



## **Survey Questions\***

### **Massachusetts Health Study**

Conducted for:	Blue Cross Blue Shield of Massachusetts Foundation
Conducted by:	NORC at the University of Chicago
Sample Source:	AmeriSpeak Probability-Based Panel Address-Based Sample (ABS) Non-Probability Panel (Dynata)
Sampled Population:	Massachusetts Population Age 19+
Date Fielded:	December 9, 2020 – March 11, 2021

\*Although primarily a web survey, this survey was dual-mode, and some respondents took the survey through a telephone interview. The following questionnaire has been simplified to represent just the web mode version. Phone respondents might have heard slightly different response options more befitting their mode of data collection. This survey was also in Spanish and English, but only the English is represented here. There are standardized introduction and thank you informational screens that are always delivered to AmeriSpeak panelists as they take the survey, which is not included here. At the end of the document, all of the demographic profile measures that have been asked of AmeriSpeak prior to the survey and included with the final delivered data are noted.

[SHOW IF PANEL\_TYPE<20]

[DISPLAY\_WINTRO1]

Thank you for agreeing to participate in our new survey! This survey is studying the health care needs of individuals and families in Massachusetts. We would like to understand your experiences seeking mental health and/or substance use (i.e., alcohol and/or drug use) care for yourself, or your close family members over the last year and how your needs may have changed because of COVID-19.

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[SHOW IF PANEL\_TYPE > 20]

[DISPLAY\_OPT\_IN]

Thank you for agreeing to participate in our survey!

NORC at the University of Chicago is an independent research organization studying the health care needs of individuals and families in Massachusetts. We would like to understand your experiences seeking mental health and/or substance use (i.e., alcohol and/or drug use) care for yourself, or your close family members over the last year and how your needs may have changed because of COVID-19.

Your responses are voluntary and will be confidential. Participation will not impact any care that you are currently receiving or will receive in the future. Responses will not be shared individually, rather we will compile all responses together from everyone who takes the survey and analyze them as a group. Findings from this study will highlight what is working well and what needs improvement in the Massachusetts health care system. The survey should take about 10-15 minutes to complete.

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[DISPLAY\_2]

At NORC, we have measures in place to protect your data. All information provided will remain private, and we will not identify any individual people in reports or briefings. We will securely store all data collected for this study on our secure servers, and they will not be shared outside of the NORC study team. Your name and contact information will be kept safe and secure; we will never share or sell this information and will use it only for this survey.

You can stop participating at any time or decide not to answer any question. If you feel distressed at any point during the survey, there are mental health and wellness resources available to you [here](#).

This study is funded by the Blue Cross Blue Shield of Massachusetts Foundation, a private Foundation in Massachusetts with a mission to expand access to health care for low-income and vulnerable people in the Commonwealth. The Foundation collaborates with public and private organizations to broaden health coverage and reduce barriers to care through grants, research, and policy initiatives.

This research has been approved by the NORC Institutional Review Board, a research ethics board. If you have any questions about the study, please email us at [MAHealthSurvey@norc.org](mailto:MAHealthSurvey@norc.org) at or call 877-888-3130. For questions about your rights as a participant in this study, please call the NORC Institutional Review Board Administrator at (773) 256-6302.

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Q105.

What is your current age? \_\_\_\_\_

[IF Q105<19 OR Q105=77,98,99 TERMINATE]

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RESZIPCODE.

What is your zip code?

\_\_\_\_\_

IF RESZIPCODE <> ZIPCODE\_VALIDATION\_LIST.txt ZIPCODES, TERMINATE AND SET QUAL=2.

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[SHOW IF (AGE1=1,7,77,98,99 OR QS1=2,77,98,99) AND PANEL\_TYPE>=20]

UNDER18TERM.

Thank you for your time today. Unfortunately you are not eligible for this study. We appreciate your participation.

[SET QUAL=2 "Not Qualified" and END INTERVIEW, no incentive given]

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**Respondent**

**Domain 1 – Need for Care**

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**Q1.**

In the last 12 months, did you need mental health and/or substance use (i.e., alcohol and/or drug use) care for yourself?

Note: Mental health and substance use care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor's office, emergency department, hospital, crisis center, detox, or residential facility.

**RESPONSE OPTIONS:**

1. Yes, mental health care
  2. Yes, substance use care
  3. Yes, mental health and substance use care
  4. No
77. Don't know
-

Domain 2 – Process of Navigating/Getting care  
*Mental Health*

[SHOW IF Q1=1]

[DISPLAY\_3]

The following set of questions ask about the mental health care that you needed in the last 12 months.

Note: Mental health care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor's office, emergency department, hospital, crisis center, detox, or residential facility.

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[SHOW IF Q1=1]

Q2.

Did your need for mental health care begin before the COVID-19 related changes that started in March 2020?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q2=1]

Q3.

Did your need for mental health care get worse because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

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[SHOW IF Q2=2]

Q4.

Was your need for mental health care because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

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[SHOW IF Q1=1]

Q5.

In the last 12 months, did you try to get mental health care?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q5=2][RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q6.

Which of the following are reasons why you did not try to get mental health care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. I did not know how to find a provider.
2. I did not have time (e.g., job, childcare, or other commitments).
3. I did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

4. I could not afford the cost.
5. My health insurance did not cover any mental health care.
6. My health insurance did not pay enough for mental health care.
7. I did not have health insurance.

*Confidentiality/Stigma*

8. I did not want others to find out that I was getting mental health care.
9. I did not have enough privacy in my home for telehealth care.
10. I was concerned that the information might not be kept confidential.

*Other* [ANCHOR]

11. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]
- 

[SHOW IF Q5=1]

Q7.

In the last 12 months, did you receive mental health care?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q7=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS;]  
Q8.

Which of the following are reasons why you did not receive mental health care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. I did not have time (e.g., job, childcare, or other commitments).
2. The provider was not accepting new clients/patients.
3. There was a long wait for an appointment.
4. The provider did not call or email me back.
5. The provider did not speak my preferred language.
6. I had no transportation to the appointment.
7. The location was too far away or the hours were not convenient.
8. I did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

9. The provider did not accept my insurance.
10. The provider did not accept any insurance.
11. I could not afford the cost.
12. My health insurance did not cover any mental health care.
13. My health insurance did not pay enough for mental health care.
14. I did not have health insurance.

*Confidentiality/Stigma*

15. I did not want others to find out that I was getting mental health care.
16. I did not have enough privacy in my home for telehealth care.
17. I was concerned that the information might not be kept confidential.

*Other* [ANCHOR]

18. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q5=1 AND Q7<>77,98,99]

Q9.

How did you search for a provider for mental health care?

