

## WAVE 2A

### Small- and Medium-Sized Business Complex Event COVID-19 Survey (Wave 2)

OMB Control # 0693-0078

Expiration 07/31/2022

Thank you for responding to our survey during Summer 2020. The information learned was invaluable and was developed into reports and suggested actions for businesses like yours and the institutions that serve them. You should have recently received a “Respondents’ Report” of the aggregate results.

We understand that the COVID-19 pandemic may still be disrupting your business. Your continued participation is invaluable for the development of guidance on how businesses like yours are adapting to the current circumstances.

Please spend a few minutes filling out this follow-up survey. We ask for no sensitive information and we will not identify you or your business. If your business has more than one location, please answer for only one location. We’d like to learn about practices taken that have helped reduce the impact of COVID-19, especially in the face of future hazard events.

You may skip any questions or exit the survey at any time.

This survey should take less than 15 minutes to complete. You may opt to receive aggregate results of the survey (at the end).

Both your perspective and time are exceptionally precious, especially during these uncertain times. Our efforts will be greatly enhanced if you choose to participate.

Thank you for your time and participation.

Jennifer

[SMEResearch@nist.gov](mailto:SMEResearch@nist.gov)

What is the current status of the business?

- |  |  |
|--|--|
| <input type="radio"/> What is the current status of the business?                    | <input type="radio"/> Temporarily closed, but plan to reopen |
| <input type="radio"/> Fully open with the same products and services as pre-COVID-19 | <input type="radio"/> Permanently closed                     |
| <input type="radio"/> Open, but with fewer or different products or services         |  |

Approximately when did your business close?

Date / Time

Date

Was the business closure related to the COVID-19 pandemic?

- Yes
- No
- Other

Please explain

Did the business experience other issues that contributed to the closure? Please select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Natural hazard or extreme weather impacts   | <input type="checkbox"/> Workforce issues (e.g., workforce safety, rehiring/replacing/retaining workforce)         |
| <input type="checkbox"/> Market/Financial volatility (e.g., lower productivity, supply chain disruption, operational issues) | <input type="checkbox"/> Consumer-side issues (e.g., preferences for online shopping, reduction in foot traffic)   |
| <input type="checkbox"/> Public health concerns / illness (e.g., ability to keep customers or yourself safe)                 | <input type="checkbox"/> Personal reasons (e.g. family responsibilities, personal financial hardships, retirement) |
| <input type="checkbox"/> Other (please specify)  |  |

Did the business implement any of the following before permanently closing? Please select all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> laid off some of the workforce    | <input type="checkbox"/> increased debt/borrowing                        |
| <input type="checkbox"/> reduced salaries                  | <input type="checkbox"/> converted product lines or services offered     |
| <input type="checkbox"/> sold some of the business' assets | <input type="checkbox"/> received government (national or local) support |
| <input type="checkbox"/> Other (please specify)            |  |

Do you expect that the business will open again in the future?

- Yes
- No
- Maybe

Do you recall when your business was allowed to operate in your jurisdiction?

- Yes
- No
- Unsure

When was your business allowed to operate in your jurisdiction? (an approximate date is fine)

Date

Date

How would you describe the impact you are currently experiencing from COVID-19?

- It is NOT impacting my business
- It is starting to impact my business
- It is continuing to impact my business
- it has had a POSITIVE effect on my business. Please explain:
- The impact is on the decline
- The impact is over

What are the most important factors that influenced the choice of whether or not to resume operations or to continue operations if they never ceased? (Please elect no more than 5)

- Local business opening guidance
- Employee safety
- Change in customers
- Disruption to supply/inventory delivery
- University and school opened/closed
- Nearby businesses opened/closed
- Local government information/suggestion
- Level of concern about infection (self, employees, customers, and/or suppliers)
- Other (please specify)
- Availability of personal protective equipment and/or cleaning supplies
- Absenteeism
- Staff's desire to return to work
- Media coverage
- Business margins
- Costs to comply with COVID-19 requirements (e.g., installation of plexiglass dividers)
- Does not apply to my business



