

DAIL COVID-19 Survey – Hard Copy

In the middle of March of this year, Governor Scott announced a State of Emergency because of COVID-19. This was the “Stay Home, Stay Safe” order that stopped your services or changed how your services were provided. This is when your service coordinator and others stopped visiting you at home. This survey is to hear from you about what your life was like during Spring and Summer at the start of COVID-19.

We want to hear from you. Please answer the questions as best you can about what happened during the “Stay Home, Stay Safe” order. If you need help with the survey, someone can help you answer some or all the questions.

Survey Questions – Please circle the letter for the answer that is best for you.

- 1) What services do you receive? (Choose one)
 - a. Developmental Disabilities: Home and Community Based Services
 - b. Choices for Care
 - c. Brain Injury Services

- 2) What county do you live in? (Choose one)
 - a. Addison
 - b. Bennington
 - c. Caledonia
 - d. Chittenden
 - e. Essex
 - f. Franklin
 - g. Grand Isle
 - h. Lamoille
 - i. Orange
 - j. Orleans
 - k. Rutland
 - l. Washington
 - m. Windham
 - n. Windsor
 - o. Outside of Vermont

- 3) What did not go well for you during the “Stay Home, Stay Safe” order?
(Choose all that apply)
- a. Received less support at home
 - b. Received less support to do things in your community
 - c. Stopped going to work at your job
 - d. Stopped volunteering
 - e. Stopped going to a place where you spent time with others
 - f. Stopped seeing your friends who did not live with you
 - g. Stopped seeing family who did not live with you
 - h. Stopped going to school or attended school remotely
 - i. Other: _____
 - j. Nothing changed during that time
- 4) What were you able to do to stay safe during the “Stay Home, Stay Safe” order?
(Choose all that apply)
- a. Wear masks
 - b. Use hand sanitizer
 - c. Not go out in public
 - d. Not see people you do not live with you
 - e. Don’t know / no response
- 5) Did you feel safe during the “Stay Home, Stay Safe” order? (Choose one)
- a. Yes, I felt safe
 - b. I sometimes felt safe
 - c. No, I did not feel safe
 - d. Don’t know / no response
- 6) Were you able to contact your case manager or service coordinator when you needed to? (Choose one)
- a. Yes
 - b. Sometimes
 - c. No
 - d. I do not have a case manager or service coordinator
 - e. Don’t know / no response

- 7) How did your case manager or service coordinator contact you?
(Choose all that apply)
- a. Talked by phone
 - b. Text by phone
 - c. Email
 - d. Video chat (such as Facetime/Zoom)
 - e. In person
 - f. I was not able to contact my case manager or service coordinator
 - g. I do not have a case manager or service coordinator
 - h. Don't know / no response
- 8) How did you get your services during the "Stay Home, Stay Safe" order?
(Choose all that apply)
- a. Talked by phone
 - b. Text by phone
 - c. Email
 - d. Video chat (such as Facetime/Zoom)
 - e. On-line classes and activities
 - f. In person
 - g. I did not receive any services during the "Stay Home, Stay Safe" order
 - h. Don't know / no response
- 9) Did someone check in with you often enough? (Choose one)
- a. Did not check in often enough
 - b. Checked in just the right amount
 - c. Checked in too often
 - d. Don't know / no response
- 10) During that time, were you able to contact your friends and family who do not live with you? (Choose one)
- a. I was not able to contact friends and family
 - b. I could sometimes contact friends and family
 - c. I was always able to contact friends and family
 - d. I do not have friends or family who do not live with me
 - e. Don't know / no response

- 11) How did you contact your friends and family who do not live with you?
(Choose all that apply)
- a. Talked by phone
 - b. Text by phone
 - c. Email
 - d. Video chat (such as Facetime/zoom)
 - e. Facebook/Instagram
 - f. In person
 - g. I was not able to contact my friends or family who do not live with me
 - h. I do not have friends and family who do not live with me
 - i. Don't know / no response
- 12) Did you have problems with any of the following during the "Stay Home, Stay Safe" order? (Choose all that apply)
- a. Getting groceries
 - b. Having enough money
 - c. Using masks and hand sanitizer
 - d. Using the internet
 - e. Using a phone
 - f. Getting medication
 - g. Getting information on how to stay safe
 - h. Did not have problems
- 13) Were there any changes in your life during the "Stay Home, Stay Safe" order that you liked? (Choose all that apply)
- a. Stayed home more
 - b. Talked to friends more
 - c. Talked to family more
 - d. Used technology more
 - e. Did activities that I liked more
 - f. Spent time walking or doing outdoors activities
 - g. Got different services from my agency
 - h. Did not have to hug people
 - i. Other: _____

14) What helped you feel more connected to others during the “Stay Home, Stay Safe” order? (Choose all that apply)

- a. Talk to others by phone
- b. Text others
- c. Email others
- d. Video chat (such as Facetime/Zoom)
- e. Facebook/Instagram
- f. Saw others in person
- g. Other: _____

15) What one thing did you missed the most or was the most challenging for you?

16) What two things helped you feel better or made it easier for you?

- a. _____
- b. _____

17) What else would you like to tell us?

18) Who completed this survey? (Choose all that apply)

- a. I completed the survey (the person)
- b. Family member, partner or spouse
- c. Friend
- d. Direct support worker
- e. Home provider
- f. Service Coordinator, Case Manager or TII Advisor
- g. Guardian
- h. Other: _____

Background Information – Please circle the letter for the answer that is best for you.

A) What is your gender? (Choose one)

- a. Male
- b. Female
- c. Other

B) What is your race and ethnicity? (Choose one or more)

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Pacific Islander
- e. White
- f. Hispanic/Latino
- g. Other race not listed
- h. Don't know

C) Who do you live with? (Choose one)

- a. I live alone
- b. I live with my parent or another relative
- c. I live with a partner, spouse, or children
- d. I share a home or apartment with others that are not related to me

D) What type of place do you live? (Choose one)

- a. Home Provider's home
- b. Parent's or another relative's home
- c. Own home or apartment – by myself or with someone else
- d. Group home with other people who receive supports

E) Who is your guardian (if you have one)? (Choose one)

- a. Family member
- b. Public guardian
- c. Friend
- d. Other
- e. I do not have a guardian
- f. Don't know

F) In what way do you communicate best? (Choose one)

- a. Spoken
- b. Gestures/body language
- c. Sign language or finger spelling
- d. Communication aid/device
- e. Other: _____
- f. Don't know

Thank you for filling out this important survey.

Please mail the completed survey to:

**Lisa Parro
DDSD/DAIL
280 State Drive
Waterbury, VT 05671-2030**

Or scan and email the completed survey to:

Lisa.Parro@vermont.gov