RESPONSE OPTIONS:

1. Contacted a mental health provider with whom I had an existing relationship
2. Asked for a referral from another provider (e.g., primary care provider)
3. Asked for a referral from an employer assistance program, school official, or teacher
4. Asked a family member or friend for a recommendation
5. Reviewed a list of providers from my insurance company
6. Searched for providers online using a provider database or search engine
7. Other, please specify: [TEXTBOX]
77. Don't know

[SHOW IF Q7=1]

Q10.

In the last 12 months, how often were you able to get an appointment for mental health care when it was needed?

RESPONSE OPTIONS:

1. Always
2. Sometimes
3. Never

77. Don't know

---

[SHOW IF Q7=1]

Q11.

In the last 12 months, was any of the mental health care that you received...

*Please select all that apply.*

GRID ITEMS:

- A. In person
- B. By telehealth that included audio and video
- C. By telehealth that was phone, or audio only
- D. By email, text, or chat
- E. By some other way

RESPONSE OPTIONS:

1. [SHOW IF Q2=1] Yes, prior to March 2020
  2. Yes, from March 2020 to the present
  3. No
-



*Substance Use*

[SHOW IF Q1=2]

[DISPLAY\_4]

The following set of questions ask about the substance use care that you needed in the last 12 months.

*Substance use care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor's office, emergency department, hospital, crisis center, detox, or residential facility.*

---

[SHOW IF Q1=2]

Q12.

Did your need for substance use care begin before the COVID-19 related changes that started in March 2020?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q12=1]

Q13.

Did your need for substance use care get worse because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q12=2]

Q14.

Was your need for substance use care because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

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[SHOW IF Q1=2]

Q15.

In the last 12 months, did you try to get substance use care?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

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[SHOW IF Q15=2][RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q16.

Which of the following are reasons why you did not try to get substance use care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. I did not know how to find a provider.
2. I did not have time (e.g., job, childcare, or other commitments).
3. I did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

4. I could not afford the cost.
5. My health insurance did not cover any substance use care.
6. My health insurance did not pay enough for substance use care.
7. I did not have health insurance.

*Confidentiality/Stigma*

8. I did not want others to find out that I was getting substance use care
9. I did not have enough privacy in my home for telehealth care.
10. I was concerned that the information might not be kept confidential.

*Other* [ANCHOR]

11. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]
- 

[SHOW IF Q15=1]

Q17.

In the last 12 months, did you receive substance use care?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q17=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q18.

Which of the following are reasons why you did not receive substance use care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. I did not have time (e.g., job, childcare, or other commitments).
2. The provider was not accepting new clients/patients.
3. There was a long wait for an appointment.
4. The provider did not call or email me back.
5. The provider did not speak my preferred language.
6. I had no transportation to the appointment.
7. The location was too far away or the hours were not convenient.
8. I did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

9. The provider did not accept my insurance.
10. The provider did not accept any insurance.
11. I could not afford the cost.
12. My health insurance did not cover any substance use care.
13. My health insurance did not pay enough for substance use care.
14. I did not have health insurance.

*Confidentiality/Stigma*

15. I did not want others to find out that I was getting substance use care.
16. I did not have enough privacy in my home for telehealth care.
17. I was concerned that the information might not be kept confidential.

*Other* [ANCHOR]

18. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q15=1]

Q19.

How did you search for a provider for substance use care?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Contacted a substance use provider with whom I had an existing relationship
2. Asked for a referral from another provider (e.g., primary care provider)
3. Asked for a referral from an employer assistance program, school official, or teacher
4. Asked a family member or friend for a recommendation
5. Reviewed a list of providers from my insurance company
6. Searched for providers online using a provider database or search engine
7. Other, please specify: [TEXTBOX]

77. Don't know

[SHOW IF Q17=1]

Q20.

In the last 12 months, how often were you able to get an appointment for substance use care when it was needed?

RESPONSE OPTIONS:

1. Always
2. Sometimes
3. Never

77. Don't know

---

[SHOW IF Q17=1]

Q21.

In the last 12 months, was any of the substance use care that you received ...

*Please select all that apply.*

GRID ITEMS:

- A. In person
- B. By telehealth that included audio and video
- C. By telehealth that was phone, or audio only
- D. By email, text, or chat
- E. By some other way

RESPONSE OPTIONS:

1. [SHOW IF Q12=1] Yes, prior to March 2020
  2. Yes, from March 2020 to the present
  3. No
-

*Mental Health and Substance Use*

[SHOW IF Q1=3]

[DISPLAY\_5]

The following set of questions ask about the mental health and substance use care that you needed in the last 12 months.

*Mental health and substance use care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor's office, emergency department, hospital, crisis center, detox, or residential facility.*

---

[SHOW IF Q1=3]

Q22.

Did your need for the following types of care begin before the COVID-19 related changes that started in March 2020?

GRID ITEMS:

- A. Mental health care
- B. Substance use care

RESPONSE OPTIONS:

- 1. Yes
  - 2. No
  - 77. Don't know
- 

[SHOW IF Q22A=1]

Q23.

Did your need for mental health care get worse because of the COVID-19 related changes?

RESPONSE OPTIONS:

- 1. Yes
  - 2. No
  - 77. Don't know
-

[SHOW IF Q22A=2]

Q24.

Was your need for mental health care because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
  2. No
  77. Don't know
- 

[SHOW IF Q22B=1]

Q25.

Did your need for substance use care get worse because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
  2. No
  77. Don't know
- 

[SHOW IF Q22B=2]

Q26.

Was your need for substance use care because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
  2. No
  77. Don't know
- 

[SHOW IF Q1=3,77,98,99]

Q27.

In the last 12 months, did you try to get ...

GRID ITEMS:

- A. Mental health care
- B. Substance use care

RESPONSE OPTIONS:

1. Yes
  2. No
  77. Don't know
-

[SHOW IF Q1=3,77,98,99 AND Q27A=2]

[RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q28.

Which of the following are reasons why you did not try to get mental health care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. I did not know how to find a provider.
2. I did not have time (e.g., job, childcare, or other commitments).
3. I did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

4. I could not afford the cost.
5. My health insurance did not cover any mental health care.
6. My health insurance did not pay enough for mental health care.
7. I did not have health insurance.

*Confidentiality/Stigma*

8. I did not want others to find out that I was getting mental health care.
9. I did not have enough privacy in my home for telehealth care.
10. I was concerned that the information might not be kept confidential.

*Other* [ANCHOR]

11. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q1=3,77,98,99 AND Q27B=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS;]

Q29.

Which of the following are reasons why you did not try to get substance use care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. I did not know how to find a provider.
2. I did not have time (e.g., job, childcare, or other commitments).
3. I did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

4. I could not afford the cost.
5. My health insurance did not cover any substance use care.
6. My health insurance did not pay enough for substance use care.
7. I did not have health insurance.

*Confidentiality/Stigma*

8. I did not want others to find out that I was getting substance use care.
9. I did not have enough privacy in my home for telehealth care.
10. I was concerned that the information might not be kept confidential.