Since the start of the COVID-19 pandemic (March 13, 2020) has your business RECEIVED any of the following financial assistance? (please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> SBA Paycheck Protection Program (PPP)                        | <input type="checkbox"/> Crowd-funding   |
| <input type="checkbox"/> SBA Economic Injury Disaster Loans (EIDL)                    | <input type="checkbox"/> Postponement in payment (rent, utilities)                         |
| <input type="checkbox"/> SBA Debt Relief  | <input type="checkbox"/> Faith-based group support   |
| <input type="checkbox"/> USDA Loan Programs   | <input type="checkbox"/> Non-profit organization support                                   |
| <input type="checkbox"/> Other Federal Programs                                       | <input type="checkbox"/> Insurance (for business interruption)                             |
| <input type="checkbox"/> State and Local Government grants/loans                      | <input type="checkbox"/> Direct lending (e.g., Venture capital, angel investors, Fintech)  |
| <input type="checkbox"/> Banks (commercial loan)                                      | <input type="checkbox"/> This business has not sought financial assistance from any source |
| <input type="checkbox"/> Banks (e.g., existing debt flexibility – payment deferments) | <input type="checkbox"/> Unsure  |
| <input type="checkbox"/> Personal liquidity (savings)                                 | <input type="checkbox"/> Does not apply to my business                                     |
| <input type="checkbox"/> Family and Friends   |  |
| <input type="checkbox"/> Other (please specify)                                       |  |

Since the start of the COVID-19 pandemic has your business been DECLINED for assistance by any source sought? (the source can be informal or formal)

- No
- Unsure
- Yes (please describe)

Please describe anything your business has started or continues to do to address the COVID-19 pandemic. (Please answer for the period August 1, 2020 to the present only.) Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Changed products or services offered to consumers          | <input type="checkbox"/> Reduced staff   |
| <input type="checkbox"/> Reduced number of people allowed within the business space | <input type="checkbox"/> Allowed employees (some or all) to work remotely                                      |
| <input type="checkbox"/> Offered contactless pick-up or delivery                    | <input type="checkbox"/> Negotiated longer payment terms for suppliers so the company can keep its cash longer |
| <input type="checkbox"/> Increased e-commerce                                       | <input type="checkbox"/> Collected money owed from customers as early as possible                              |
| <input type="checkbox"/> Curb-side pick-up made available                           | <input type="checkbox"/> Renegotiated current and future prices with my suppliers                              |
| <input type="checkbox"/> Renegotiated or gave-up lease                              | <input type="checkbox"/> Exchanged resources or information with other organizations                           |
| <input type="checkbox"/> Prioritized inventories to some customers                  | <input type="checkbox"/> Implemented short-term alliances with my suppliers and/or competition                 |
| <input type="checkbox"/> Reallocated products based on inventory levels             | <input type="checkbox"/> None  |
| <input type="checkbox"/> Exchanged inventory with another business (to fill a gap)  | <input type="checkbox"/> Does not apply to my business   |
| <input type="checkbox"/> Increased staff  |  |
| <input type="checkbox"/> Other (please specify)                                     |  |

If you had the information and experience you have today, would you have made different choices for your business at the start of the COVID-19 pandemic?

- Yes, definitely
- Maybe
- No, definitely not
- Not sure

What may have you done differently?

The section asks you about risks from natural hazards and extreme weather. We are interested in your business' experience in the past and planning for the future.

