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COVID Impact Survey: Week 3, Montana Findings

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NOTE: 95% CONFIDENCE INTERVALS ARE CALCULATED USING THE WILSON SCORE METHOD. WHEN THE NUMBER OF RESPONDENTS IN A GROUP IS 10 OR FEWER, THE CONFIDENCE INTERVAL IS SUPPRESSED. WHEN THE PROPORTION IS 0 OR 1, THE CONFIDENCE INTERVAL IS SUPPRESSED.

[N1] Today's date (enter dd/mm/yyyy or hh:mm:ss format)

Response	Count
Total RESPONDENTS	**0**
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: In the past week how often did you have any of the following symptoms?

Question	Never	Rarely	Sometimes	Often	Always	Refused	Don't know
Total RESPONDENTS	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Difficulty breathing	0	0	0	0	0	0	0
Fever	0	0	0	0	0	0	0
Cough	0	0	0	0	0	0	0
Nausea or vomiting	0	0	0	0	0	0	0
Headache	0	0	0	0	0	0	0
Diarrhea	0	0	0	0	0	0	0
Sore throat	0	0	0	0	0	0	0
Muscle pain	0	0	0	0	0	0	0
Feeling cold	0	0	0	0	0	0	0
Runny or stuffy nose	0	0	0	0	0	0	0
Other symptoms	0	0	0	0	0	0	0

NOTE: In the past week, how often did you contact a medical facility for care, either by a visit to the facility or remotely?

Response	Count
Total RESPONDENTS	**0**
Never	0
Rarely	0
Sometimes	0
Often	0
Always	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: In the past week, how often did you contact a medical facility for care, either by a visit to the facility or remotely?

Response	Count
Total RESPONDENTS	**0**
Yes	0
No	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: In the past week, how often did you contact a medical facility for care, either by a remote visit or a visit to the facility?

Response	Count
Total RESPONDENTS	**0**
Yes	0
No	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: In the past week, how often did you contact a medical facility for care, either by a remote visit or a visit to the facility?

Response	Count
Total RESPONDENTS	**0**
Yes	0
No	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: Should you ever need to speak to someone, could you ever get the help you need?

Response	Count
Total RESPONDENTS	**0**
Yes	0
No	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: In the past 7 days, how often have you felt:

JOBS AND EARNINGS

Question	Never	Rarely	Sometimes	Often	Always	Refused	Don't know
Total RESPONDENTS	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Worried	0	0	0	0	0	0	0
Unable to meet needs	0	0	0	0	0	0	0
Family relied on friends or neighbors	0	0	0	0	0	0	0
Lost work or income	0	0	0	0	0	0	0
Work or school disrupted	0	0	0	0	0	0	0
Cough	0	0	0	0	0	0	0
Difficulty breathing	0	0	0	0	0	0	0
Shaking	0	0	0	0	0	0	0
Muscle or body aches	0	0	0	0	0	0	0
Headaches	0	0	0	0	0	0	0
Chills	0	0	0	0	0	0	0
Trouble breathing	0	0	0	0	0	0	0
Sore throat	0	0	0	0	0	0	0
Runny or stuffy nose	0	0	0	0	0	0	0
Other symptoms	0	0	0	0	0	0	0
Changed or cancelled medical care	0	0	0	0	0	0	0
Fever	0	0	0	0	0	0	0

NOTE: In the past 7 days, how often have you:

JOBS AND EARNINGS

Question	Never	Rarely	Sometimes	Often	Always	Refused	Don't know
Total RESPONDENTS	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Felt depressed	0	0	0	0	0	0	0
Felt lonely	0	0	0	0	0	0	0
Felt hopeless	0	0	0	0	0	0	0
Felt anxious	0	0	0	0	0	0	0
Had trouble sleeping	0	0	0	0	0	0	0
Had trouble concentrating on things such as reading or watching TV	0	0	0	0	0	0	0
Had little interest or pleasure in doing things	0	0	0	0	0	0	0
Felt nervous	0	0	0	0	0	0	0
Felt tired or had little energy	0	0	0	0	0	0	0
Felt worse than usual	0	0	0	0	0	0	0

NOTE: Which of the following items, if any, do you believe impacted the coronavirus?

