

Rikers Island Longitudinal Study COVID-19 Follow-Up Questions

SECTION I. SYMPTOMS AND CARE

INTERVIEWER: In light of the ongoing coronavirus pandemic, we're still interested in finding out about how people are doing with their health.

1. In the past two months, have you had a cough, difficulty breathing, fever, or flu-like symptoms, including muscle or joint aches?

- 1 – Yes
 - 0 – No
 - 99998 – DON'T KNOW
 - 99995 – DECLINE
-

2. In the past two months, has anyone in the place where you stay most nights had a cough, difficulty breathing, fever, or flu-like symptoms?

- 1 – Yes
 - 0 – No
 - 99998 – DON'T KNOW
 - 99995 – DECLINED
-

3. In the past two months, have you provided care for another person who had a cough, difficulty breathing, fever, or flu-like symptoms?

- 1 – Yes
 - 0 – No
 - 99998 – DON'T KNOW
 - 99995 – DECLINED
-

4. **DISPLAY IF R DID NOT REPORT HAVING BEEN TESTED AT COVID-19 I**

Have you been tested for COVID-19, or novel coronavirus?

INTERVIEWER NOTE: A test involves taking a biological sample via swab or blood drawing.

- 1 – Yes
 - 0 – No **SKIP to Q8**
 - 99998 – DON'T KNOW
 - 99995 – DECLINED
-

5. Where were you tested?

INTERVIEWER NOTE: Check all that apply.

- 1 – Hospital emergency room
- 2 – Doctor's office
- 3 – Clinic
- 4 – Other place, SPECIFY: _____
- 99998 – DON'T KNOW
- 99995 – DECLINED

6. Did you test positive for COVID-19, or novel coronavirus?

- 1 – Yes
- 0 – No
- 99998 – DON'T KNOW
- 99995 – DECLINED

7. Can you tell me more about what happened next?

Probes: Did you receive any care? What care did you receive? Did you have to go into any kind of quarantine? What was that like? Did anyone provide you with support? Did you have access to masks, gloves, or other personal protective equipment? What has the recovery process been like?

- 99998 – DON'T KNOW
 - 99995 – DECLINED
-

8. Has anyone in the place you stay most nights or anyone that you provide care for tested positive for coronavirus?

- 1 – Yes
- 0 – No
- 99998 – DON'T KNOW
- 99995 – DECLINED

9. Have any of your friends or family members passed away from the coronavirus?

INTERVIEWER NOTE: Specify relationship.

- 1 – Yes, SPECIFY RELATION: _____
- 2 – Yes, SPECIFY RELATION: _____
- 3 – Yes, SPECIFY RELATION: _____
- 4 – Yes, SPECIFY RELATION: _____
- 5 – Yes, SPECIFY RELATION: _____
- 0 – No
- 99998 – DON'T KNOW
- 99995 – DECLINED

10. In the last two months, have you or has anyone you care for missed any health visits due to the coronavirus?

INTERVIEWER NOTE: Check all that apply and specify appointment type (e.g. dentist, mental health).

- 1 – Yes, self, SPECIFY KIND OF APPOINTMENT: _____
- 2 – Yes, child, SPECIFY KIND OF APPOINTMENT: _____
- 3 – Yes, other dependant, SPECIFY KIND OF APPOINTMENT: _____
- 0 – No
- 99998 – DON'T KNOW
- 99995 – DECLINED

INTERVIEWER: Now I am going to read you some statements about how the coronavirus makes you feel.

Could you tell me on a scale of 1 to 5 how you feel about these statements where 1 is strongly disagree and 5 is strongly agree?

The coronavirus makes me...

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	DECLINE
11. Fear that I will be infected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
12. Fear that I will infect others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
13. Worry that my family will be infected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
14. Feel that I have lost control of my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995

SECTION II. HOUSING AND FAMILIES

INTERVIEWER: Next, I am going to ask you some questions about your housing and family..

