

BHNC COVID-19 Survey/Encuesta de BHNC de COVID-19

1. Do you currently reside in Boyle Heights? (Yes/No) (whether yes or no, complete the rest of the survey)
2. What is the zip code in which you live in:

3. What is your age?
4. What is your Race/Ethnicity?
 - a. White
 - b. Black Or African American
 - c. Hispanic
 - d. American Indian Or Alaskan Native
 - e. Asian
 - f. Native Hawaiian & Other Pacific Islander
 - g. Other Race
 - h. Two Or More Races
5. Has COVID-19 affected your employment? (Yes/No)
Comment:
6. Do you adhere to any/all of the following CDC recommended guidelines? (selected all that apply)
 - a. Washing hands thoroughly for at least 20 seconds
 - b. Wearing a protective face mask
 - c. Keeping at least 6 feet apart from others when in public
 - d. Avoiding crowded areas and/or limiting your time of exposure to othersComment:
7. Do you live with others such as roommates, children, partners, etc? (Yes/No)
If you answered yes, go to question 5; if you answered no, go to question 6
8. If you answered yes to question #4, please select who lives in your household (select all that apply). Please indicate how many and relationship to you :
 - a. Children under 18 _____
 - b. Adults between 18-64 _____
 - c. Adults 65 and over _____
9. Have you tested positive for COVID-19 in the past? (Yes/No)

10. Select the option that best describes the process to get yourself tested for COVID-19.

- a. Strongly agree
- b. Agree
- c. Somewhat agree
- d. Somewhat disagree
- e. Disagree
- f. Strongly disagree

If it was difficult, go to question 11. If it wasn't difficult, go to question 12

11. What made getting tested for COVID-19 the most difficult? Rank the following:

- Lack of reliable transportation
- Lack of appointment dates and times
- Lack of available testing sites close to you
- Fear of contracting COVID-19 while getting tested
- Lack of information and/or assistance in your primary language
- Other (please comment): _____

12. Has anyone else besides yourself in your household tested positive for COVID-19 (Yes/No).

If yes, go to question 13; if no go to question 14.

13. If you or anyone else in your household tested positive for COVID-19, was there enough information provided to you on what next steps you or anyone else in your household should take?

- a. Strongly agree
- b. Agree
- c. Somewhat agree
- d. Somewhat disagree
- e. Disagree
- f. Strongly disagree

Comments:

14. If you or anyone in your household tested positive for COVID-19, were you or they able to isolate? (Yes/No)

15. Even though you or anyone else who tested positive for COVID-19 in your household isolated, did you or someone else in your household acquire COVID-19 after they tested positive

- a. Yes. If yes, how long after the first person was found to test positive?
 - b. No
 - c. Does not apply
16. Are you aware that the City and County of Los Angeles has a program that can provide you or someone in your household a place to quarantine/isolate after you/they contract COVID-19 free of charge to you?
- a. Yes
 - b. No
17. If you live in a household with others and you contracted COVID-19, would you feel comfortable isolating yourself elsewhere other than your home?
- a. Yes
 - b. No
 - c. If not, why not? Please comment:
18. Have you or anyone in your household received the COVID-19 vaccines?
- a. Yes
 - b. No
19. Are there any constraints on resources (lack of masks, cleaning supplies, private space to quarantine, etc.)
20. Would it be helpful to you if certain protective materials (masks, gloves, sanitizing products, etc.) were offered to you free of charge during self-isolation/quarantine?
21. What supportive services would be helpful for you?
- a. Food/Grocery Delivery
 - b. Hotline for advice and medical information regarding COVID-19
 - c. Aid for rent or utilities
 - d. Child care or dependent care
 - e. Substance abuse services
 - f. Mental health services
22. Does your citizenship status prevent you from seeking help, medical care, or medical resources?
- a. Yes
 - b. No
 - c. Does not apply
23. If you are offered the COVID-19 vaccines, will you take them?

- a. Yes
- b. No
- c. Have already taken the vaccine(s)
- d. If no, please explain:

24. If your children (or any other dependents of yours) are offered the COVID-19 vaccines, will you ensure that they take them?

- a. Yes
- b. No
- c. If no, please explain: