

Compound Risks – SME Recovery from a Pandemic in the Face of Natural Hazard Risks

OMB CONTROL NO. 0693-0078

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We understand that the COVID-19 pandemic is disrupting your business. We hope to learn how businesses like yours are adapting to the circumstances and how this may or may not be connected to broader weather-related stressors your business may face.

Both your perspective and time are exceptionally precious, especially during these uncertain times. Our efforts will be greatly enhanced if you can spend a few minutes filling out this 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.

The purpose of this survey is to understand what support businesses like yours need and to communicate those to those who may be able to provide assistance. 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.

If you feel uncomfortable answering any of the questions, you can skip them, or exit the survey at any time.

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

Thank you for your time and participation.

Jennifer

Applied Economics Office, National Institute of Standards and Technology

1. What is your role with the organization? (check all that apply)

- Owner
- Manager
- Assistant manager
- Senior employee (5+ years at the business)
- Employee
- I do not have a formal role
- Other (please specify)

2. How many full-time AND part-time individuals did your business employ at this location at this time last year?

- 1-5
- 6-10
- 11-20
- 21-50
- 51-100
- 101-150
- 151-200
- 201-250
- More than 250

This survey section asks about direct effects of COVID-19 (coronavirus) on your business.

The COVID-19 Pandemic was declared a National Emergency on March 13, 2020. ***Please answer the following questions considering the period since then.***

3. If there were any public health restrictions (e.g., stay-at-home orders, movement limitations, limits on public gatherings, or requirements for social distancing), is/was your organization designated as:

- Essential
- Non-essential
- Some segments were essential, some were not
- Not sure/don't know

4. How has the COVID-19 pandemic impacted the continuity/stability of your day-to-day operations? Please check all that apply

- Closed to the public: less than 1 week
- Closed to the public: 1-2 weeks
- Closed to the public: 2-4 weeks
- Closed to the public: 4 weeks or longer
- On-site operations ceased (or were greatly reduced), but remaining staff teleworked
- Reduced days/hours of operation
- Increased e-commerce
- All staff worked from home
- Remained fully open to the public
- Added services to business (e.g. contactless pick-up, delivery, etc.)
- Other (please specify)

5. How has the COVID-19 pandemic impacted the operations of your organization since March 13th?

	For one week or less	For 1-4 weeks	For more than 4 weeks
Stopped operations due to external mandate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stopped operations due to financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in revenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in revenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with supply chain/receiving or shipping inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues with delivery of products to customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

6. What are the most important factors that influenced the choice to temporarily close, change hours, or staffing changes? (Please select no more than 5)

- National State of Emergency
- Stay/Local stay-at-home orders
- Restricted access to the business – by local order
- Employee safety
- Lack of customers
- Disruption to supply/inventory delivery
- Universities and school closings
- Nearby businesses closed
- Local government information/suggestion
- Fear/concerns of infection (self, employees, customers, and/or suppliers)
- Lack of personal protective equipment and/or cleaning supplies
- Staff's unwillingness to report for work
- Media coverage
- Tight business margins
- N/A
- Other (please specify)

7. Please select your most trusted sources of information for COVID-19 (Please select no more than 5)

- Local TV news
- National TV news
- Internet-based news media
- Local government (state or municipal)
- Community leaders
- Radio
- Internet sources (outside of news outlets)
- Faith-Based community
- Friends/family
- Social Media
- Cellphone apps
- Center for Disease Control and Prevention (CDC)
- Sectoral/Trade news
- Other Federal Government sources
- Other (please specify)

8. Since March 13, 2020 has your business REQUESTED/PLANNED use of any of the following financial assistance? (check ALL that apply)

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

9. Please describe any changes your organization has made to adapt during the COVID-19 pandemic since March 13th. Please check all that apply.

- Changed products produced/offered to consumers
- Offered contactless pick-up or delivery
- Increased e-commerce
- Curb-side pick-up made available
- Prioritized inventories to some customers
- Reallocated products based on inventory levels
- Increased staff
- Reduced staff
- Allowed employees (some or all) to work remotely
- Negotiated longer payment terms for suppliers so the company can keep its cash longer
- Collected money owed from customers as early as possible
- Renegotiated current and future prices with my suppliers
- Exchanged resources or information with other organizations
- Implemented short-term alliances with my suppliers and/or competition
- Other (please specify)

This section asks you about risks from natural hazards that your organization faces. We are interested in your organization's experience in the past and planning for them in the future.

10. What natural hazard(s) is/are of concern for your organization's location? (select all that apply)

- Coastal storms
- Drought/water scarcity
- Earthquake
- Extreme cold
- Extreme heat/heat waves
- Flooding
- Hurricane
- Storm surge
- Tornado
- Tsunami
- Wildfire
- Winter storms
- None
- Other (please specify)

11. Since March 13th, 2020 has this/these event type(s) occurred at your location?

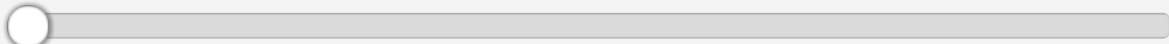
- Yes, with severe impacts
- Yes, with minor impacts
- No
- Do not know
- N/A

12. Was your organization's response to this event affected by COVID-19?

- Yes
- No
- Do not know

13. How many of these natural hazard events have affected* your organization in the past 10 years? An estimate is fine *affected = caused at least a one-day closure

0 10 20+



14. What type of mitigation/preparedness actions have you taken in the past (before COVID-19) to prepare your organization against natural hazards?