What natural hazard(s) is/are of the greatest concern for your business' location? (section all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Coastal storms          | <input type="checkbox"/> Storm surge                       |
| <input type="checkbox"/> Drought/water scarcity  | <input type="checkbox"/> Space weather                     |
| <input type="checkbox"/> Earthquake              | <input type="checkbox"/> Tornado                           |
| <input type="checkbox"/> Extreme cold            | <input type="checkbox"/> Tsunami                           |
| <input type="checkbox"/> Extreme heat/heat waves | <input type="checkbox"/> Wildfire                          |
| <input type="checkbox"/> Flooding                | <input type="checkbox"/> Winter storms (snow, frozen rain) |
| <input type="checkbox"/> Hurricane               | <input type="checkbox"/> None                              |
| <input type="checkbox"/> Other (please specify)  |  |

Since AUGUST 1, 2020 have any of these natural hazard events occurred at your location?

- |   |                                      |
|---|--------------------------------------|
| <input type="radio"/> Yes, with severe negative impacts | <input type="radio"/> No             |
| <input type="radio"/> Yes, with minor negative impacts  | <input type="radio"/> Unsure         |
| <input type="radio"/> Yes, with no negative impacts     | <input type="radio"/> Does not apply |

Was your business' response to this event impacted by COVID-19?

- No
- Unsure
- Yes (please specify how the business was impacted)

How did the event impact your business compared to similar events before COVID-19?

- Greater impact than in the past
- Similar significance to past experience(s)
- Less significant than past experience(s)
- First time such an event impacted my business

Was the impact greater than in the past because of the nature of the natural hazard or extreme weather event (e.g., hurricane category or wildfire strength)?

- No, COVID-19 increased the impact
- Yes
- Unsure

Have actions taken by your business to prepare for natural disasters helped to address the impacts of COVID-19?

- No
- Unsure
- Yes (e.g., insurance purchases, teleworking, emergency supplies or finance) (please specify)

Do you plan to adopt any of the practices used during the COVID-19 pandemic in anticipation of future natural hazards?

- No
- Unsure
- Does not apply to my business
- Yes (please specify): \_\_\_\_\_

How has your ability to prepare for natural hazards in the future been affected by the impact of COVID-19 on your business?

- It makes it significantly harder
- It makes it somewhat harder
- It has not changed
- It makes it somewhat easier
- It makes it significantly easier
- Does not apply to my business

This section asks you about your business' future plans.

Do natural hazards / weather events and potential impacts of these events cause concern for your business?

- Yes
- No
- Unsure
- Does not apply to my business

Have you implemented steps to reduce business risks related to natural hazard / weather events and potential impacts?

- Yes, already implemented
- Yes, in the process of implementation
- Yes, planning to implement
- No, but would like to learn more
- No, do not plan to do so
- No, I don't feel that there is anything I can do
- Unsure



Do market or financial volatility (e.g., supply chain disruption, operational issues) cause concern for your business?

- Yes
- No
- Unsure
- Does not apply to my business

Have you implemented steps to reduce business risks related to market or financial volatility?

- Yes, already implemented
- Yes, in the process of implementation
- Yes, planning to implement
- No, but would like to learn more
- No, do not plan to do so
- No, I don't feel that there is anything I can do
- Unsure

Will a subsequent wave of COVID-19 associated restrictions cause concern for your business?

- Yes
- No
- Unsure
- Does not apply to my business

Have you implemented steps to reduce business risks related to a potential second wave of COVID-19 associated restrictions?

- Yes, already implemented
- Yes, in the process of implementation
- Yes, planning to implement
- No, but would like to learn more
- No, do not plan to do so
- No, I don't feel that there is anything I can do
- Unsure

Do other public health issues (e.g., flu season) cause concern for your business?

- Yes
- No
- Unsure
- Does not apply to my business

Have you implemented steps to reduce business risks from other public health concerns?

- |   |  |
|---|--|
| <input type="radio"/> Yes, already implemented              | <input type="radio"/> No, do not plan to do so                         |
| <input type="radio"/> Yes, in the process of implementation | <input type="radio"/> No, I don't feel that there is anything I can do |
| <input type="radio"/> Yes, planning to implement            | <input type="radio"/> Unsure   |
| <input type="radio"/> No, but would like to learn more      |  |

Do workforce issues (e.g., workforce safety, workforce reduction, absenteeism, retaining/rehiring staff) cause concern for your business?