*Other* [ANCHOR]

11. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q27A=1 OR Q27B=1]

Q30.

In the last 12 months, did you receive ...

GRID ITEMS:

- A. [SHOW IF Q27A=1] Mental health care
- B. [SHOW IF Q27B=1] Substance use care

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 77. Don't know

[SHOW IF Q30A=2]

[RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q31.

Which of the following are reasons why you did not receive mental health care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

- 1. I did not have time (e.g., job, childcare, or other commitments).
- 2. The provider was not accepting new clients/patients.
- 3. There was a long wait for an appointment.
- 4. The provider did not call or email me back.
- 5. The provider did not speak my preferred language.
- 6. I had no transportation to the appointment.
- 7. The location was too far away or the hours were not convenient.
- 8. I did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

- 9. The provider did not accept my insurance.
- 10. The provider did not accept any insurance.
- 11. I could not afford the cost.
- 12. My health insurance did not cover any mental health care.
- 13. My health insurance did not pay enough for mental health care.
- 14. I did not have health insurance.

*Confidentiality/Stigma*

- 15. I did not want others to find out that I was getting mental health care.
- 16. I did not have enough privacy in my home for telehealth care.
- 17. I was concerned that the information might not be kept confidential.

*Other* [ANCHOR]

- 18. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]



[SHOW IF Q30B=2]

[RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q32.

Which of the following are reasons why you did not receive substance use care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. I did not have time (e.g., job, childcare, or other commitments).
2. The provider was not accepting new clients/patients.
3. There was a long wait for an appointment.
4. The provider did not call or email me back.
5. The provider did not speak my preferred language.
6. I had no transportation to the appointment.
7. The location was too far away or the hours were not convenient.
8. I did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

9. The provider did not accept my insurance.
10. The provider did not accept any insurance.
11. I could not afford the cost.
12. My health insurance did not cover any substance use health care.
13. My health insurance did not pay enough for substance use health care.
14. I did not have health insurance.

*Confidentiality/Stigma*

15. I did not want others to find out that I was getting substance use health care.
16. I did not have enough privacy in my home for telehealth care.
17. I was concerned that the information might not be kept confidential.

*Other* [ANCHOR]

18. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q27A=1]

Q33

How did you search for a provider for mental health care?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Contacted a mental health provider with whom I had an existing relationship
  2. Asked for a referral from another provider (e.g., primary care provider)
  3. Asked for a referral from an employer assistance program, school official, or teacher
  4. Asked a family member or friend for a recommendation
  5. Reviewed a list of providers from my insurance company
  6. Searched for providers online using a provider database or search engine
  7. Other, please specify: [TEXTBOX]
  77. Don't know
- 

[SHOW IF Q27B=1]

Q34.

How did you search for a provider for substance use care?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Contacted a substance use provider with whom I had an existing relationship
  2. Asked for a referral from another provider (e.g., primary care provider)
  3. Asked for a referral from an employer assistance program, school official, or teacher
  4. Asked a family member or friend for a recommendation
  5. Reviewed a list of providers from my insurance company
  6. Searched for providers online using a provider database or search engine
  7. Other, please specify: [TEXTBOX]
  77. Don't know
- 

[SHOW IF Q30A=1 OR Q30B=1]

Q35.

In the last 12 months, how often were you able to get an appointment for the following types of care when it was needed?

GRID ITEMS:

- A. [SHOW IF Q30A=1] Mental health care
- B. [SHOW IF Q30B=1] Substance use care

RESPONSE OPTIONS:

1. Always
2. Sometimes
3. Never
77. Don't know

[SHOW IF Q30A=1]

Q36.

In the last 12 months, was any of the mental health care that you received...

*Please select all that apply.*

GRID ITEMS:

- A. In person
- B. By telehealth that included audio and video
- C. By telehealth that was phone, or audio only
- D. By email, text, or chat
- E. By some other way

RESPONSE OPTIONS:

1. [SHOW IF Q22A=1] Yes, prior to March 2020
  2. Yes, from March 2020 to the present
  3. No
- 

[SHOW IF Q30B=1]

Q36A.

In the last 12 months, was any of the substance use care that you received ...

*Please select all that apply.*

GRID ITEMS:

- A. In person
- B. By telehealth that included audio and video
- C. By telehealth that was phone, or audio only
- D. By email, text, or chat
- E. By some other way

RESPONSE OPTIONS:

1. [SHOW IF Q22B=1] Yes, prior to March 2020
  2. Yes, from March 2020 to the present
  3. No
-

Domain 3 – Overall Health Assessment/Anticipation of Need

[DISPLAY\_6]

The following questions ask about your health.

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Q37.

Is there a place that you usually go to when you are sick or need advice about your health?

RESPONSE OPTIONS:

1. Yes, a doctor's office
  2. Yes, a community health center
  3. Yes, a retail clinic in a pharmacy, grocery store, or department store
  4. Yes, an urgent care center (not part of your doctor's office or a community health center)
  5. Yes, an emergency room
  6. Yes, other, please describe: [TEXTBOX]
  7. No
- 

[SP]

Q38.

How would you rate your overall health?

RESPONSE OPTIONS:

1. Excellent
  2. Very Good
  3. Good
  4. Fair
  5. Poor
- 

Q39.

How is your overall health now compared to this time last year?

RESPONSE OPTIONS:

1. Much better
  2. Better
  3. Same
  4. Worse
  5. Much worse
-

Q40.

How would you rate your overall mental health?

RESPONSE OPTIONS:

1. Excellent
  2. Very good
  3. Good
  4. Fair
  5. Poor
- 

Q41.

How is your mental health now compared to this time last year?

RESPONSE OPTIONS:

1. Much better
  2. Better
  3. Same
  4. Worse
  5. Much worse
- 

Q42.

Do you anticipate needing the following types of care for yourself in the next six months?

GRID ITEMS:

- A. Mental health care
- B. Substance use care

RESPONSE OPTIONS:

1. Yes
  2. No
  77. Don't know
- 

[SHOW IF Q42A=1 OR Q42B=1]

Q43.

Do you anticipate receiving the following types of care for yourself in the next six months?

GRID ITEMS:

- A. [SHOW IF Q42A=1] Mental health care
- B. [SHOW IF Q42B=1] Substance use care

RESPONSE OPTIONS:

1. Yes
2. No
77. Don't know

---

Q44.

During the last 12 months, did drinking alcohol cause you serious problems with your responsibilities at home, work, or school?

*Serious problems could include doing a poor job at work or school, missing work or school, losing a job or dropping out of school, and/or neglecting children.*

RESPONSE OPTIONS:

1. Yes
2. No

---

Q46.

Since the COVID-19 related changes that started in March 2020, are you drinking ...

RESPONSE OPTIONS:

1. More often
2. About the same
3. Less often
4. I do not drink

---

Q47.

