



Thank you for being willing to complete this survey about the impact of the COVID-19 pandemic on Alaska families. COVID-19 caused a worldwide disease outbreak or pandemic that reached Alaska in March 2020.

This survey is being conducted by the State of Alaska, Department of Health and Social Services (DHSS), Division of Public Health. The survey should take about ten minutes to complete. Results will be used only to inform DHSS and partners in their response to the pandemic.

Your participation is voluntary. If you don't want to answer a particular question, that's okay. All responses to the survey are confidential. No attempt to identify a particular respondent will be made. If you responded to previous COVID-19 related surveys conducted by DHSS in April and May 2020, your device's IP address may be used to link survey responses to each other to better understand any changes over time.

If you have questions about the survey, please contact mch-epi@alaska.gov.

*** 1. Continue with survey?**

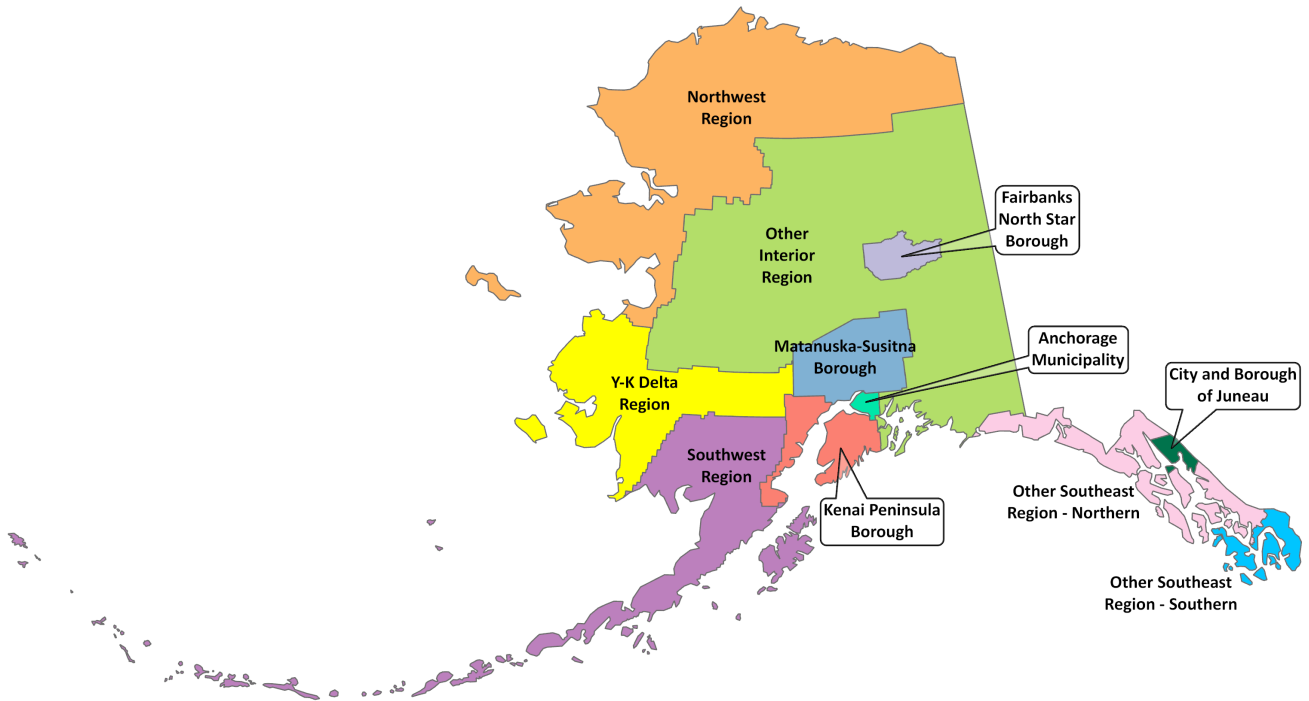
Yes

No



2. Where is your primary residence? See map below.

- Anchorage Municipality
- Matanuska-Susitna Borough
- Fairbanks North Star Borough
- Other Interior Region
- Kenai Peninsula Region
- City and Borough of Juneau
- Other Southeast Region - Southern
- Other Southeast Region - Northern
- Northwest Region
- Southwest Region
- Y-K Delta Region



3. What is your age?

- Less than 18 years
- 18-24 years
- 25-44 years
- 45-64 years
- 65 years or more



Emotional Health

4. How would you rate your overall emotional health before the COVID-19 pandemic?

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

5. Since the COVID-19 pandemic began, would you say your overall emotional health has

- Improved
- Stayed the same
- Gotten worse

6. To what extent are the following statements true for you?

Due to the COVID-19 pandemic...