- Floodproof building(s) - permanent (e.g., flood gate)
- Floodproof building(s) – temporary (e.g., sand bags, boarding doors)
- Secure a secondary storage location
- Assess building to ensure construction meets building code standards
- Perform risk assessment to identify business vulnerabilities (to specific hazards)
- Adopt strategies to stay informed of weather watches and warnings (e.g., NOAA Weather Radio, commercial apps)
- Assigned disaster responsibilities (i.e., emergency management function) to specific employees
- Perform safety drills regularly (e.g., shelter-in-place, evacuations, telephone tree)
- Develop a written emergency action plan/checklist
- Back-up all important documents (digitally or stored at secondary location)
- Lift inventory and other supplies off the ground to prevent water exposure
- Perform an insurance check-up to ensure adequate insurance coverage
- Increase insurance coverage, if needed
- Develop/update telework plans
- Establish or increase remote/online sales capacity
- Social media account use to provide operations information to the public (e.g., closings)
- Minimize supply chain vulnerability through multiple source strategies
- Develop a connection to local emergency management officials
- Clear debris/dry vegetation away from structures
- Back-up power generation
- Maintain/tune-up equipment for debris/snow removal
- Keeping an emergency fund (“rainy day” money on-hand)
- None
- N/A
- Other (please specify)

15. Have actions taken by your organization to prepare for natural disasters in the past helped prepare/cope with the impacts of COVID-19?

- No
- Do not know
- N/A

Yes, please specify (e.g., insurance purchases, teleworking experience, emergency supplies or finances, etc.)

16. Will your planning for natural hazards change in the future due to the COVID-19 pandemic?

- No
- Do not know
- N/A
- Yes (please specify)



This section asks about your organization's future plans.

17. Please select your organization's top concerns regarding the impact of and recovery from COVID-19.
(Please select up to 5, below)

- Hurricane risk and potential impacts
- Flood risk and potential impacts
- Earthquake risk and potential impacts
- Wildfire risk and potential impacts
- Tornado risk and potential impacts
- Other natural hazard risk and potential impacts
- Financial impact on operations, and/or liquidity, capital
- Going out of business
- Lower productivity
- Domestic supply chain disruption
- Loss of funding (governmental and non-profit organizations)
- Operational issues associated with restarting
- Loss of market share
- International supply chain disruptions
- The duration of lock-down and quarantine period
- Uncertainty over recurring Covid-19 outbreaks in the future
- Safety/contamination issues from shutdown infrastructure (e.g., water sitting in pipes)
- Safety/contamination issues from working with reopening during social distancing
- Workforce safety to protect employees from infection
- Workforce reduction concerns
- Rehiring, replacing, and retraining workforce upon reopening
- Decreased consumer confidence and spending
- Global recession
- Impacts on tariff and trade issues
- Increased international political controversy
- None
- Other (please specify)

18. Has the organization implemented steps to reduce risks to the concerns you indicated above?

- 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
- Unsure

19. Do you feel you have the resources you need to protect your business against the risks you identified above?

- Yes
- No
- Unsure

20. What resources, knowledge, or support do you feel you need to be better protected against the risks you identified ?

21. How much time do you think will pass before this business returns to its pre-COVID conditions (e.g., operations)?

- 1 month or less
- 2-3 months
- 4-6 months
- 6-12 months
- 12-18 months
- More than 18 months
- Unlikely to resume operations at that level
- Unlikely to reopen at all
- Do not know
- Other (please specify)

This section asks you to provide some details about your organization and yourself.

22. Which sector best describes your business?

- Construction
- Manufacturing
- Retail trade
- Accommodation and Food Services
- Wholesale trade
- Transportation and Warehousing
- Finance and Insurance
- Information (e.g. radio, newspaper, television, telecommunications)
- Real estate, rentals, and leasing
- Professional, scientific, and technical services
- Health and medical services
- Arts, Entertainment, and Recreation
- Food processing, agriculture
- Natural resource management
- Fuel production
- Fishing/aquaculture
- Other (please specify)

23. When was your organization founded at this location?

24. In which state is your organization located?

If not within the US, please specify

25. In which ZIP code is your organization located?

28. Please indicate your level of agreement with the following statements:

	Strongly DISAGREE				Strongly AGREE	N/A
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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>

29. How many years have you worked as a business owner/manager?

30. Please consider providing your first name and the best business email address, below. We'd like to follow-up with you on your responses and send a report of the findings.

E-mail address

FIRST name

31. Is there anything else you would like to share?

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**