During the last 12 months, did consuming cannabis cause you serious problems with your responsibilities at home, work, or school?

*Serious problems could include doing a poor job at work or school, missing work or school, losing a job or dropping out of school, and/or neglecting children.*

*Cannabis products are available in a variety of forms that can be consumed by smoking, vaporizing, eating, or drinking.*

RESPONSE OPTIONS:

1. Yes
  2. No
-

Q49.

Since the COVID-19 related changes that started in March 2020, are you consuming cannabis ...

*Cannabis products are available in a variety of forms that can be consumed by smoking, vaporizing, eating, or drinking.*

RESPONSE OPTIONS:

1. More often
  2. About the same
  3. Less often
  4. I do not consume cannabis products
-

Domain 4 – COVID-19 Impact

[DISPLAY\_7]

The following questions ask how COVID-19 has impacted your day-to-day life.

---

Q50.

Have you moved, or have people moved in with you since March 2020?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Yes, I moved because of COVID-19 (e.g., college/university closure, job loss, started working from home)
  2. Yes, I moved but not because of COVID-19
  3. Yes, I have more people living with me because of COVID-19
  4. Yes, I have more people living with me but not because of COVID-19
  5. Other, please describe: [TEXTBOX]
  6. No, my living situation has not changed
- 

Q51.

Which of the following describe(s) your personal experiences related to COVID-19?

*Please select all that apply.*

RESPONSE OPTIONS:

1. I was tested and results came back negative
  2. I was tested and results came back positive
  3. I had COVID-19 symptoms but was unable to get a test for COVID-19
  4. I was in quarantine due to exposure or possible exposure to someone with COVID-19
  5. None of the above
-



Domain 5 – Health Insurance

[DISPLAY\_8]

The following questions ask about your health insurance coverage.

---

Q52.

Do you currently have health insurance?

*This includes coverage obtained through a job or purchased directly from an insurance company or the Health Connector or government programs like Medicare, MassHealth or Medicaid, and programs that provide health care to military personnel and their families. Your coverage may be through yourself or another family member.*

RESPONSE OPTIONS:

1. Yes
  2. No
  
  77. Don't know
- 

[SHOW IF Q52=1]

Q53.

What type of health insurance or health coverage plan do you have?

*Your coverage may be through yourself or another family member.*

RESPONSE OPTIONS:

1. Insurance through an employer or union
  2. Insurance through a former employer or union *(sometimes known as COBRA)*
  3. Insurance purchased directly from an insurance company or the Massachusetts Health Connector
  4. Medicare *for people 65 and older, or people with certain disabilities*
  5. MassHealth *(Medicaid) or medical assistance*
  6. TRICARE *or other military health care*
  7. Veterans Affairs (VA) *benefits, including those who have ever used or enrolled for VA health care*
  8. Other, please specify: [TEXTBOX]
-

[SHOW IF Q52=1]

Q54.

Have you had health insurance coverage for all of the last 12 months?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q52=2]

Q55.

Have you had health insurance at any point in the last 12 months?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

Q56.

In the last 12 months, have you had problems paying or been unable to pay you or your family's medical bills?

RESPONSE OPTIONS:

1. Yes
  2. No
-

## Family Member

### Domain 1 – Identification of Need for Mental Health/Substance Use Care

[DISPLAY\_9]

The following questions ask about your close relatives' need for mental health and/or substance use care.

---

#### Q57.

In the last 12 months, have any of your close relatives needed mental health and/or substance use (i.e., alcohol and/or drug use) care?

*Close relatives may include your spouse/domestic partner, girlfriend/boyfriend, child(ren)/stepchild(ren), and parents/in-laws. Please include close relatives living inside or outside your home, including adult children.*

*Mental health and substance use care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor's office, emergency department, hospital, crisis center, detox, or residential facility.*

#### RESPONSE OPTIONS;

1. Yes, mental health care
  2. Yes, substance use care
  3. Yes, mental health and substance use care
  4. No
77. Don't know

[IF Q57=4,77,98,99, SKIP TO Q99]

---

[SHOW IF Q57=1,2,3]

#### Q58.

Who needed mental health and/or substance use care in the last 12 months?

*Please select all that apply.*

#### RESPONSE OPTIONS:

1. Child/stepchild under 19
  2. Child/stepchild 19 or older
  3. Spouse/domestic partner
  4. Girlfriend/boyfriend
  5. Parent/in-law
  6. Other, please describe: [TEXTBOX]
-

[SHOW IF Q58=1]

Q59.

In the last 12 months, how many children/stepchildren under 19 needed mental health and/or substance use care?

\_\_\_\_\_ [NUMBOX 1-20]

---

[SHOW IF Q59>1 AND Q59<=20]

DISPLAY\_9A.

Please respond to the following questions on behalf of your child/stepchild (under age 19) with the greatest need.

---

[SHOW IF Q58=1]

Q60.

How old is your child/stepchild who needed care?

\_\_\_\_\_ [Validation 0 - 19]

---

[SHOW IF Q58=1]

Q61.

Is your child/stepchild currently living in your home?

RESPONSE OPTIONS:

1. Yes
  2. No
- 

[SHOW IF Q61=2]

Q62.

Is your child/stepchild currently living in Massachusetts?

RESPONSE OPTIONS:

1. Yes
  2. No
-

[SHOW IF Q61=1 OR Q62=1]

Q63.

In the last 12 months, did your child/stepchild need mental health and/or substance use (i.e., alcohol or drug use) care?

*Mental health and substance use care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor's office, emergency department, hospital, crisis center, detox, or residential facility.*

RESPONSE OPTIONS:

1. Mental health care
2. Substance use care
3. Mental health and substance use care

77. Don't know

---

Domain 2 –Process of Navigating/Getting Services

*Mental Health*

[SHOW IF Q63=1]

[DISPLAY\_10]

The following set of questions ask about the mental health care that your child/stepchild needed in the last 12 months. We will use “child” for all remaining questions in reference to your child or stepchild.

*Mental health care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor’s office, emergency department, hospital, crisis center, detox, or residential facility.*

---

[SHOW IF Q63=1]

Q64.

Did your child’s need for mental health care begin before the COVID-19 related changes in March 2020?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don’t know

---

[SHOW IF Q64=1]

Q65.

Did your child’s need for mental health care get worse because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don’t know

---

[SHOW IF Q64=2]

Q66.

Was your child’s need for mental health care because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don’t know

---

[SHOW IF Q63=1]

Q67.

In the last 12 months, did you or someone else try to get mental health care for your child?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q67=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q68.

Which of the following are reasons why you or someone else did not try to get mental health care for your child in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. We did not know how to find a provider.
2. We did not have time (e.g., job, childcare, or other commitments).
3. We did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

4. We could not afford the cost.
5. My child's health insurance did not cover any mental health care.
6. My child's health insurance did not pay enough for mental health care.

