

## HEDS COVID-19 Institutional Response Student Survey

*This is a PDF representation of the online version of the survey. It includes all questions and response options, as well as notes (in italics) about how questions will display to survey takers.*

We know this spring has been challenging for everyone at [Institution Name]. We're sending this survey to check in 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 help you. [We'd also like to know about your experiences with various methods of online instruction this term.]

Your participation in this survey is completely voluntary. There are no penalties if you decide not to participate or if you choose to skip any questions. The survey is short and should take [around five/5-10] minutes to complete.

A small number of people at [Institution Name] will be able to connect your name to your survey responses. We've done this because we want to be able to reach out to students in case they need help. Beyond this small number of people, no one else will be able to link your responses to your name or other information that might identify you.

We would appreciate hearing from you so we can get a better sense of how you're 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 [Institution Name].

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Overall, the staff and administration at [Institution Name] have done a good job protecting students from the negative health consequences of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, the staff and administration at [Institution Name] have done a good job helping students 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, staff and administration at [Institution Name] have shown care and concern for me as they respond to the spread of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, faculty at [Institution Name] have shown care and concern for me as they make changes in their courses in response to COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know whom to contact if I have questions about how changes at [Institution Name] in response to COVID-19 will affect my educational plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2. 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 support you are getting from [Institution Name] to help you transition to taking your classes online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The communication you are getting 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 are getting about how changes at [Institution Name] in response to COVID-19 will impact your ability to pay for college (e.g., financial aid, student loans, campus jobs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Given the changes at [Institution Name] caused by the spread of COVID-19, how often do you worry about the following?**

	Never	Almost never	Sometimes	Often	Very Often
Doing well in college now that many or all of your classes are online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing friendships and social connections now that classes are online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing and successfully using the technology needed for your online classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having access to health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying your bills (e.g., tuition, loans, rent, internet access, medical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a safe and secure place to sleep every night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having enough to eat day-to-day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note: This section is an optional module with five open-ended questions about student's experience with online teaching. You may choose to do the survey with or without this module.*

In this section of the survey, we want to explore your experiences with various methods of online instruction. These might include viewing videos online, using online discussion boards, doing quizzes and tests online, live group discussions on Zoom or other conferencing software, online narrated PowerPoint lectures, interactive simulations, virtual office hours, collaborative group project tools, virtual tutoring centers, online library materials, etc. We will use this information to improve our online courses. We appreciate your taking the time to tell us what's helpful and what's not.

**4. For your current term online courses, please list which instructional methods have been used.**

**5. Which of these online instructional methods have worked best for you?**

**6. Thinking about the online instructional methods that worked best, why do you think they were effective?**

**7. Of the online instructional methods that you have experienced, which ones have not worked well for you?**

**8. Thinking about the online instructional methods that didn't work well, why do you think they weren't effective?**

*Note: End of optional module about student's experience with online teaching.*

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

- Little or none
- Some
- A great deal

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

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

**11. Do you intend to return to [Institution Name] next fall to continue and/or complete your education?**

- Definitely yes
- Probably yes
- Probably no
- Definitely no
- Unsure
- Not applicable because I am graduating

*Respondents who selected "Probably no," "Definitely no," or "Unsure" for the previous question will see Question 11A below. Everyone else will go to Question 12.*

**11A. What factor is having the biggest influence on your thoughts about whether or not to return to [Institution Name] next fall?**

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

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

**14. 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?**

**15. Since the COVID-19 changes at [Institution Name], where have you spent most of your time living?**

- Dormitory or other campus housing (not a fraternity or sorority house)
- Fraternity or sorority house (including college-owned housing)
- Residence (house, apartment, etc.) within walking distance to your institution
- Residence (house, apartment, etc.) farther than walking distance to your institution, but in the United States
- In another country
- A living arrangement not listed above

**16. What is your college classification for the 2019–2020 academic year?**

- Freshman/First Year
- Sophomore
- Junior
- Senior
- Graduate Student
- Other: \_\_\_\_\_

**17. What is your gender?**

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

**18. What is your citizenship status?**

- U.S. citizen
- U.S. permanent resident but not a U.S. citizen
- Not a U.S. citizen or permanent resident

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

- Yes
- No

**20. 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