	Very true	Somewhat true	Not at all true
I've worried about being infected with the virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in my family routine have been stressful for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been concerned about the stability of my living situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been concerned about someone else's mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been more irritable or easily angered than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been more sad or depressed than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been more anxious than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been concerned about increased violence in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Complete the following statements about your household.

	Less than before the pandemic	The same as before the pandemic	More than before the pandemic	No one in my household consumes
The amount of alcohol consumed in my household is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of marijuana or cannabis consumed in my household is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of prescription or illicit pain drugs (e.g. opiates such as codeine, Vicodin, OxyContin, Percocet, heroin) consumed in any form in my household is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of prescription or illicit anti-anxiety drugs (e.g. benzodiazepines such as Xanax, Valium, Diazepam) consumed in any form in my household is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of prescription or illicit stimulant drugs (e.g. Adderall, Ritalin, Vyvanse, Dexedrine or methamphetamine) consumed in any form in my household is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I have used alcohol or drugs to cope with a difficulty caused by COVID-19.

- Very true
- Somewhat true
- Not at all true



Substance Use

9. Prior to the pandemic, I was in recovery from use of alcohol and/or drugs, but I relapsed due to difficulties related to COVID-19.

- Very true
- Somewhat true
- Not at all true



Overall concerns

To what extent are the following statements true for you and your household?

10. Due to the COVID-19 pandemic, I worried about or experienced more stress than usual paying for bills and expenses.

- Very true
- Somewhat true
- Not at all true

11. Due to the COVID-19 pandemic, I worried about or experienced more stress than usual obtaining medical care or medications for myself or a household member.

- Very True
- Somewhat true
- Not at all true

12. Since the COVID-19 pandemic began, has anyone in your household needed mental health or drug/alcohol treatment services?

- Yes
- No



Services

13. What type(s) of mental health or drug/alcohol treatment service(s) were needed? (Check all that apply)

- Crisis hotline (e.g., Careline/suicide prevention line)
- Emergency mental health care from a hospital
- Inpatient or residential treatment
- Outpatient counseling or individual therapy (including telehealth visits)
- Group or other recovery program (e.g. 12-step program or support group)
- Other (please specify)

14. How difficult was it to obtain any of these service(s)?

- Not at all difficult
- Somewhat difficult
- Very difficult
- Did not seek services



Barriers to Services

15. What prevented you or a household member from seeking or getting the mental health or drug/alcohol treatment services that were needed? (Check all that apply)

- Didn't know where to go
- Lack of insurance coverage or could not afford it
- Not available in my community or long wait list
- Appointments were cancelled or postponed
- Not comfortable or willing to seek help
- Other (please specify)



Resiliency

16. To what extent are the following statements true for you?

Since the COVID-19 pandemic began...

	Very true	Somewhat true	Not at all true
I've found new ways to connect with family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've had the emotional connections I need with family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've received financial or practical support from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've helped others with financial or practical support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've found information and planned accordingly to address concerns about the COVID-19 pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Physical Health

17. Have you missed or skipped any of the following PREVENTIVE care check-ups for yourself because of the COVID-19 pandemic?

- Yes, medical
- Yes, dental
- Yes, vision
- None of these

18. Since the COVID-19 pandemic began, I discussed an emergency plan with other members of my household (or with other family, close friends or neighbors) in case I or another person in my home becomes seriously ill.

- Very True
- Somewhat true
- Not at all true

19. Since the COVID-19 pandemic began, I or someone in my household has tested positive for the virus.

- Yes
- No

20. Does anyone in your household need or use in-home care from nursing or nursing aide providers due to special health care needs? Check all that apply.

Yes, child(ren) less than age 18

Yes, adult(s)

No



In-home care

21. What is your greatest concern now about in-home nursing or nursing aide providers?

- Needed in-home nursing care services are not available
- Providers not following recommended protection guidelines (for example, wearing a face mask)
- Providers working while potentially ill
- Increased risk by having different providers coming in to my home on a regular basis
- No concerns
- Other (please specify)



Parent/guardian screener

22. Please check all options below that describe you.

- Parent or guardian of a young adult (18-25 years) currently living in my household
- Parent or guardian of high school-aged child
- Parent or guardian of middle school-aged child
- Parent or guardian of elementary school-aged child
- Parent or guardian of pre-kindergarten-aged child
- Parent or guardian of 0-12 month old baby
- Not the parent or guardian of a child less than 26 years old now living in my household



Child's Physical Activity and Screen Time

If you have more than one child, please consider any of your children when answering these questions.