*Confidentiality/Stigma*

7. We did not want others to find out that my child was getting mental health care.
8. My child did not have enough privacy at home for telehealth care.
9. We were concerned that the information might not be kept confidential.

*Other* [ANCHOR]

10. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]
- 

[SHOW IF Q67=1]

Q69.

In the last 12 months, did your child receive mental health care?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q69=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q70.

Which of the following are reasons why your child did not receive mental health care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. The provider was not accepting new clients/patients.
2. There was a long wait for an appointment.
3. The provider did not call or email me/my child back.
4. The provider did not speak my/my child's preferred language.
5. My child had no transportation to the appointment.
6. The location was too far away or the hours were not convenient.
7. My child did not have sufficient phone reception or internet access for telehealth services.

*Affordability/Cost*

8. The provider did not accept my child's insurance.
9. The provider did not accept any insurance.
10. We could not afford the cost.
11. My child's health insurance does not cover any mental health care.
12. My child's health insurance does not pay enough for mental health care.
13. My child did not have health insurance.

*Confidentiality/Stigma*

14. We did not want others to find out that my child was getting mental health care.
15. My child did not have enough privacy at home for telehealth care.
16. We were concerned that the information might not be kept confidential.

*Other* [ANCHOR]

17. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q67=1]

Q71.

How did you or someone else search for a provider for mental health care for your child?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Contacted a mental health provider with whom we had an existing relationship
2. Asked for a referral from another provider (e.g., primary care provider)
3. Asked for a referral from a school official or teacher
4. Asked a family member or friend for a recommendation
5. Searched for providers online using a provider database or search engine
6. Other, please specify: [TEXTBOX]
77. Don't know



[SHOW IF Q69=1]

Q72.

In the last 12 months, how often was your child able to get an appointment for mental health care when it was needed?

RESPONSE OPTIONS:

1. Always
2. Sometimes
3. Never

77. Don't know

---

[SHOW IF Q69=1]

Q73.

In the last 12 months, was any of the mental health care that your child received ...

*Please select all that apply.*

GRID ITEMS:

- A. In person
- B. By telehealth that included audio and video
- C. By telehealth that was phone, or audio only
- D. By email, text, or chat
- E. By some other way

RESPONSE OPTIONS:

1. [SHOW IF Q64=1] Yes, prior to March 2020
  2. Yes, from March 2020 to the present
  3. No
-

*Substance Use*

[SHOW IF Q63=2]

[DISPLAY\_11]

The following set of questions ask about the substance use care that your child/ stepchild needed in the last 12 months. We will use “child” for all remaining questions in reference to your child or stepchild.

*Substance use care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor’s office, emergency department, hospital, crisis center, detox, or residential facility.*

---

[SHOW IF Q63=2]

Q74.

Did your child’s need for substance use care begin before the COVID-19 related changes that started in March 2020?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don’t know

---

[SHOW IF Q74=1]

Q75.

Did your child’s need for substance use care get worse because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

78. Don’t know

---

[SHOW IF Q74=2]

Q76.

Was your child’s need for substance use care because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don’t know

---

[SHOW IF Q63=2]

Q77.

In the last 12 months, did you or someone else try to get substance use care for your child?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q77=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q78.

Which of the following are reasons why you or someone else did not try to get substance use care for your child in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. We did not know how to find a provider.
2. We did not have time (e.g., job, childcare, or other commitments).
3. We did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

4. We could not afford the cost.
5. My child's health insurance did not cover any substance use care.
6. My child's health insurance did not pay enough for substance use care.

*Confidentiality/Stigma*

7. We did not want others to find out that my child was getting substance use care.
8. My child did not have enough privacy at home for telehealth care.
9. We were concerned that the information might not be kept confidential.

*Other* [ANCHOR]

10. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]
- 

[SHOW IF Q77=1]

Q79.

In the last 12 months, did your child receive substance use care?

RESPONSE OPTIONS:

1. Yes
2. No

79. Don't know

---

[SHOW IF Q79=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS;]

Q80.

Which of the following are reasons why your child did not receive substance use care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. The provider was not accepting new clients/patients.
2. There was a long wait for an appointment.
3. The provider did not call or email me/my child back.
4. The provider did not speak my/my child's preferred language.
5. My child had no transportation to the appointment.
6. The location was too far away or the hours were not convenient.
7. My child did not have sufficient phone reception or internet access for telehealth services.

*Affordability/Cost*

8. The provider did not accept my child's insurance.
9. The provider did not accept any insurance.
10. We could not afford the cost.
11. My child's health insurance does not cover any substance use care.
12. My child's health insurance does not pay enough for substance use care.
13. My child did not have health insurance.

*Confidentiality/Stigma*

14. We did not want others to find out that my child was getting substance use care.
15. My child did not have enough privacy at home for telehealth care.
16. We were concerned that the information might not be kept confidential.

*Other* [ANCHOR]

17. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q77=1]

Q81.

How did you or someone else search for a provider for substance use care for your child?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Contacted a substance use provider with whom we had an existing relationship
2. Asked for a referral from another provider (e.g., primary care provider)
3. Asked for a referral from a school official or teacher
4. Asked a family member or friend for a recommendation
5. Searched for providers online using a provider database or search engine
6. Other, please specify: [TEXTBOX]

77. Don't know

[SHOW IF Q79=1]

Q82.

In the last 12 months, how often was your child able to get an appointment for substance use care when it was needed?

RESPONSE OPTIONS:

1. Always
2. Sometimes
3. Never

77. Don't know

---

[SHOW IF Q79=1]

Q83.

In the last 12 months, was any of the substance use care that your child received...

*Please select all that apply.*

GRID ITEMS:

- A. In person
- B. By telehealth that included audio and video
- C. By telehealth that was phone, or audio only
- D. By email, text, or chat
- E. By some other way

RESPONSE OPTIONS:

1. [SHOW IF Q74=1] Yes, prior to March 2020
  2. Yes, from March 2020 to the present
  3. No
-

*Mental Health and Substance Use*

[SHOW IF Q63=3]

[DISPLAY\_12]

The following set of questions ask about the mental health and substance use care that your child/stepchild needed in the last 12 months. We will use “child” for all remaining questions in reference to your child or stepchild.

*Mental health and substance use care may include counseling, therapy, medication, or other emergency/crisis care from a psychiatrist, psychologist, primary care provider, social worker, counselor, or peer support professional. This care may occur via video, phone, text, email, or chat or in person in a clinic/doctor’s office, emergency department, hospital, crisis center, detox, or residential facility.*

---

[SHOW IF Q63=3]

Q84.

Did your child’s need for the following types of care begin before the COVID-19 related changes that started in March 2020?

