

Title: COVID Impact Survey for Recipients of Services and Families

1. What is your relationship with the Office of Mental Health?

- a. I participate in mental health programs
- b. My family member or loved one receives services from a mental health program
- c. I am an advocate
- d. Other- please specify

2. What is your age or the age of your family member?

- a. Under 18
- b. 18-24
- c. 25-34
- d. 35-44
- e. 45-54
- f. 55-64
- g. 65+

3. Please select the region where you or your loved one resides:

- a. New York City
- b. Long Island
- c. Hudson River Region
- d. Central New York Region
- e. Western New York Region
- f. I'm not sure

4. Hispanic Ethnicity (check one)

- a. No, not Hispanic
- b. Yes
- c. Unknown

1b. If yes to question 1a. select one of the following:

- a) Cuban
- b) Puerto Rican
- c) Ecuadorian
- d) Mexican
- e) Dominican
- f) Other
- g) Unknown
- h) Not applicable

5. Race (select all that apply)

- a. White
- b. Black/African American
- c. Asian
- d. American Indian/Alaskan Native
- e. Native Hawaiian/Other Pacific Islander
- f. Other
- g. Unknown

6. Preferred Language (check one)

- a. English
- b. Spanish/Spanish Creole
- c. Russian
- d. Mandarin
- e. Cantonese
- f. Fujianese

- g. French/Haitian Creole
- h. Portuguese/Creole
- i. Italian
- j. Polish
- k. Yiddish/Pennsylvania Dutch/Other West Germanic
- l. Hebrew
- m. Arabic
- n. Hindi
- o. Urdu
- p. Other Indi (e.g. Sindhi)
- q. Other Indo-European
- r. African Languages
- s. Tagalog
- t. Korean
- u. Vietnamese
- v. Other Asian
- w. Sign Language
- x. Other
- y. Unknown

7. Which of the following best captures your or your loved one's gender identification?

- a. Male
- b. Female
- c. Transgender, female to male
- d. Transgender, male to female
- e. Non-binary
- f. Gender non-conforming

8. Have you or your loved one participated in telehealth appointments? This means talking with your provider by phone or computer.

- a. Yes
- b. No

9. If yes, please select the mode of communication (please select all that apply):

- a. Telephone
- b. Video conference on a cell phone
- c. Video conference on an iPad, tablet, or computer

10. If yes, where did you participate in telehealth services?

- a. Home
- b. Mental health program
- c. In the community (please specify)

11. Please select your or your loved one's experience with telehealth:

- a. It was easy and effective
- b. It was difficult and hard to access
- c. It was impossible because I don't have access to a phone or computer
- d. Other: please describe

12. Please rate your or your loved one's comfort level with telehealth.

- a. Very comfortable
- b. Comfortable
- c. Neutral
- d. Uncomfortable
- e. Very uncomfortable

13. Please select the frequency of your or your loved one's use of telehealth:

- a. Same amount of contact with providers
- b. More contact with providers
- c. Less contact with providers
- d. Other (please specify)

14. If no, what is preventing you or your loved one using telehealth services?

- a. Doesn't have a phone
- b. Not enough minutes or data support
- c. No computer
- d. Not offered telehealth services

15. Have you or your loved one received in-person services over the past two months? (March & April)

- a. Yes
- b. No

16. Please select the option the BEST describes your or your loved one's mental health during the COVID crisis:

- a. Anxiety, stress, and experience of symptoms have not been impacted by the crisis
- b. Slight increase in anxiety, stress and experience of symptoms
- c. Moderate increase in anxiety, stress and experience of symptoms
- d. Significant increase in anxiety, stress and experience of symptoms

17. Do you feel like you or your loved one is receiving enough support?

- a. Yes
- b. No

18. If yes, from whom are you and your loved ones receiving?

- a. Providers and professional counselors
- b. Peer support
- c. Family
- d. Friends
- e. Other community supports
- f. What community supports do you use? (please specify)

19. Other than professional supports, are you or your loved one using technology to connect to others for support?

- a. Yes

- b. No
- c. If yes, what are you or your loved one using (social media, apps, etc.?) (please specify)

20. What do you think you or your loved one might need in the coming months in terms of mental health services and supports? (please specify)

21. Please select the option that best reflects you or your loved one's experience with access to medication treatment?

- a. No difficulty obtaining prescriptions and picking up medications
- b. Some difficulty with picking up medications due to social distancing measures
- c. Significant difficulty due to not being able to access treatment providers
- d. Significant difficulty due to social distancing and isolation measures
- e. Other: (please specify)

22. If you or your loved one is having trouble with accessing medication treatment, is your doctor or treatment provider assisting you or your loved one with overcoming these barriers?

- a. Yes
- b. No

23. Have you or your loved one had problems accessing personal protective equipment? (masks, hand sanitizer, cleaning products, etc.)?

- a. Yes
- b. No
- c. If yes, please indicate why:

24. The COVID pandemic has affected many aspects of our lives. Please select areas where you or your loved one are currently experiencing challenges as a result of COVID. (Select all that apply)

- a. Housing
- b. Income/benefits
- c. Employment
- d. Food
- e. Toiletries and clean clothes
- f. Transportation
- g. Education/online education

25. Please select the option that best reflects you or your loved one's experience with physical healthcare:

- a. Access to treatment and medications has not been disrupted
- b. Accessing physical healthcare has been easier than accessing mental health treatment
- c. Access to medication and treatment has been significantly disrupted
- d. Accessing physical health doctors has been more difficult than mental health providers

26. Many people have had difficulty coping with the COVID pandemic and may be drinking or using drugs more frequently than they did before the pandemic. If you're comfortable responding, please select the option that best reflect you or your loved one's experience with drug and alcohol use:

- a. No change in the use of alcohol or drugs

- b. A slight increase in the use of alcohol or drugs
- c. A significant increase in the use of alcohol or drugs
- d. A decrease in the use of alcohol or drugs
- e. I never use alcohol or drugs

27. What best describes you or your loved one's experience with accessing COVID testing?

- a. No barriers to testing
- b. Some barriers with wait lists or transportation to be tested
- c. Significant barriers related to not knowing where to be tested
- d. Other (please specify)

28. Please identify your or your loved's one's strengths that have helped them cope during the COVID pandemic:

29. In your opinion, what else could the Office of Mental Health be doing to provide you or your loved one support during this challenging time? (open ended)

Thank you for taking the time to complete this survey!