather than going to a physical location
- There was no change in my work
- Other, please specify _____
- Not applicable

Skip To: Q12 If Which of these statements best describes how your work was affected by COVID-19 between mid-March... = I was required to work more hours

Skip To: Q12 If Which of these statements best describes how your work was affected by COVID-19 between mid-March... = My work changed to work-from-home rather than going to a physical location

Skip To: Q12 If Which of these statements best describes how your work was affected by COVID-19 between mid-March... = There was no change in my work

Skip To: Q12 If Which of these statements best describes how your work was affected by COVID-19 between mid-March... = Other, please specify

Skip To: Q10 If Which of these statements best describes how your work was affected by COVID-19 between mid-March... = I lost my job

Skip To: Q10 If Which of these statements best describes how your work was affected by COVID-19 between mid-March... = My hours were reduced

Page Break

Q10

If you lost your job or had your hours reduced, were you able to claim unemployment benefits?

- Yes, I was able to claim regular unemployment plus the additional \$600 from the COVID-19 relief
- Yes, I was able to claim regular unemployment only
- No, I was not able to claim any unemployment benefits

Page Break

Display This Question:

If Which of these statements best describes how your work was affected by COVID-19 between mid-March... = I lost my job

Q11

If you lost your job due to COVID-19 business closures or layoffs, what industry were you working in?

- Food service
- Hospitality (for example hotels)
- Retail and other customer service
- Construction
- Travel (for example airlines, trains, buses)
- Other, please specify _____

Page Break

Q12

Which of the following transportation methods do you use most often when you need to go somewhere you are unable to walk to? (choose one)

- Drive my own car
 - Get a ride with someone in their car
 - Borrow a friend's car
 - Take the bus
 - Use business-provided transportation (for example Circulation by Alliance for Positive Health)
 - Take a taxi/Uber/Lyft
 - Bike
-

Q13

Which of the following ongoing health conditions are you managing? (select all that apply)

- Heart disease
 - Hypertension
 - Diabetes
 - Asthma
 - Lupus
 - Other, please specify
-



Q14

What neighborhood do you live in?

- Arbor Hill
- South End
- Pine Hills
- Washington Park
- Center Square
- North Albany
- Upper Madison
- New Scotland
- Whitehall
- Other neighborhood in Albany, please specify

- Outside of Albany, please specify

Page Break

Q15

What is your current age in years? (please type in the space below)



Q16 What gender do you identify as?

Woman

Man

Other: _____

Q17

Which race(s) do you identify as? (select all that apply)

Black or African American

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Asian

White

Other: _____

Q18 Do you identify as Hispanic or Latinx?

- Yes
 - No
-

Q19

In which language do you prefer to receive health information?

- English
- Spanish
- Other: _____

End of Block: Background

Start of Block: COVID-19 and You

Q20 Do you think you were exposed to COVID-19 at any point from January to June?

- No
 - Yes, someone I live or interact with had COVID-19
 - Yes, I was in a place where someone had COVID-19
 - Yes, I was traveling to a place where there were several cases of COVID-19 (for example New York City)
 - Yes, from another source (please specify)

 - I don't know or I prefer not to answer
-

Q21

Have you experienced any symptoms of COVID-19 in the past few months (for example dry cough, fever, fatigue, shortness of breath)?

Yes

No

Skip To: Q23 If Have you experienced any symptoms of COVID-19 in the past few months (for example dry cough, feve... = No

Skip To: Q22 If Have you experienced any symptoms of COVID-19 in the past few months (for example dry cough, feve... = Yes

Page Break

Q22

What did you do after finding you had symptoms? (select all that apply)

- Contacted regular doctor over the phone
- Visited doctor, urgent care, or ER
- Stayed home to manage symptoms and recover
- Called hotline to get tested
- Continued life as normal without seeking testing

Page Break



Q23 Have you been tested for COVID-19?