GRID ITEMS:

- A. Mental health care
- B. Substance use care

RESPONSE OPTIONS:

- 1. Yes
  - 2. No
  - 77. Don’t know
- 

[SHOW IF Q84A=1]

Q85.

Did your child’s need for mental health care get worse because of the COVID-19 related changes?

RESPONSE OPTIONS:

- 1. Yes
  - 2. No
  - 77. Don’t know
-

[SHOW IF Q84A=2]

Q86.

Was your child's need for mental health care because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q84B=1]

Q87.

Did your child's need for substance use care get worse because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q84B=2]

Q88.

Was your child's need for substance use care because of the COVID-19 related changes?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF (Q84A=1 OR Q84B=1) OR (Q63=3,77)]

Q89.

In the last 12 months, did you or someone else try to get the following types of care for your child?

GRID ITEMS:

- A. [SHOW IF Q84A=1 OR Q63=3,77] Mental health care
- B. [SHOW IF Q84B=1 OR Q63=3,77] Substance use care

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

[SHOW IF Q89A=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q90.

Which of the following are reasons why you or someone else did not try to get mental health care for your child in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. We did not know how to find a provider.
2. We did not have time (e.g., job, childcare, or other commitments).
3. We did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

4. We could not afford the cost.
5. My child's health insurance did not cover any mental health care.
6. My child's health insurance did not pay enough for mental health care.

*Confidentiality/Stigma*

7. We did not want others to find out that my child was getting mental health care.
8. My child did not have enough privacy at home for telehealth care.
9. We were concerned that the information might not be kept confidential.

*Other* [ANCHOR]

10. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q89B=2] [RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q91.

Which of the following are reasons why you or someone else did not try to get substance use care for your child in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. We did not know how to find a provider.
2. We did not have time (e.g., job, childcare, or other commitments).
3. We did not have sufficient phone reception or internet access for telehealth care.

*Affordability/Cost*

4. We could not afford the cost.
5. My child's health insurance did not cover any substance use care.
6. My child's health insurance did not pay enough for substance use care.

*Confidentiality/Stigma*

7. We did not want others to find out that my child was getting substance use care.
8. My child did not have enough privacy at home for telehealth care.
9. We were concerned that the information might not be kept confidential.

*Other* [ANCHOR]

10. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]



[SHOW IF Q89A=1 OR Q89B=1]

Q92.

In the last 12 months, did your child receive the following types of care?

GRID ITEMS:

- A. [SHOW IF Q89A=1] Mental health care
- B. [SHOW IF Q89B=1] Substance use care

RESPONSE OPTIONS:

- 1. Yes
- 2. No

77. Don't know

[SHOW IF Q92A=2][RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS]

Q93.

Which of the following are reasons why your child did not receive mental health care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

- 1. The provider was not accepting new clients/patients.
- 2. There was a long wait for an appointment.
- 3. The provider did not call or email me/my child back.
- 4. The provider did not speak my/my child's preferred language.
- 5. My child had no transportation to the appointment.
- 6. The location was too far away or the hours were not convenient.
- 7. My child did not have sufficient phone reception or internet access for telehealth services.

*Affordability/Cost*

- 8. The provider did not accept my child's insurance.
- 9. The provider did not accept any insurance.
- 10. We could not afford the cost.
- 11. My child's health insurance does not cover any mental health care.
- 12. My child's health insurance does not pay enough for mental health care.
- 13. My child did not have health insurance.

*Confidentiality/Stigma*

- 14. We did not want others to find out that my child was getting mental health care.
- 15. My child did not have enough privacy at home for telehealth care.
- 16. We were concerned that the information might not be kept confidential.

*Other* [ANCHOR]

- 17. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

[SHOW IF Q92B=2][RANDOMIZE FIRST 3 SECTIONS OF RESPONSE OPTIONS;]

Q94.

Which of the following are reasons why your child did not receive substance use care in the last 12 months?

*Please select all that apply.*

RESPONSE OPTIONS:

*Accessibility*

1. The provider was not accepting new clients/patients.
2. There was a long wait for an appointment.
3. The provider did not call or email me/my child back.
4. The provider did not speak my/my child's preferred language.
5. My child had no transportation to the appointment.
6. The location was too far away or the hours were not convenient.
7. My child did not have sufficient phone reception or internet access for telehealth services.

*Affordability/Cost*

8. The provider did not accept my child's insurance.
9. The provider did not accept any insurance.
10. We could not afford the cost.
11. My child's health insurance does not cover any substance use care.
12. My child's health insurance does not pay enough for substance use care.
13. My child did not have health insurance.

*Confidentiality/Stigma*

14. We did not want others to find out that my child was getting substance use care.
15. My child did not have enough privacy at home for telehealth care.
16. We were concerned that the information might not be kept confidential.

*Other [ANCHOR]*

17. Some other reason or reasons, please specify: [TEXTBOX][ANCHOR]

---

[SHOW IF Q89A=1]

Q95.

How did you or someone else search for a provider for mental health care for your child?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Contacted a mental health provider with whom we child had an existing relationship
  2. Asked for a referral from another provider (e.g., primary care provider)
  3. Asked for a referral from a school official or teacher
  4. Asked a family member or friend for a recommendation
  5. Searched for providers online using a provider database or search engine
  6. Other, please specify: [TEXTBOX]
  77. Don't know [SP]
-

[SHOW IF Q89B=1]

Q96.

How did you or someone else search for a provider for substance use care for your child?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Contacted a substance use provider with whom we had an existing relationship
  2. Asked for a referral from another provider (e.g., primary care provider)
  3. Asked for a referral from a school official or teacher
  4. Asked a family member or friend for a recommendation
  5. Searched for providers online using a provider database or search engine
  6. Other, please specify: [TEXTBOX]
  77. Don't know [SP]
- 

[SHOW IF Q92A=1 OR Q92B=1]

Q97.

In the last 12 months, how often was your child able to get an appointment for the following types of care when it was needed?

GRID ITEMS:

- A. [SHOW IF Q92A=1] Mental health care
- B. [SHOW IF Q92B=1] Substance use care

RESPONSE OPTIONS:

1. Always
  2. Sometimes
  3. Never
  77. Don't know
-

[SHOW IF Q92A=1]

Q98.

In the last 12 months, was any of the mental health care that your child received ...

*Please select all that apply.*

GRID ITEMS:

- A. In person
- B. By telehealth that included audio and video
- C. By telehealth that was phone, or audio only
- D. By email, text, or chat
- E. By some other way

RESPONSE OPTIONS:

1. [SHOW IF Q84A=1 ] Yes, prior to March 2020
  2. Yes, from March 2020 to the present
  3. No
- 

[SHOW IF Q92B=1]

Q98A.

In the last 12 months, was any of the substance use care that your child received...