Response	Count
Total RESPONDENTS	**0**
Economic income supplementation	0
Food security	0
Health insurance coverage	0
Symptom complaints and remedies	0
Symptoms and diagnoses of coronavirus	0
Co-morbid complaints and remedies	0
Co-morbid diagnoses and treatments of coronavirus	0
Hospitalizations for coronavirus	0
Preventive care	0
Hospital bed capacity	0
Intensive care unit bed capacity, ventilator availability	0
Mortality	0
Cancer	0
Drugs	0
Alternative and high-tech remedies	0
Mistrust of government	0
Stay-at-home Orders/ Time-limited curfew for essentials	0
Stay-at-home Orders/ Shelter in place	0
Mandatory quarantine	0
Voluntary quarantine	0
Social distancing	0
Mandatory mask use	0
Voluntary mask use	0
Mistrust of vaccinations	0
Vaccination availability and accessibility	0
Vaccination cost and insurance coverage	0
Vaccination point locations	0
Vaccination side effects	0
Natural immunity and herd immunity	0
Vaccination requirements for days-of-work, school, travel	0
Vaccination requirements for social gatherings	0
Vaccination refusal/resistance	0
Other	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: Which of the following items, if any, have been difficult to obtain during the coronavirus?

Response	Count
Total RESPONDENTS	**0**
Food	0
Medicine	0
Medical care	0
Mental health care	0
Dental care	0
Other	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: Do you or someone in your household have any of the following? (Check all that apply)

Response	Count
Total RESPONDENTS	**0**
Health care coverage	0
Health care coverage for children	0
Health care coverage for people who are 65 or older	0
Health care coverage for people who are 18-64	0
Health care coverage for people who are 18-64 and have a chronic condition	0
Health care coverage for people who are 18-64 and have a disability	0
Health care coverage for people who are 18-64 and are pregnant	0
Health care coverage for people who are 18-64 and are parents	0
Health care coverage for people who are 18-64 and are caregivers	0
Health care coverage for people who are 18-64 and are veterans	0
Health care coverage for people who are 18-64 and are American Indian or Alaska Native	0
Health care coverage for people who are 18-64 and are Native Hawaiian or other Pacific Islander	0
Health care coverage for people who are 18-64 and are Black or African American	0
Health care coverage for people who are 18-64 and are Hispanic, Latino, or Spanish origin	0
Health care coverage for people who are 18-64 and are multiracial	0
Health care coverage for people who are 18-64 and are other race	0
Health care coverage for people who are 18-64 and are immigrants	0
Health care coverage for people who are 18-64 and are refugees	0
Health care coverage for people who are 18-64 and are U.S. citizens	0
Health care coverage for people who are 18-64 and are parents of children under age 18	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home and who are U.S. citizens	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home and who are U.S. citizens or have been in the U.S. for 5 years or more	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home and who are U.S. citizens or have been in the U.S. for 5 years or more and who are English speakers	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home and who are U.S. citizens or have been in the U.S. for 5 years or more and who are Spanish speakers	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home and who are U.S. citizens or have been in the U.S. for 5 years or more and who are other language speakers	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home and who are U.S. citizens or have been in the U.S. for 5 years or more and who are English speakers and who are not American Indian or Alaska Native	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home and who are U.S. citizens or have been in the U.S. for 5 years or more and who are Spanish speakers and who are not American Indian or Alaska Native	0
Health care coverage for people who are 18-64 and are parents of children under age 18 living at home and who are U.S. citizens or have been in the U.S. for 5 years or more and who are other language speakers and who are not American Indian or Alaska Native	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: Do you or someone in your household have any of the following? (Check all that apply)

Response	Count
Total RESPONDENTS	**0**
Food stamps	0
Child food stamps	0
Cash assistance	0
Child cash assistance	0
Unemployment benefits	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: Do you or someone in your household have any of the following? (Check all that apply)

Response	Count
Total RESPONDENTS	**0**
Stimulus payment	0
Child stimulus payment	0
Paid leave	0
Paid sick leave	0
Paid family or medical leave	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: Do you or someone in your household have any of the following? (Check all that apply)

Response	Count
Total RESPONDENTS	**0**
Housing assistance	0
Utility assistance	0
Food assistance	0
Child care assistance	0
Medical care assistance	0
Mental health care assistance	0
Dental care assistance	0
Refused	0
Don't know	0
SUBTOTAL(NON-MISSING)	0
Total MISSING	**0**
GRAND TOTAL	**0**

NOTE: Do you or someone in your household have any of the following? (Check all that apply)

Response	Count
Total RESPONDENTS	**0**
Unemployment insurance	0
Paid sick leave or paid time off	0
Paid family or medical leave	0
Paid leave	0
Stimulus payment	0
Child stimulus payment	0
Other stimulus payment