Yes

No

Skip To: Q24 If Have you been tested for COVID-19? = Yes

Skip To: Q25 If Have you been tested for COVID-19? = No

Q24

Where did you get tested for COVID-19?

UAlbany drive-through testing site

Whitney Young walk-in site

Neighborhood mobile walk-up site

Other, please specify _____

Display This Question:

If Have you been tested for COVID-19? = No

Q25

Which of the following reasons explains why you have not been tested for COVID-19? (select all that apply)

- Did not show any symptoms
 - Lack of information about how to get testing
 - Inability to get a referral for testing
 - Transportation to a testing site
 - Expense
 - Conflict with work obligations
 - Fear of the test being painful
 - Fear of infection at the testing site
 - Fear of the testing results
 - Fear of what would be done with my test results
 - Language barriers
 - No access for people with disabilities
 - Others, please specify
-

Page Break



Q26

How did you get your groceries while the stay-at-home order was effective in New York State (mid-March to end of May)? (select all that apply)

- Curbside pickup at a grocery store
 - Grocery delivery through home delivery service
 - Friends/family delivered groceries
 - Shopped at grocery store
 - Food pickup at food bank/pantry or other community food distribution sites
 - Delivery from food bank/pantry
 - Shopped at corner store or bodega
 - Home delivery of meals
 - Others, please specify
-



Q27

How do you currently get your groceries? (select all that apply)

- Curbside pickup at a grocery store
 - Grocery delivery through home delivery service
 - Friends/family deliver groceries
 - Shop at grocery store
 - Food pickup at food bank/pantry or other community food distribution sites
 - Delivery from food bank/pantry
 - Shop at corner store or bodega
 - Home delivery of meals
 - Other, please specify
-

Page Break

Q28

How did you get your prescriptions/medications while the stay-at-home order was effective in New York State (mid-March to end of May)? (select all that apply)

- Drive-thru pharmacy
 - Walk-in pharmacy
 - Delivery of prescriptions through a service
 - Friends/family picked up and delivered to home
 - Did not need to take prescriptions/medications during this time
 - Other, please specify
-

Q29

How do you currently get your prescriptions/medications? (select all that apply)

- Drive-thru pharmacy
 - Walk-in pharmacy
 - Delivery of prescriptions through a service
 - Friends/family pick up and deliver to home
 - Do not need to take prescriptions/medications during this time
 - Other, please specify
-

Page Break

Q30

Did you visit any of the following places while the stay-at-home order was effective in New York State (mid-March to end of May)? (select all that apply)

Laundromat

Grocery store

Corner store/bodega

Pharmacy

Retail store

Other type of store

Outdoor spaces like parks or trails

Friend's home

Family member's home

Work

Church

Party or get-together with more than ten people

Other, please specify

None of the above

Page Break



Q33

Do you wear a mask or face covering when you need to leave your home?

- Yes
- No
- Yes, depending on the situation (please specify)

Page Break

Q31

Have you received the stimulus check (or direct deposit) from the government?

- Yes
- Not yet
- Not eligible
- I don't know or I prefer not to answer

Skip To: Q32 If Have you received the stimulus check (or direct deposit) from the government? = Yes
Skip To: Q36 If Have you received the stimulus check (or direct deposit) from the government? = Not yet
Skip To: Q36 If Have you received the stimulus check (or direct deposit) from the government? = Not eligible
Skip To: Q36 If Have you received the stimulus check (or direct deposit) from the government? = I don't know or I prefer not to answer

Page Break

Q32

If you received the stimulus check, what did you spend it on?

- Food and basic household supplies
- Rent/mortgage and utilities
- Household or auto repairs
- Paying off some type of debt (credit card, student loan, etc)
- Other types of purchases
- Did not spend - put into savings
- Other, please specify _____

Page Break

Display This Question:

If Who else do you live with? (select all that apply) = Children

Q36

COVID-19 may have impacted children as well as adults. Please answer how you think your child has been affected by COVID-19, the stay-at-home directions, and school/business closures.