GRID ITEMS:

- A. In person
- B. By telehealth that included audio and video
- C. By telehealth that was phone, or audio only
- D. By email, text, or chat
- E. By some other way

RESPONSE OPTIONS:

1. [SHOW IF Q84B=1 ] Yes, prior to March 2020
  2. Yes, from March 2020 to the present
  3. No
-

Domain 3 – Anticipation of Need

Q99.

Do you anticipate any of your child(ren) or close relatives needing the following types of care in the next six months?

*Close relatives may include your spouse/domestic partner, girlfriend/boyfriend, child(ren)/stepchild(ren), and parents/in-laws. Please include close relatives living inside or outside your home, including adult children.*

GRID ITEMS:

- A. Mental health care
- B. Substance use care

RESPONSE OPTIONS:

- 1. Yes
  - 2. No
  - 77. Don't know
- 

[SHOW IF Q99A=1 OR Q99B=1]

Q100.

Do you anticipate any of your child(ren) or close relatives receiving the following types of care in the next six months?

GRID ITEMS:

- A. [SHOW IF Q99A=1] Mental health care
- B. [SHOW IF Q99B=1] Substance use care

RESPONSE OPTIONS:

- 1. Yes
  - 2. No
  - 77. Don't know
-

Domain 5 - Health Insurance

[SHOW IF Q58=1]

[DISPLAY\_13]

This section has a few more questions about your child/stepchild's health insurance coverage.

Please respond on behalf of your child/stepchild with the greatest need for mental health and/or substance use care. As before, we will use "child" for all remaining questions in reference to your child or stepchild.

---

[SHOW IF Q58=1]

Q101.

Does your child currently have health insurance?

*This includes coverage obtained through a job or purchased directly from an insurance company or the Health Connector or government programs like Medicare, MassHealth or Medicaid, and programs that provide health care to military personnel and their families. Your child's coverage may be through you or another family member.*

RESPONSE OPTIONS:

1. Yes
2. No
  
77. Don't know

---

[SHOW IF Q101=1]

Q102.

What type of health insurance or health coverage plan does your child have?

*Your child's coverage may be through you or another family member.*

RESPONSE OPTIONS:

1. Insurance through an employer or union
  2. Insurance through a former employer or union (*sometimes known as COBRA*)
  3. Insurance purchased directly from an insurance company or the Massachusetts Health Connector
  4. MassHealth (*Medicaid*) or medical assistance
  5. TRICARE or other military health care
  6. Other, please specify: [TEXTBOX]
-

[SHOW IF Q101=1]

Q103.

Has your child had health insurance for all of the last 12 months?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

[SHOW IF Q101=2]

Q104.

Has your child had health insurance at any point in the last 12 months?

RESPONSE OPTIONS:

1. Yes
2. No

77. Don't know

---

## Demographics

[DISPLAY\_14]

The final few questions ask about you and your family.

---

Q106.

Which one of the following best describes you?

RESPONSE OPTIONS;

1. Male (including transgender male)
  2. Female (including transgender female)
  3. Something else
- 

Q108.

Which one of the following best describes your current marital status?

1. Married, living with your spouse
  2. Married, not living with your spouse
  3. Widowed
  4. Divorced
  5. Separated, living with your spouse
  6. Separated, not living with your spouse
  7. Never married
- 

Q109.

How many adults (age 19 or older) live in your household?

*Please include yourself.*

\_\_\_\_\_ [NUMBOX 1-25]

---

Q109b.

How many adults (age 65 or older) live in your household?

*Please include yourself.*

\_\_\_\_\_ [NUMBOX 0-25]

---

Q110.

How many children (ages 0-18) live in your household?

\_\_\_\_\_ [NUMBOX 0-25]

---



[SHOW IF Q110>0 AND Q110<77]

Q110b.

How many of those children (ages 0-18) are your own children or stepchildren?

\_\_\_\_\_ [NUMBOX 0-25]

---

[SHOW IF PANEL\_TYPE>=20]

HISPAN.

Are you of Spanish, Hispanic, or Latino descent?

*Please select all that apply.*

RESPONSE OPTIONS:

1. No, I am not [SP]
  2. Yes, Mexican, Mexican-American, Chicano
  3. Yes, Puerto Rican
  4. Yes, Cuban
  5. Yes, Central American
  6. Yes, South American
  7. Yes, Caribbean
  8. Yes, Other Spanish/Hispanic/Latino
- 

[SHOW IF PANEL\_TYPE>=20]

RACE\_1.

Please check one or more categories below to indicate what race or races you consider yourself to be.

*Please select all that apply.*

RESPONSE OPTIONS:

1. White
2. Black or African American
3. American Indian or Alaska Native – Please *type in name of enrolled or principal tribe*:  
[TEXTBOX]
4. Asian Indian
5. Chinese
6. Filipino
7. Japanese
8. Korean
9. Vietnamese
10. Other Asian – Please *type in race*: [TEXTBOX]
11. Native Hawaiian
12. Guamanian or Chamorro
13. Samoan
14. Other Pacific Islander – Please *type in race*: [TEXTBOX]
15. Some other race – Please *type in race*: [TEXTBOX]

---

[SHOW IF PANEL\_TYPE>=20]

EDUCAT.

What is the highest level of school you have completed?

RESPONSE OPTIONS:

1. 8<sup>th</sup> grade or less
  2. Some high school, but did not graduate
  3. High school graduate or GED
  4. Some college or 2-year college
  5. 4-year college degree
  6. More than 4-year college degree
-

IF Q110=0, DOV\_BASESIZE=0  
 IF Q108=77,98,99, DOV\_BASESIZE=0  
 IF ((Q110>0 AND Q110<77) AND (Q110B>=0 AND Q110B<77), DOV\_BASESIZE=Q110B  
 IF Q108 = 1 OR 5, FAM\_SIZE SHOULD EQUAL DOV\_BASESIZE +2  
 IF Q108=2,3,4,6,7, FAM\_SIZE SHOULD EQUAL DOV\_BASESIZE +1  
 IF Q108=2,3,4,6,7 AND Q110B=0, FAM\_SIZE=1

IF ANY(Q108,Q110,Q110B)=77,98,99 THEN SKIP FAMINCOME

[SHOW IF FAM\_SIZE>0]  
FAMINCOME.

The next question asks about the annual income for your immediate family. For our purposes, your immediate family includes you and if applicable, your spouse (if they live with you) and your children or stepchildren 18 and under who live with you.

Please estimate the total annual income for your immediate family for 2019 before taxes.

