

HEDS Fall 2020 COVID-19 Student Survey

We know that your experience at [Institution Name] will be different this fall because of COVID-19. We're sending this survey to check in and see how you're doing. We want to know how you feel about your classes and your experiences so far. We also want to know if there are things we can do to help you.

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 5-10 minutes to complete.

A few 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 you in case you 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.

All students will see the first two questions. Their answers to these two questions will determine which other sections of the survey they will see.

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

- A. Living on campus
- B. Living off campus within commuting distance to campus
- C. Living off campus far enough away that I cannot commute to campus, but in the United States
- D. Living in another country

2. What best describes how your classes are being taught this term?

- A. Entirely face-to-face
- B. Primarily face-to-face with occasional online interactions
- C. A roughly even blend of face-to-face and online interactions
- D. Mostly online with occasional face-to-face interactions
- E. Entirely online

Students who are living off campus AND taking all or most of their classes online will see the following questions. [(Q1) B, C, OR D] AND [(Q2) D OR E]

Please answer the following questions about the environment in which you are doing work for your classes.

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you have a quiet, private space where you can do work for your classes? | <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 courses 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 courses without freezing up or running slowly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a reliable internet connection? | <input type="checkbox"/> | <input type="checkbox"/> |

On average, how many hours a day do you spend on your computer for your classes and course work?

- Less than one
- 1-3
- 4-6
- 7-9
- More than 9

Given COVID-19 and the changes required to keep everyone safe, how satisfied are you so far with the following components of your college experience this fall? If you have not experienced any of these components, please select “Not applicable.”

| | Very satisfied | Generally satisfied | Neither satisfied nor dissatisfied | Generally dissatisfied | Very dissatisfied | Not applicable |
|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| Your living arrangements on campus (<i>this item only shown to students who are living on campus – (Q1) A</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Locations to study and do your coursework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunities to participate in clubs and student organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunities to participate in campus events (guest speakers, performances, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to services to improve your physical health (fitness facilities, health centers, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dining hall and food services on campus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social life on campus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

On a scale of 1-5, where 5 is very happy, how happy are you to be on campus this term?

1 2 3 4 5
 Very unhappy Very happy

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

What is the best part of being on campus this fall?

What is the most challenging part of being on campus this fall?

All students will see the following questions (with a few exceptions noted).

Please indicate your level of agreement with the following statements about your classes this fall at [Institution Name].

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I feel comfortable with the software that I'm using for my courses. <i>(this item only shown to students who are taking online classes – (Q2) C, D, OR E)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My professors respond in a timely manner when I have questions or concerns. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My professors provide clear answers when I have questions or concerns. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can keep track of my assignments and due dates for all my classes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know what I need to do, and when I need to do it, for all of my classes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| So far, I am satisfied with what I am learning in my classes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My online classes this fall are better than my classes last spring after [Institution Name] moved to online learning. <i>(this item only shown to students who (a) are not first-years and (b) are taking online classes – (Q2) C, D, OR E)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Students who are taking face-to-face courses will see the following questions. [(Q2) A, B, OR C]

Please rate your level of satisfaction with the following aspects of your face-to-face courses. If you have not experienced any of these, please select “Did not experience.”

| | Very satisfied | Generally satisfied | Neither satisfied nor dissatisfied | Generally dissatisfied | Very dissatisfied | Did not experience |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| Being able to hear my professors and other students when they speak in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Face-to-face class discussions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Face-to-face collaborative group activities, assignments, or projects that occur during class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Students who are taking online courses will see the following questions.
 [(Q2) C, D, OR E]

Please rate your level of satisfaction with the following instructional methods in your online courses. If you have not experienced any of these, please select “Did not experience.” (see endnote)

| | Very satisfied | Generally satisfied | Neither satisfied nor dissatisfied | Generally dissatisfied | Very dissatisfied | Did not experience |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| Using online discussion boards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking quizzes and tests online | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class discussions on Zoom or other conferencing software | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Live lectures delivered on Zoom or other conferencing software that you must view at a particular time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lectures recorded by your professor that you can view online at your convenience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Viewing third-party videos online as assigned by your professor (e.g., TED Talks, Khan Academy, materials from textbook publishers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Online interactive simulations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Virtual office hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Online collaborative group activities, assignments, or projects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Virtual tutoring sessions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Online library materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

All students will see the following questions.

Please indicate your level of agreement with the following statements about [Institution Name].

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I receive <i>timely</i> communication from [Institution Name] about its ongoing response to COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I receive <i>clear</i> communication from [Institution Name] about its ongoing 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"/> |

How connected do you feel to [Institution Name]?

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

Would you like to talk to someone at [Institution Name] about questions or concerns you have related to any of the following areas? (check all that apply)

- Doing well in my classes
- Academic accommodations
- How COVID-19 will affect my educational plans
- Paying for college
- My mental or physical health
- Access to food or housing
- Other question or concern (please describe): _____
- No, I don't wish to speak with anyone at this time

If students select any of the response options above aside from "Other question or concern" or "No, I don't wish to speak with anyone at this time," they'll see the following question.

To help us direct your question to the appropriate person, please provide a little more detail on what you'd like to talk to someone about.

What suggestions do you have for [Institution Name] about ways we can improve students' college experience this term?

This last section asks a few questions about you. We will use this information to develop a better picture of how people with different identities experience life on our campus. Of course, like the rest of the survey, you may choose to skip any of these questions.

Are you responsible for caring for family members or others on a routine basis while you are attending college?

- Yes
- No

Are you working to support yourself and/or family members while you are attending college this fall?

- Yes
- No

If students answer "Yes" to the question above, they'll see the following question.

On average, how many hours per week are you working?

- 1-10 hours
- 11-20 hours
- 21-30 hours
- More than 30

What is your gender?

- Man
- Woman
- Non-binary, please specify: _____

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

Are you Hispanic or Latino/a?

- Yes
- No

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

The following question will only be shown to students at 4-year institutions.

What is your academic classification for the 2020–2021 academic year?

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

The following three questions will only be shown to students at 2-year institutions.

Please select your age group:

- 18-24
- 25-34
- 35-44
- 45 or older

How many credits did you enroll in at the beginning of this semester?

- Less than 12
- 12 or more

How many total academic terms have you been enrolled in [Institution Name]?

- This is my first academic term
- This is my second academic term
- This is my third or fourth academic term
- This is my fifth or sixth academic term
- I have been enrolled more than six academic terms

Note: We'd like to thank our colleagues at Boise State University for allowing us to use and adapt this question from their spring 2020 COVID-19 Student Survey.