Display This Question:

If Who else do you live with? (select all that apply) = Children

Q34

As a parent, what challenges are you facing during the COVID-19 pandemic? (select all that apply)

- Home-schooling my children
- Arranging for childcare while working
- Lack of meaningful social activities for my children
- Lack of physical activities for my children
- Other, please specify

Display This Question:

If Who else do you live with? (select all that apply) = Children



Q37

COVID-19 and distance learning have affected my child's school work...

- Very negatively
- Somewhat negatively
- Not at all
- Somewhat positively
- Very positively

Display This Question:

If Who else do you live with? (select all that apply) = Children

Q38

COVID-19 has affected my child's social activities, including physical exercise...

- Very negatively
- Somewhat negatively
- Not at all
- Somewhat positively
- Very positively

Display This Question:

If Who else do you live with? (select all that apply) = Children

Q39

COVID-19 has affected my child's emotions...

- Very negatively
- Somewhat negatively
- Not at all
- Somewhat positively
- Very positively

Page Break

Q101

The following questions are about you and your community. Please indicate how strongly you agree or disagree with each of the following statements.



Q40

I believe that COVID-19 is a severe threat to me and my community.

- Strongly disagree
 - Somewhat disagree
 - Neither agree nor disagree
 - Somewhat agree
 - Strongly agree
-



Q41

I believe that COVID-19 is a serious threat to me and my community.

- Strongly disagree
 - Somewhat disagree
 - Neither agree nor disagree
 - Somewhat agree
 - Strongly agree
-



Q42 I am at risk for getting COVID-19.

- Strongly disagree
 - Somewhat disagree
 - Neither agree nor disagree
 - Somewhat agree
 - Strongly agree
-



Q43

It is likely that I will get COVID-19.

- Strongly disagree
 - Somewhat disagree
 - Neither agree nor disagree
 - Somewhat agree
 - Strongly agree
-

Page Break



Q44

Do you know anyone personally who was or is infected with COVID-19? (select all that apply)

Yes, myself

Yes, partner or spouse

Yes, a child

Yes, other relative

Yes, friend

Yes, a friend of a friend

Yes, colleague or co-worker

Yes, a neighbor

No, I don't know anyone who was or is infected with COVID-19

Skip To: End of Block If Do you know anyone personally who was or is infected with COVID-19? (select all that apply) = No, I don't know anyone who was or is infected with COVID-19



Q45

If you knew anyone who got COVID-19, what was the outcome? (select all that apply)

They recovered at home

They were hospitalized, and recovered

They passed away

I prefer not to answer

End of Block: COVID-19 and You

Start of Block: Social Relationships



Q47

What strategies did you use to maintain your social relationships while the stay-at-home order was effective in New York State (mid-March to end of May)? (select all that apply)

Talking or spending time together in person but at a physical distance

Dropping food off

Talking on the phone

Video call

Emailing

Texting

Playing online games or watching shows/movies online together

Sending letters or gifts through the mail

Other, please specify

My social habits didn't change



Q48

What social connections became more distant or more difficult while the stay-at-home order was effective in New York State (mid-March to end of May)? (select all that apply)

- Extended family
- Friendships
- Immediate family
- Partner/spouse
- Acquaintances or neighbors
- Coworkers
- Other, specify
- My social connections did not become more distant or more difficult



Q49

Which organizations do you feel strongly connected to?

- Church
- Community organization, please specify _____
- School
- Other, please specify _____
- None



Q50

During the COVID-19 pandemic, have you received or given any help to/from neighbors or community members through mutual aid efforts sometimes through platforms like 518mutual-aid (for example, shared transportation, bought groceries, delivered food, picked up prescriptions, gave a mask)? (select all that apply)

Yes, I have received help

Yes, I have given help

No

Skip To: Q105 If During the COVID-19 pandemic, have you received or given any help to/from neighbors or community... = Yes, I have received help

Skip To: Q105 If During the COVID-19 pandemic, have you received or given any help to/from neighbors or community... = Yes, I have given help

Skip To: Q52 If During the COVID-19 pandemic, have you received or given any help to/from neighbors or community... = No

Page Break

Q105 Which platform did you use for mutual aid efforts?