1. [Amount1] or less
2. Between [Amount1+1] and [Amount2]
3. Between [Amount2+1] and [Amount3]
4. Between [Amount3+1] and [Amount4]
5. More than [Amount4]

77. Don't know

IF Q108 = 1 OR 5, FAM\_SIZE SHOULD EQUAL Q110B+2  
 IF Q108=2,3,4,6,7, FAM\_SIZE SHOULD EQUAL Q110B+1

FAM_SIZE	Amount 1 (133% FPL)	Amount 2 (300% FPL)	Amount 3 (400% FPL)	Amount 4 (500%)
=1	\$ 17,000	\$ 38,300	\$ 51,100	\$ 63,800
=2	\$ 22,900	\$ 51,700	\$ 69,000	\$ 86,200
= 3	\$ 28,900	\$ 65,200	\$ 86,900	\$ 108,600
= 4	\$ 34,900	\$ 78,600	\$ 104,800	\$ 131,000
= 5	\$ 40,800	\$ 92,100	\$ 122,700	\$ 153,400
= 6	\$ 46,800	\$ 105,500	\$ 140,600	\$ 175,800
= 7	\$ 52,700	\$ 118,900	\$ 158,600	\$ 198,200
= 8+	\$ 58,700	\$ 132,400	\$ 176,500	\$ 220,600

Q111.

Do you anticipate that your 2020 family income will be more or less than your 2019 family income?

RESPONSE OPTIONS:

1. A lot more
  2. Moderately more
  3. About the same
  4. Moderately less
  5. A lot less
- 

Q112.

Which statement best describes your current employment status?

RESPONSE OPTIONS:

1. Working, full time (30 or more hours per week)
  2. Working, part time (less than 30 hours per week)
  3. Not working – on temporary layoff from a job
  4. Not working – looking for work
  5. Not working – family caregiver
  6. Not working – retired
  7. Not working – disabled
  8. Not working --student
  9. Not working – other, please specify: [TEXTBOX]
- 

Q113.

Has your employment changed since the COVID-19 related changes in March 2020?

*Please select all that apply.*

RESPONSE OPTIONS:

1. Yes, I am working more hours
  2. Yes, I am working fewer hours
  3. Yes, I am working from home
  4. Yes, I lost a job or was furloughed
  5. Yes, I started a new job
  6. None of the above [SP]
-

[SHOW IF (Q5=1 OR Q15=1 OR (Q27A=1 OR Q27B=1) OR Q67=1 OR Q77=1 OR (Q89A=1 OR Q89B=1))]  
Q114.

We may conduct additional interviews with a subset of respondents about their experience trying to get mental health or substance use care in Massachusetts.

If selected, would you be willing to participate in a follow-up interview about your experience seeking mental health and/or substance use care for yourself or a close relative?

RESPONSE OPTIONS:

1. Yes
2. No

---

[SHOW IF Q114=1]  
Q115.

Please provide your preferred contact information for additional follow-up:

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

---

[DISPLAY\_THANKS]

Thank you for completing this survey!

Should you believe that you, or someone you know requires mental health or substance use care we encourage you to utilize the following resources:

Network of Care: <https://massachusetts.networkofcare.org/mh/>

INTERFACE Project: <https://interface.williamjames.edu/guide/help>

---

**Demographic Profile:**  
**Additional questions asked of AmeriSpeak panelists prior to this survey**  
**and could be included with the survey data**

Variable	Values
Gender	1 = Male
	2 = Female
Age	Age in years
Age (7 categories)	1 = 18-24; 2 = 25-34; 3 = 35-44; 4 = 45-54; 5 = 55-64; 6 = 65-74; 7 = 75+
Age (4 categories)	1 = 18-29; 2 = 30-44; 3 = 45-59; 4 = 60+
Education (5 categories)	1 = Less than HS
	2 = HS graduate
	3 = Vocational/tech school/some college/associates
	4 = Bachelor's degree
	5 = Post grad study/professional degree
Race/Ethnicity	1 = White, Non-Hispanic
	2 = Black, Non-Hispanic
	3 = Other, Non-Hispanic
	4 = Hispanic
	5 = 2+ races, Non-Hispanic
	6 = Asian/Pacific Islander, Non-Hispanic
Housing Type	1 = A one-family house detached from any other house
	2 = A one-family house attached to one or more houses
	3 = A building with 2 or more apartments
	4 = A mobile home or trailer
	5 = Boat, RV, van, etc.
Household Income (18 categories)	1 = Less than \$5,000    2 = \$5,000 to \$9,999
	3 = \$10,000 to \$14,999    4 = \$15,000 to \$19,999
	5 = \$20,000 to \$24,999    6 = \$25,000 to \$29,999
	7 = \$30,000 to \$34,999    8 = \$35,000 to \$39,999
	9 = \$40,000 to \$49,999    10 = \$50,000 to \$59,999
	11 = \$60,000 to \$74,999    12 = \$75,000 to \$84,999
	13 = \$85,000 to \$99,999    14 = \$100,000 to \$124,999
	15 = \$125,000 to \$149,999    16 = \$150,000 to \$174,999
	17 = \$175,000 to \$199,999    18 = \$200,000 or more
Household Income (9 categories)	1 = Less than \$10,000
	2 = \$10,000 to \$19,999
	3 = \$20,000 to \$29,999
	4 = \$30,000 to \$39,999
	5 = \$40,000 to \$49,999
	6 = \$50,000 to \$74,999
	7 = \$75,000 to \$99,999
	8 = \$100,000 to \$149,999
	9 = \$150,000 or more
Household Income (4 categories)	1 = Less than \$30,000
	2 = \$30,000 to \$59,999
	3 = \$60,000 to \$99,999
	4 = \$100,000 or more

Variable	Values
Marital Status	1 = Married
	2 = Widowed
	3 = Divorced
	4 = Separated
	5 = Never married
	6 = Living with partner
Metropolitan Statistical Area Status	0 = Non-Metro
	1 = Metro (as defined US OMB Core-Based Statistical Area)
Home Internet Access	0 = No
	1 = Yes
Telephone Service	1 = Landline telephone only
	2 = Have a landline, but mostly use cellphone
	3 = Have cellphone, but mostly use landline
	4 = Cellphone only
	5 = No telephone service
Ownership of Living Quarters	1 = Owned or being bought by you or someone in your household
	2 = Rented for cash
	3 = Occupied without payment of cash rent
Region 4 (US Census)	1 = Northeast
	2 = Midwest
	3 = South
	4 = West
Region 9 (US Census)	1 = New England
	2 = Mid-Atlantic
	3 = East-North Central
	4 = West-North Central
	5 = South Atlantic
	6 = East-South Central
	7 = West-South Central
	8 = Mountain
	9 = Pacific
State	State of residence
Household Size	Total number of members in household
HH members, age 0-1	Number of household members in age group
HH members, age 2-5	Number of household members in age group
HH members, age 6-12	Number of household members in age group
HH members, age 13-17	Number of household members in age group
HH members, age 18+	Number of household members in age group
Current Employment Status	1 = Working - as a paid employee
	2 = Working - self-employed
	3 = Not working - on temporary layoff from a job
	4 = Not working - looking for work
	5 = Not working – retired
	6 = Not working – disabled
	7 = Not working – other