

Weld County

2020 Community Health Survey COVID-19 Impacts

Department
of Public Health
and Environment

SURVEY INSTRUCTIONS

Your responses, along with others, will be grouped together to understand important health issues and concerns in Weld County.

Your participation is optional. You do not have to complete the survey or submit your answers. Your individual answers are kept confidential.

Thank you for completing this survey!

- Please answer the questions only as they apply to you. You may be asked to skip questions. If you are not sure of how to answer a question, please give the best answer.
- Answer the questions with a clear marking. Also, make sure written responses are easy to read.
- Return the survey by US Mail in the provided postage paid envelope within 7 days of receipt of this survey. You may receive additional reminders.
- If you completed this survey online, you do not need to do this one.
- If you have questions or need assistance, call the survey help line at (970) 400-2242 or send an email to healthsurvey@weldgov.com.



[PASSCODE]

PLEASE BEGIN HERE!

1a. Were you living at this same address last fall (September, October, and November of 2019)?

☐ Yes

☐ No

☐ Unsure

1b. Are you the person who filled out the Weld County Community Health Survey last fall?

☐ Yes

☐ No

☐ Unsure

GENERAL HEALTH AND HEALTH INSURANCE

2. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please tell us a little more about your current health:

Number of days

How many days during the past 30 days was your **physical health** (including physical illness or injuries) **not good?**

_____ (0-30)

How many days during the past 30 days was your **mental health** (including stress, depression, or other emotional problems) **not good?**

_____ (0-30)

During the past 30 days, how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_____ (0-30)

4. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, biking, golfing, gardening, or walking for exercise?

☐ Yes ☐ No ☐ Not sure

5. Do you currently have any kind of health care coverage including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Service?

☐ Yes ☐ No

6. What type(s) of health insurance do you have? (Mark all that apply. Do not include insurance plans that cover only ONE type of service like dental, vision, or prescription drug plans.)

- ☐ I do not have health insurance of any kind → *Please answer 6b.*
- ☐ Health insurance through current or former employer (including Cobra) or union including a partner's or parent's plan (including retiree benefit)
- ☐ Health insurance plan that I, my parents, partner or spouse purchase directly from an insurance company (privately or through Colorado's marketplace/exchange)
- ☐ Medicaid, also called Health First Colorado
- ☐ Medicare (for persons 65 years and older or with certain disabilities)
- ☐ Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- ☐ Other: (Please list: _____)

6b. Please indicate if any of the following are a reason you do not have health insurance. (Mark **x** or **✓** in each row. If you have insurance, skip Question 6b.)

	Yes	No
Lost job/changed employers	<input type="radio"/>	<input type="radio"/>
A family member's job that provided coverage ended	<input type="radio"/>	<input type="radio"/>
Employer does not offer coverage or not eligible for coverage	<input type="radio"/>	<input type="radio"/>
No longer eligible (under public insurance or parent's policy)	<input type="radio"/>	<input type="radio"/>
Cost is too high	<input type="radio"/>	<input type="radio"/>
Don't need insurance because I am in good health	<input type="radio"/>	<input type="radio"/>
Don't know how to get insurance	<input type="radio"/>	<input type="radio"/>
Due to the COVID-19 pandemic	<input type="radio"/>	<input type="radio"/>
Some other reason: _____	<input type="radio"/>	<input type="radio"/>

CORONAVIRUS (COVID-19) QUESTIONS

7. Have you been tested for the coronavirus (COVID-19)? (Your privacy is important. Your answers will not be connected to you as an individual.)

- ☐ I have not been tested → *If not tested, go to Question 8*
- ☐ I have been tested and I tested positive (I have or had coronavirus)
- ☐ I have been tested and I tested negative (I do not did not have coronavirus)
- ☐ I have been tested and I do not know the result

7b. If you have been tested, what type of test did you have?

- ☐ Nose swab test (PCR) ☐ Blood test ☐ Other: _____

8. Were you able to get a COVID-19 test if you needed or wanted one?

- ☐ Yes ☐ No ☐ Not applicable/did not need or want a test

9. Has a healthcare provider diagnosed you as having or probably having the coronavirus (COVID-19)? (Your privacy is important. Your answers will not be connected to you as an individual.)

- ☐ Yes ☐ No ☐ Unsure

10. In the past 30 days, how often did you do the following?

	Always	Usually	Sometimes	Rarely	Never	Not applicable
Wash your hands with soap and water immediately after returning home from a public place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stayed at least six feet away from other people when not in your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a face covering in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit family and friends outside your own immediate family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a party or event of 10 or more people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the past 3 months, have you worked from home because of the coronavirus (COVID-19)?

- ☐ Yes ☐ No ☐ Not able to ☐ Not applicable

12. How much do you agree with each of the following statements on vaccinations?

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
Vaccines are important for my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being vaccinated is important for the health of others in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccines are effective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If a safe and effective COVID-19 vaccine becomes available, do you plan to get vaccinated?

- ☐ Yes ☐ No ☐ Unsure

GENERAL HOUSEHOLD INFORMATION

14. How often in the past 6 months were you worried or stressed about:

	Always	Usually	Sometimes	Rarely	Never
Having enough money to buy nutritious meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying your rent/mortgage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to afford the medical care you need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing or paying for childcare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infecting someone else with COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. In the past 6 months, did you or any member of your household need and/or use any of the community services listed below? (Mark **x or **✓** in each row.)**

	Did not need	Needed and used	Needed and did not use	Don't know
Work-related or employment services (help with finding work or job training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance (<i>unemployment, Colorado Works/TANF, social security disability – SSI, Old Age Pension, Aid to Needy & Disabled</i>), welfare, or disability payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food or meal assistance (food bank, food stamps/SNAP, WIC, Meals on Wheels, school-based free lunch or reduced-price lunch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare/daycare financial assistance (including CCAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing services (rental/utility bill assistance, LEAP or shelters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. During the PAST 2 MONTHS, have you been living in stable housing that you own, rent, or stay in as part of a household?

☐ Yes ☐ No

17. Are you worried or concerned that in the NEXT 2 MONTHS you may not have stable housing? (i.e., that you own, rent, or stay in as part of a household.)

☐ Yes ☐ No

18. How many total people — adults and children — currently live in your household, including yourself?

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19. CURRENTLY, do one or more families live in your home? (Note: a family is a couple or parent/child group, so if your household consists of a married couple and adult daughter and child, that is considered two family groups.)

☐ Yes ☐ No

20. Are there children (aged 0 – 12) living at least part time in this home?

- ☐ Yes ☐ No → Go to Question 21.

20b. If yes above, is current childcare availability impacting your ability to work or return to work?

- ☐ No ☐ Yes → If yes, how many children is this a problem for?
- 0-5 years old 6 years or older
(number) (number)

20c. Briefly explain the reason childcare availability is a problem for you:

21. What is your current employment status? (Mark all that apply.)

- ☐ Employed full-time for wages
- ☐ Employed part-time for wages
- ☐ Self-employed
- ☐ Laid off or unemployed
- ☐ Furloughed/temporarily laid off
- ☐ Disable or unable to work
- ☐ Full-time homemaker
- ☐ Full-time or part-time student
- ☐ Retired
- ☐ Military

22. Has your employment status changed because of the COVID-19 pandemic?

- ☐ Yes ☐ No

If yes, explain: _____

23. What year were you born?

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(example: 1960)

24. Are you:

- ☐ Female ☐ Male ☐ Transgender

25. Finally, please describe how you and your household have been impacted by the COVID-19 pandemic?

THANK YOU!