Page Break

Q52

People sometimes look to others for companionship, assistance, or other types of support. Please indicate how often each of the following kinds of support is currently available to you if you need it. How often is there...

	None of the time	A little of the time	Some of the time	Most of the time	All the time
Someone to help with daily chores if you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to turn to for suggestions about how to deal with personal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to do something enjoyable with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone to love and make you feel wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q53

Next, please indicate how often anyone tells or reminds you to do the following.

	Never	Rarely	Sometimes	Often	Always
Wash your hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a mask or face covering while in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep 6ft minimum distance from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid crowds or parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimize frequency of shopping trips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q54

How often do **you** remind others (for example family members or partner) to do the following?

	Never	Rarely	Sometimes	Often	Always
Wash their hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a mask or face covering while in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep 6ft minimum distance from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid crowds or parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimize frequency of shopping trips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q55

From mid-March to end of May, how often did you feel you lacked companionship?

- Never
 - Rarely
 - Sometimes
 - Often
 - Always
-

Q56

From mid-March to end of May, how often did you feel left out of social activities?

- Never
 - Rarely
 - Sometimes
 - Often
 - Always
-

Q57

From mid-March to end of May, how often did you feel isolated from others?

- Never
- Rarely
- Sometimes
- Often
- Always

Page Break

Q58

Over the past 6 months, how frequently have you experienced racism or racial discrimination?

- Never
- Rarely
- Sometimes
- Often
- Always

Page Break

Q59

Please write in the space below two or three resources or changes you think your neighborhood needs most.

Q60

Please write in the space below two or three things you think your neighborhood's greatest assets are in coping with challenges.

End of Block: Social Relationships

Start of Block: Healthcare



Q61

Please indicate how strongly you agree or disagree with the following statement: "I have had difficulty accessing healthcare services for non-COVID-19 related health concerns since mid-March."

- Strongly disagree
 - Somewhat disagree
 - Neither agree nor disagree
 - Somewhat agree
 - Strongly agree
 - I have not needed to access healthcare services for non-COVID-19 related health concerns since mid-March
-

Q62

Have you delayed or decided not to go to the doctor's office or medical clinic because of concerns about COVID-19?

- Yes
 - No
 - I have not needed to go to the doctor's office or medical clinic for any reason
-



Q63

Have you had difficulty accessing mental health care and appointments since mid-March?

- Yes
 - No
 - I have not needed to access mental health care or appointments during this time
-



Q64

Do you currently have health insurance (including Medicare, Medicaid, insurance through your job or partner's job, insurance purchased through the marketplace, NYS Essential Plan, Child Health Plus)?

- Yes
 - No
 - Not sure
-



Q65

Do you have a primary care physician that you see regularly?

- Yes
 - No
 - Not sure
-



Q66

Where do you regularly go if you have health concerns? (select all that apply)

- Primary care physician
 - Walk-in clinic
 - Urgent care
 - Emergency room
 - Health center in a drug store or grocery store
 - VA medical center
 - VA outpatient clinic
 - Other, please specify
-

Q117

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

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

Page Break

Q67

The following questions will ask you about your feelings and emotions in the past 4 weeks.

During the past 4 weeks, how much of the time...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time
have you been very nervous in the past 4 weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you felt calm and peaceful in the past 4 weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you felt downhearted and blue in the past 4 weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you been happy in the past 4 weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you felt so down in the dumps that nothing could cheer you up in the past 4 weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q68

The next set of questions are about your confidence in navigating your healthcare needs. Healthcare in this respect can refer to any type of healthcare you receive (for example general health, mental health, substance abuse treatment).

Q69

How often do you have problems learning about a medical condition because of difficulty understanding written information?

- Never
 - Rarely
 - Sometimes
 - Often
 - Always
-

Q70

How often do you have someone (such as a family member, friend, hospital/clinic worker, or caregiver) help you read hospital materials?

