

## HEDS COVID-19 Institutional Response Staff Survey

*This is a PDF representation of the online version of the survey. It includes all questions and response options.*

We know the changes at [Institution Name] in response to COVID-19 have been challenging for our entire community. We're sending this survey to check in with our staff and see how you're doing. We want to know how you feel about our response to COVID-19 and if there are things we can do to support you through this difficult time.

Your participation in this survey is voluntary. You may stop taking the survey at any time or choose not to answer particular questions. You may also go back and change your responses. The survey is short and should take about 5 minutes to complete.

Your responses are **anonymous**. The survey is being administered by an independent organization, and we will only receive survey data after your responses have been grouped together with the responses of other individuals and information that might identify you (e.g., your name, email address, identifying information from the computer on which you take the survey) has been stripped from the data. **Please note, anything you write in text boxes in response to open-ended questions will be sent to us exactly as you write it.** If you do not want us to know who you are, please do not write anything in your text responses that might identify you.

We would appreciate hearing from you so we can get a better sense of how our staff are doing and ways that we can help. Thank you for your time.

**1. Please indicate your level of agreement with each of the following statements about senior leadership at [Institution Name].**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Overall, senior leadership at [Institution Name] has done a good job protecting staff from the negative health consequences of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, senior leadership at [Institution Name] has done a good job helping staff adapt to the changes at the institution brought on by the spread of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, senior leadership at [Institution Name] has shown care and concern for staff as they respond to the spread of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Please indicate your level of agreement with each of the following statements about your supervisor at [Institution Name].**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Overall, my supervisor has done a good job protecting me from the negative health consequences of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my supervisor has done a good job helping me adapt to the changes at the institution brought on by the spread of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my supervisor has helped me understand the priorities and direction in my work given the changes at my institution brought on by the spread of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my supervisor has shown care and concern for me as [Institution Name] responds to the spread of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Overall, how satisfied are you with the support you are getting from [Institution Name] to help you adjust to all the changes this spring?**

- Very satisfied
- Generally satisfied
- Neither satisfied nor dissatisfied
- Generally dissatisfied
- Very dissatisfied

**4. I know whom to contact if I have questions about how changes at [Institution Name] in response to COVID-19 will affect me.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**5. Please indicate your level of satisfaction with [Institution Name] about the following:**

	Very satisfied	Generally satisfied	Neither satisfied nor dissatisfied	Generally dissatisfied	Very dissatisfied
The timeliness of the communication you've received from [Institution Name] about its ongoing responses to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clarity of the communication you've received from [Institution Name] about its ongoing responses to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information you've received about how changes at [Institution Name] in response to COVID-19 will impact your employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information you've received about how changes at [Institution Name] in response to COVID-19 will impact the institution's future viability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Given the changes caused by the spread of COVID-19, how often do you worry about the following?**

	Never	Almost never	Sometimes	Often	Very often
Doing your job effectively despite the changes in your work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling pressure to come to your place of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing connections with your colleagues at [Institution Name]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The health and well-being of your colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The health and well-being of your students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The health and well-being of your friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What the future holds for [Institution Name]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having access to health care for you and/or your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying your bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Since [Institution Name] started responding to COVID-19, how often have you:**

	Never	Almost never	Sometimes	Often	Very often
Had too many things to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt you were in a hurry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt under pressure from deadlines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt that you were on top of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had too many worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Overall, how much stress are you feeling about the potential consequences of the spread of COVID-19?**

- Little or none
- Some
- A great deal

As a reminder, anything you write in the text boxes below in response to open-ended questions will be sent to us exactly as you write it. If you do not want us to know who you are, please do not write anything that might identify you.

**9. What have you appreciated most about [Institution Name]’s response to COVID-19?**

**10. What part of [Institution Name]’s response to COVID-19 has caused you the most stress or anxiety?**

**11. What are your biggest worries or concerns as you think about what’s coming up in the next few months?**

**12. Is there anything else you’d like to tell [Institution Name] about the way we’ve responded to COVID-19 and your experience this spring (e.g., comments, suggestions, concerns, things you think we should know)?**

**13. How connected do you feel to [Institution Name]?**

- Very strong connection
- Some connection
- Very little connection
- No connection

**14. Are you a part-time or full-time employee at [Institution Name]?**

- Part-time
- Full-time

**15. Which category best describes your primary role?**

- Hourly (non-exempt) without responsibility for supervising staff
- Hourly (non-exempt) with responsibility for supervising staff
- Salaried (exempt) without responsibility for supervising staff
- Salaried (exempt) with responsibility for supervising staff

**16. What is your gender?**

- Man
- Woman
- Non-binary, please specify: \_\_\_\_\_

**17. Are you Hispanic or Latino/a?**

- Yes
- No

**18. Please indicate the race or races with which you identify. (Choose one or more)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

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*We will include links to the following sites on the thank you page that people see after they complete their survey.*

The following websites and documents provide tips for coping with stress from COVID-19. [The hyperlinks will have the names of the sites rather than the URLs.]

1. [https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html)
2. <https://mhanational.org/covid19>
3. <https://store.samhsa.gov/product/Coping-with-Stress-During-Infectious-Disease-Outbreaks/sma14-4885>