15. How has the pandemic affected your relationships with your close friends and family? (Probes: Do you see each other in person, or keep in contact through phone calls? How has everyone been getting along? Have you been getting in arguments more than usual? What sorts of things have you been arguing about?)

- 0 - No effects
- 99998 - DON'T KNOW
- 99995 - DECLINED

16. Has the pandemic or the shutdown changed your housing situation in any of the following ways?

INTERVIEWER NOTE: Wait for response and check all that apply. Probe with response categories if needed.

- 1 - Changed housing (e.g., lost housing, left NY, moved in with family),
SPECIFY: _____
- 2 - Delayed housing search
- 3 - Delayed eviction proceeding

-
- 4 - Household members moved out
 - 5 - Household members moved in
 - 6 - Other SPECIFY: _____
 - 7 - No, no effects **SKIP TO Q21**
 - 99998 - DON'T KNOW
 - 99995 - DECLINED

17. Can you tell me more about that?

Probe relative to their responses, e.g., why did you move? How has your housing search been affected? Who moved in? Who moved out?

- 99998 - DON'T KNOW
- 99995 - DECLINED

18. Has the pandemic or the shutdown made you worried about having enough money to pay for housing/rent?

- 1 - Yes
- 0 - No
- 99998 - DON'T KNOW
- 99995 - DECLINED

19. Has the pandemic or the shutdown made you miss a rent or housing payment?

- 1 - Yes
- 0 - No
- 99998 - DON'T KNOW
- 99995 - DECLINED

20.

DO NOT DISPLAY IF ADMINISTERED WITH 3M/6M

What is the address where you spent most of the nights since our last interview?

Address or intersection: _____ Apt# _____

City: _____

State: _____

Zip: _____

- 1 – Same as previous
- 0 – No address
- 99998 – DON'T KNOW
- 99995 – DECLINED

21.

DO NOT DISPLAY IF ADMINISTERED WITH 3M/6M

What type of housing is that?

- 1 – Homeless / on the street
- 2 – Own house or apartment
- 3 – Family member's house or apartment [SPECIFY]: _____
- 4 – Boyfriend / girlfriend's house or apartment
- 5 – Friend's house or apartment
- 6 – Other non-relative's house or apartment [SPECIFY]: _____
- 7 – Residential treatment facility / rehab facility
- 8 – Transitional housing / half-way house
- 9 – A shelter
- 10 – Boarding or rooming house
- 11—Hotel / motel
- 12 – Supportive housing
- 13 – No set place / moved around a lot
- 14 – Split time between multiple residences [SPECIFY]: _____
- 99998 – DON'T KNOW
- 99995 – DECLINED

22.

DO NOT DISPLAY IF ADMINISTERED WITH 3M/6M

Since our last interview, did you spend at least one night in any of the following places?

INTERVIEWER NOTE: Read all response categories. Check all that apply.

- 1 – With friends or family
- 2 – Hotel / motel
- 3 – Hospital / drug treatment or mental health facility
- 4 – Shelter
- 5 – Jail, police precinct, or court holding cell
- 6 – On the streets, abandoned building, car, or park
- 7 – Any other temporary housing or institution? [SPECIFY]: _____
- 0 – No, did not stay in any of these places

-
- 99998 – DON'T KNOW
 - 99995 – DECLINED

23.

DISPLAY IF R HAS CHILDREN

Did you have any children enrolled in NYC public schools last school year?

- 1 - Yes
- 0 - No **skip to Q26**
- 99998 - DON'T KNOW
- 99995 - DECLINED

24.

Do/es your child/ren have access to a laptop tablet or other electronic device for online learning? If so, where did they get it?

- 1 - Yes, personal device **skip to Q26**
- 2 - Yes, device provided by DOE **skip to Q26**
- 3 - Yes, device provided by other source, SPECIFY: _____ **skip to Q26**
- 0 - No
- 99998 - DON'T KNOW
- 99995 - DECLINED

25.

Why wasn't your child able to get an electric device for online learning?

- 99998 - DON'T KNOW
- 99995 - DECLINED

26. Do you have an internet or WiFi service in the place where you stay most nights?

- 1 - Yes
- 0 - No
- 99998 - DON'T KNOW
- 99995 - DECLINED

SECTION III. CONGREGATE SETTINGS AND CRIMINAL JUSTICE SYSTEM CONTACT

INTERVIEWER: Now I am going to ask you about places you've been in the past seven days and your recent contact with the criminal justice system.

27. Have you used the bus or train in the last seven days? How many times?

ENTER: _____

- 0 – Did not take public transportation
- 99998 – DON'T KNOW
- 99995 – DECLINED

INTERVIEWER: Now I'll read through a list of places, and let me know if you've been to any of them in the past seven days, even just briefly or as a visitor.

	YES	NO	DON'T KNOW	DECLINE
28. A lawyer's office	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
29. A bail/bondsman's office	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
30. A court- mandated program office, such as Supervised Release Program (i.e. BJI, CASES)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
31. A probation or parole office	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
32. Court	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995
33. Police Precinct/Central booking or court holding cell	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 99998	<input type="checkbox"/> 99995

34. Jail or prison

1

0

99998

99995

35.

DO NOT DISPLAY IF ADMINISTERED WITH 3M/6M

In the last two months, have you been stopped by the police?

1 - Yes, SPECIFY NUMBER OF TIMES: _____

0 - No

99998 - DON'T KNOW

99995 - DECLINED

36.

Have you been incarcerated at any point since the beginning of March? Can you tell me what that was like?

Probes: Where were you incarcerated? What were the conditions like? Were you given masks, gloves, or other personal protective equipment? What happened when you were discharged? Were you offered housing assistance? Did you receive any health guidance or information about health services?

0 - No

99998 - DON'T KNOW

99995 - DECLINED

37.

How has the pandemic or the shutdown affected your contact with the criminal justice system?

Probes: With the courts, such as delayed dates? With the police? With your lawyer? Have you done any videoconferencing or check-ins over the phone? Have you been affected by the recent 8PM curfew?

0 - No effects

99998 - DON'T KNOW

99995 - DECLINED

SECTION III. EMPLOYMENT/ECONOMIC STATUS

INTERVIEWER: This is the final section of the survey and will ask questions about changes in your employment and economic well-being over the past two months.

38. Has the pandemic or the shutdown changed anything about your employment situation?
INTERVIEWER: Wait for response and check all that apply. Probe with response categories, if needed.

- 1 – Yes, got a job
- 2 - Yes, lost a job
- 3 – Yes, reduced hours/cut wages
- 4 – Yes, interrupted job search
- 5 – Other, SPECIFY: _____
- 0 – No
- 99998 – DON'T KNOW
- 99995 – DECLINED

39. Thinking back to February, before the shutdown, were you doing any work for pay or profit?

- 1 - Yes
- 0 - No **Skip to Q43**
- 99998 - DON'T KNOW
- 99995 - DECLINED

40. What was your main job?

- 1 - SPECIFY: _____
- 99998 - DON'T KNOW
- 99995 - DECLINED

41. How many hours would you say you worked in that month, February?

- 1 - Hours/week: _____
- 2 - Hours/month: _____
- 99998 - DON'T KNOW
- 99995 - DECLINED

42. How much money did you make in that month, February, before taxes?

- 1 - \$/week: _____
- 2 - \$/month: _____
- 99998 - DON'T KNOW
- 99995 - DECLINED

43. **DO NOT DISPLAY IF ADMINISTERED WITH 3M/6M**
Last month, did you do ANY work for either pay or profit?

- 1 - Yes
- 0 - No **Skip to Q48**
- 99998 - DON'T KNOW
- 99995 - DECLINED

44. **DO NOT DISPLAY IF ADMINISTERED WITH 3M/6M**
What work did you do last month?

- 1 - Same as February
- 2 - Other, SPECIFY: _____
- 99998 - DON'T KNOW
- 99995 - DECLINED

45. Did you regularly leave home to go to work in the past two months?

- 1 - Yes
- 0 - No
- 99998 - DON'T KNOW
- 99995 - DECLINED

46. **DO NOT DISPLAY IF ADMINISTERED BEFORE 3M/6M**

Thinking about all your work, how many hours did you work in the past month?

- 1 - \$/week: _____
- 2 - \$/month: _____
- 99998 - DON'T KNOW
- 99995 - DECLINED

47. **DO NOT DISPLAY IF ADMINISTERED BEFORE 3M/6M**

How much money did you earn from ALL your work in the past month before taxes were taken out?

- 1 - \$/week: _____
- 2 - \$/month: _____
- 99998 - DON'T KNOW
- 99995 - DECLINED

48. In the last two months, has it ever been difficult for you to pay for any of the following?
INTERVIEWER: read response categories and check all that apply

- 1 – Medical bills or prescriptions
- 2 – Utility bills (e.g., electric, water, gas)
- 3 – Cell phone bills
- 4 – Cable/Wi-Fi bills
- 5 – Food
- 6 – Household items (e.g., cleaning or personal hygiene products)
- 7 – Transportation
- 8 – Other, SPECIFY: _____
- 99998 – DON'T KNOW
- 99995 – DECLINED

49.

DO NOT DISPLAY IF ADMINISTERED WITH 3M/6M

In the past month, did you receive money from any of the following sources?

- 1 – Food stamps [SPECIFY AMOUNT] : _____
- 2 –Supplemental Security Income (SSI) [SPECIFY AMOUNT] : _____
- 3 –Housing support (i.e. public housing, Section 8, or voucher) [SPECIFY TYPE / AMOUNT IF APPLICABLE]: _____
- 4 – Charitable support (i.e. food pantries, other forms of charitable assistance) [SPECIFY AMOUNT] : _____
- 5 – Unemployment insurance [SPECIFY AMOUNT] : _____
- 6 – Disability insurance (SSDI) [SPECIFY AMOUNT] : _____
- 7 – Social security [SPECIFY AMOUNT] : _____
- 8 – Child support [SPECIFY AMOUNT] : _____
- 9 – Family member or friend [SPECIFY AMOUNT] : _____
- 10 - Other activities or hustles [SPECIFY AMOUNT]: _____
- 11 - Other income source, besides employment (**INTERVIEWER NOTE: ask about stimulus check and enter NO STIMULUS if they haven't received it**) [SPECIFY TYPE / AMOUNT] : _____
- 0 – No non-employment sources of income
- 99998 - DON'T KNOW
- 99995 - DECLINED

50.

Have you applied or tried to apply for benefits in the past two months?

- 1 - Yes, applied, SPECIFY BENEFIT TYPE(S): _____
- 2 - Yes, tried to apply, SPECIFY BENEFIT TYPE(S): _____
- 0 - No
- 99998 - DON'T KNOW
- 99995 - DECLINED

51.

Did you have any difficulties applying for benefits?

- 1 - Yes
- 0 - No **SKIP TO Q53**
- 99998 - DON'T KNOW
- 99995 - DECLINED

52. Can you tell me more about that?

- 99998 - DON'T KNOW
- 99995 - DECLINED

53. Would you say that the pandemic has changed the ways that you earn or spend money?

Probes: what do you do when you come up short? Have any friends or family members helped you out, or have you helped them out?

- 99998 - DON'T KNOW
- 99995 - DECLINED

54. Is there anything else you'd want us to know about how you've been doing over the past two months?

Probe: How have the protests affected you?

- 99998 - DON'T KNOW
- 99995 - DECLINED