- Never
 - Rarely
 - Sometimes
 - Often
 - Always
-



Q71

How confident are you filling out medical forms by yourself?

- Not at all confident
- A little confident
- Somewhat confident
- Quite confident
- Extremely confident

Page Break

Q72

The following questions are about your feelings towards doctors. You may choose to respond specifically to your doctor or all doctors in general.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Sometimes doctors care more about what is convenient for them than about their patients' medical needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors are extremely thorough and careful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I completely trust doctors' decisions about which medical treatments are best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A doctor would never mislead me about anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I trust doctors completely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q73

How likely is it that you will get vaccinated against COVID-19 when a vaccine becomes available?

- Extremely unlikely
- Somewhat unlikely
- Neither likely nor unlikely
- Somewhat likely
- Extremely likely

Skip To: Q74 If How likely is it that you will get vaccinated against COVID-19 when a vaccine becomes available? = Extremely unlikely

Skip To: Q74 If How likely is it that you will get vaccinated against COVID-19 when a vaccine becomes available? = Somewhat unlikely

Skip To: End of Block If How likely is it that you will get vaccinated against COVID-19 when a vaccine becomes available? = Neither likely nor unlikely

Skip To: End of Block If How likely is it that you will get vaccinated against COVID-19 when a vaccine becomes available? = Somewhat likely

Skip To: End of Block If How likely is it that you will get vaccinated against COVID-19 when a vaccine becomes available? = Extremely likely



Q74

If you think you will not get vaccinated, what would be the primary reason? (select one)

- I don't believe that the vaccine will be effective
- I'm afraid that if I get the vaccine, I will get infected with the virus
- I don't trust the vaccine will be safe
- I'm afraid that the vaccine will have side effects
- I cannot afford the cost of the vaccine
- I cannot get time off from work to get the vaccine
- I do not have transportation to where I could get the vaccine
- Other, please specify _____

End of Block: Healthcare

Start of Block: Communication Technology Access and Use



Q76

Next, please indicate how often you use each of the following devices.

	Never	Rarely	Sometimes	Often	Always	<u>Not applicable</u> I do not own/have access to this device
Landline phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smartphone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desktop computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laptop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television with cable, Roku, or satellite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television with antenna (no cable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q77

Do you currently have access to the Internet, either at home or another location you frequently visit?

Yes

No

Skip To: Q78 If Do you currently have access to the Internet, either at home or another location you frequently v... = Yes

Skip To: Q79 If Do you currently have access to the Internet, either at home or another location you frequently v... = No



Q78

Where do you primarily access the Internet from?

My home

Home of family/friend/neighbor

Community room in apartment building

Local library

Coffee shop

Public place with free wi-fi

Other (please specify) _____

Page Break

X→

Q79

How much was your access to the Internet impacted due to the COVID-19 pandemic?

- Not at all
 - A little
 - Somewhat
 - A lot
 - Entirely
-

X→

Q80

Which device do you primarily use for accessing the internet? (select the one you use the most)

- Smartphone
 - Tablet
 - Laptop
 - Desktop computer
 - Other, please specify _____
-

Q82

On a typical day, about how many hours do you use the Internet? Please type your answer in the space below.

Page Break _____

Q83

The following questions relate to your use of the Internet. Please indicate how often you do each of the following.

	Never	Rarely	Sometimes	Often	Always
Search the web for general information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send or receive emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read news	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listen to music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online banking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play online games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use social media (e.g., Facebook, Twitter etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search the web for health-related information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search the web for COVID-19 information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To participate in an online health support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To share health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

via blogs,
social media,
etc.