- Yes
- No
- Unsure
- Does not apply to my business

Have you implemented steps to reduce business risks from workforce concerns?

- |   |  |
|---|--|
| <input type="radio"/> Yes, already implemented              | <input type="radio"/> No, do not plan to do so                         |
| <input type="radio"/> Yes, in the process of implementation | <input type="radio"/> No, I don't feel that there is anything I can do |
| <input type="radio"/> Yes, planning to implement            | <input type="radio"/> Unsure   |
| <input type="radio"/> No, but would like to learn more      |  |

Do consumer-side issues (e.g., preferences for online shopping, reductions in foot traffic, low holiday season sales) cause concern for your business?

- Yes
- No
- Unsure
- Does not apply to my business

Have you implemented steps to reduce business risks from consumer-side concerns?

- |   |  |
|---|--|
| <input type="radio"/> Yes, already implemented              | <input type="radio"/> No, do not plan to do so                         |
| <input type="radio"/> Yes, in the process of implementation | <input type="radio"/> No, I don't feel that there is anything I can do |
| <input type="radio"/> Yes, planning to implement            | <input type="radio"/> Unsure   |
| <input type="radio"/> No, but would like to learn more      |  |



Of your monthly expenses, what percentage goes toward payments for things that no longer generate revenue? (e.g., indoor dining space that can't be used, office space that is not currently occupied? In nothing has changed please selection "no change"

0 % (no change) 100 %

For how many years has your business been at its current location?

What is your role with the business?

- Owner  Senior employee (%+ years at the business)  
 Manager  Employee  
 Assistant Manager  I do not have a formal role  
 Other (please specify)

How would you describe your business? Check ALL options that apply

- Woman-owned business \* (the business need not be Federally registered as such)  Family-owned \* (the business need not be Federally registered as such)  
 Minority-owned \* (the business need not be Federally registered as such)  Immigrant-owned  
 Veteran-owned \* (the business need not be Federally registered as such)  
 Other (please specify)

Please indicate your ethnicity.

- Hispanic or Latino  
 Not Hispanic or Latino

Please indicate your race. (Select one or more)

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

How would you describe your business' ownership structure? Check ALL that apply

- Single owner
- Partnership
- Corporation
- Franchise
- Cooperative
- Other (please specify)
- Multi-location
- Home-based business
- For-profit
- Non-profit

Is anyone employed by your business disabled?

- Yes
- No
- Unsure
- Other (please specify)

Please indicate your level of agreement with the following statements.

(1 = least agreement and 5 = greatest agreement)

	1 (least agreement)	2	3	4	5 (greatest agreement)
COVID-19 did not impact my business in any significant manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 posed the greatest risk yet to my organization's survival	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The impacts of COVID-19 will leave my organization unable to cope with a natural disaster, should one occur, in the next year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not concerned about a second wave of COVID-19 and the potential effects on my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress on my business from COVID-19 has created increased stress in my home life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress in my home life from COVID-19 has created increased stress for my business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please consider providing your first name and your business email address, below. We'd like to follow-up with you on your responses and send a report of the findings for this wave of data collection and request your participation in a possible third wave.

E-mail address

First name

Is there anything else you would like to share at this time?

THANK YOU

If there is anything you would like us to know, please feel free to follow-up with us at [SMEResearch@nist.gov](mailto:SMEResearch@nist.gov)

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693 0078 . Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology (NIST). Attn: Dr. Jennifer Helgeson, NIST, 100 Bureau Drive, MS 8603, Gaithersburg, MD 20899-1710, telephone 301-975-6133, or via email: [jennifer.helgeson@nist.gov](mailto:jennifer.helgeson@nist.gov)