

HEDS Fall 2020 COVID-19 Staff Survey

We know that your experience at [Institution Name] is different this fall because of COVID-19. We're sending this survey to check in with you and see how you're doing. We want to know how things are going so far this fall and if there are actions we can take to help you.

Your participation in this survey is **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 5-10 minutes to complete.

Your responses are **anonymous**. The survey is being administered by an independent organization, HEDS, and we will only receive survey data after (a) they group your responses with those of other individuals, and (b) strip information that might identify you (e.g., your name, email address) 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 know that this is a very busy time, but we hope to hear from you.

Thank you.

1. What best describes where you are working this term?

- Working entirely on campus
- Working mostly on campus
- A roughly even blend of working on campus and off campus
- Working mostly off campus
- Working entirely off campus

All staff who select an option other than "Working entirely on campus" will see the following questions.

2. You indicated that you're spending at least some time working from home or another off-campus location. Please answer the following questions about your off-campus work environment.

	Yes	No
Do you have a quiet, private space where you can work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to share a computer with other people?	<input type="checkbox"/>	<input type="checkbox"/>
Does your computer have a camera and microphone that allow you to use video conferencing software?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have working versions of all the programs and applications you need for your work on your computer?	<input type="checkbox"/>	<input type="checkbox"/>
Does your computer have the capacity to run all the programs and applications you need for your work without freezing up or running slowly?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have sufficient knowledge about the programs and applications that you need for work so that you can use them without difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a reliable internet connection?	<input type="checkbox"/>	<input type="checkbox"/>
Are you getting sufficient support from Information Technology (IT)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for taking care of children or other family members during the times you are working?	<input type="checkbox"/>	<input type="checkbox"/>

All staff will see the following questions.

3. On average, how many hours a day do you spend on video conferencing software, such as Zoom or Microsoft Teams, for work-related activities (e.g., attending meetings, collaborating with colleagues, meeting with students, teaching classes)?

- Less than one
- 1-3
- 4-6
- 7-9
- 10-12
- 13-15
- More than 15

4. How satisfied are you with the following at [Institution Name]? If an item isn't relevant because you don't work on campus or it doesn't fit your work environment, please select "N/A."

	Very satisfied	Generally satisfied	Neither satisfied nor dissatisfied	Generally dissatisfied	Very dissatisfied	N/A
Requirements for wearing masks in shared offices, conference rooms, and other work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirements for wearing masks in public areas of campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efforts to create more space in offices, conference rooms, and other work areas to facilitate social distancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirements for social distancing on campus outside of office and work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campus guest or visitor policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily monitoring of and reporting on your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 testing protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Given the changes [Institution Name] has made, how safe do you feel on campus in terms of COVID-19?

- Very safe
- Pretty safe
- A little unsafe
- Very unsafe
- N/A because I'm not working on campus this fall

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

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

7. Please indicate your level of agreement with 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 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"/>

8. Please indicate your level of agreement with 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 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 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"/>

9. 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 and 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"/>
Information about the spread of COVID-19 on campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The transparency of communication about how COVID-19 has affected [Institution Name]'s finances	<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"/>

10. This fall, 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"/>

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

- Little or none
- Some
- A great deal

12. Compared to terms prior to the pandemic, how much fatigue are you experiencing this term?

- Much less
- A little less
- About the same
- A little more
- Much more
- N/A, this is the first term I'm working in higher education

13. How connected do you feel to the community at [Institution Name]?

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

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.

14. What is the most challenging part of working for [Institution Name] this fall?

15. What suggestions do you have for [Institution Name] about ways we can improve staff members' experience this year?

This last section asks a few demographic questions about you. We will use this information to develop a better picture of how people with different identities experience our campus. HEDS will eliminate information from these questions that would allow us to identify you in the data files we receive. Of course, like the rest of the survey, you may choose to skip any of these questions.

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

- Part-time
- Full-time

17. 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

18. What is your gender?

- Man
- Woman
- Non-binary, please specify if you wish: _____



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

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