To watch
health-related
videos



End of Block: Communication Technology Access and Use

Start of Block: Getting Information about COVID-19



Q84

From where do you get information about COVID-19? (select all that apply)

- My doctor
 - Community clinic
 - Government health organizations
 - Friends/family
 - Local newspaper
 - Radio
 - Television
 - On the internet
 - Social media (such as Facebook, Twitter)
 - Other, please specify
-

I don't actively search for information about COVID-19



Q85

What information regarding COVID-19 have you searched for from any source? (select all that apply)

- Infection rates
- How COVID-19 spreads
- How to prevent being infected
- Symptoms of COVID-19
- Testing options
- Treatment options
- Other, please specify:

Page Break

Q86

In general, how much do you trust information about COVID-19 from each of the following sources?

	Not at all	A little	Somewhat	A lot	Entirely
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community health clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State government health agencies (for example NYS DOH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal government health agencies (for example CDC, NIH, FDA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable or non-profit health organizations (for example Mayo Clinic, Kaiser Permanente)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media (for example TV, radio, newspapers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online media including social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious organizations (for example local church)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q87

From where would you prefer to get information about the COVID-19 vaccine, once it becomes available? (choose all that apply)

- My doctor
- Community clinic
- Government health organizations
- Friends/family
- Local newspaper
- Radio
- Television
- On the internet
- Social media (for example Facebook, Twitter)
- Other, please specify

Page Break

Q100 Next, please indicate how strongly you agree or disagree with each of the following statements.

Q88

It has gotten to the point where I don't even care to hear new information about COVID-19.

- Strongly disagree
 - Somewhat disagree
 - Neither agree nor disagree
 - Somewhat agree
 - Strongly agree
-

Q89

Information about COVID-19 all starts to sound the same after a while.

- Strongly disagree
 - Somewhat disagree
 - Neither agree nor disagree
 - Somewhat agree
 - Strongly agree
-

Q90

I forget most COVID-19 information right after I hear it.

- Strongly disagree
 - Somewhat disagree
 - Neither agree nor disagree
 - Somewhat agree
 - Strongly agree
-

Q91

I hear a lot of conflicting information about COVID-19 and don't know how to make sense of it.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

End of Block: Getting Information about COVID-19

Start of Block: Food and Housing

Q92

Has it been difficult to get food for yourself and your family because of COVID-19?

- Yes
- No

Skip To: Q93 If Has it been difficult to get food for yourself and your family because of COVID-19? = Yes

Skip To: Q94 If Has it been difficult to get food for yourself and your family because of COVID-19? = No



Q93

If yes, what were the difficulties in getting food?

Financial

Grocery stores seemed unsafe regarding COVID-19

Food in stores and food banks ran out

No food distribution in my community

Other: _____

Page Break



Q94

How concerned are you about being able to afford and obtain healthy food for yourself and/or your family for the next month?

- Extremely concerned
 - Somewhat concerned
 - A little concerned
 - Not at all concerned
-



Q95

How worried are you that you will lose your housing in the next few months?

- Extremely worried
 - Somewhat worried
 - A little worried
 - Not at all worried
-



Q96

Has your household experienced any of the following events in the past year? (select all that apply)

- Household members being unemployed
- Household member having chronic health concerns
- Household member being incarcerated
- None of these

End of Block: Food and Housing

Start of Block: Block 8

Q113

Thank you for participating in the survey!

Please provide your name and mailing address below for us to send you the \$25 gift card as a thanks for your time. Your name and mailing address will be used only for the purpose of sending your gift card and will not be shared with anyone outside of this research study.

- Name: _____
 - Address Line 1: _____
 - Address Line 2: _____
 - City: _____
 - State: _____
 - Zip Code: _____
-

Q114

If you are interested in participating in a follow-up phone interview to learn more about your experiences with Covid-19 and the associated stay-at-home orders and business closures,

please check “Yes, I would like to participate in a follow-up interview” and provide your phone number for us to reach you.

- Yes, I would like to participate in a follow-up interview (please type your phone number in the space below) _____
 - No, I am not interested in participating in a follow-up interview
-

Q116

Would you like to receive text messages to this phone number to set up the interview appointment, or would you like to receive a call?

- Text
- Phone

End of Block: Block 8