23. The amount of physical activity my child now gets on an average day is...

- less than before the pandemic
- the same as before the pandemic
- more than before the pandemic

24. This question is about non-academic screen time. Screen time includes any time your child spends in front of a TV, computer, smart phone, or other electronic device watching shows, playing games, accessing the internet, or using social media. (Do not count time spent on schoolwork.)

The amount of non-academic screen time my child now gets on a typical day is...

- less than before the pandemic
- the same as before the pandemic
- more than before the pandemic



Child's Mental and Emotional Health

If you have more than one child, please consider any of your children when answering these questions.

25. I am concerned about the impact of the COVID-19 pandemic on my child's mental health.

- Very True
- Somewhat true
- Not at all true

26. To what extent are the following statements true for your child?

Since the COVID-19 pandemic began...

	Very true	Somewhat true	Not at all true
My child has worried about being infected with the virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in our family routine have been stressful for my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has been more irritable or more easily angered than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has been more sad or depressed than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has been more anxious than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Child's Physical Health and Health Care Access

If you have more than one child, please consider any of your children when answering these questions.

27. I am concerned my child will become infected with COVID-19.

- Very true
- Somewhat true
- Not at all true

28. Did your child miss or skip any PREVENTIVE check-ups because of the COVID-19 pandemic?

- Yes
- No



Preventive checkups

29. What type of PREVENTIVE check-up(s) did your child miss because of the COVID-19 pandemic? Check all that apply.

- Well child check or physical exam
- Dental check-up or cleaning
- Vision exam
- Immunizations

30. Did any of the following reasons contribute to your child missing any PREVENTIVE check-ups? Check all that apply.

- Health care provider's location was closed due to the COVID-19 pandemic
- Health care provider's location was open but had limited appointments due to the COVID-19 pandemic
- Parent, adult caregiver, or child was concerned about going to the health care provider's location due to the COVID-19 pandemic
- My child no longer had health insurance or had a change in health insurance
- Someone in the household was ill
- Someone in the household had been in contact with someone who was ill
- Other (please specify)



Education and childcare

If you have more than one child, please consider any of your children when answering these questions.

31. I am concerned about the impact of the COVID-19 pandemic on my child's education.

- Very True
- Somewhat true
- Not at all true

32. Before the COVID-19 pandemic began, did your child regularly attend school or use any type of childcare, such as preschool, daycare, Head Start, or in-home care by relatives or friends?

- Yes
- No



Changes to school and childcare

If you have more than one child, please consider any of your children when answering these questions.

33. To what extent are the following statements true for you?

Since the COVID-19 pandemic began...

	True	False	Not applicable to me or my child
My child's school or childcare closed or stopped offering care and is currently not open for in-person classes or care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I, or another caregiver in my home, stopped working or reduced work hours because of school or childcare closures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stopped using school or childcare because I lost income and can no longer afford it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I decided to stop sending my child to in-person school or childcare, even though it is available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School or childcare closures made it difficult for me to work or do other household tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



About you

The following questions about you will help us understand how closely the people who responded to this survey represent all Alaskans.

34. In which of the following ranges does your total annual household income fall?

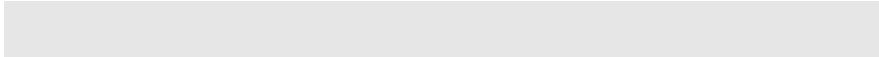
- Under \$20,000
- Between \$20,000 and \$39,999
- Between \$40,000 and \$59,999
- Between \$60,000 and \$79,999
- Between \$80,000 and \$99,999
- \$100,000 or more
- Prefer not to respond

35. Are you Hispanic or Latinx?

- Yes
- No
- Prefer not to respond

36. How do you identify yourself? Select all that apply.

- Alaska Native or American Indian
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to respond
- Other (please specify)





Information and Support

37. What resources or information do you wish you had to support you and your family since the COVID-19 pandemic started in March 2020?

38. If you would like, please provide more detail about your most pressing concerns for your family or children since the COVID-19 pandemic began.

DHSS may continue to send out follow-up surveys every few months about the impact of the COVID-19 pandemic on Alaskans. If you participated in this survey by texting a key phrase, we will automatically send you additional surveys when they are posted.

If you participated through the web link directly, please **text MORE to 907-269-0344** now to be included in future surveys.

Results of this survey will be posted at a later date on the [Division of Public Health's MCH Epidemiology Unit website](#). Our April and May 2020 surveys about the impact of the COVID-19 pandemic on Alaskans are currently posted.
