

Welcome and consent

Q1.



OMB Control # 0693-XXXX Expiration XX/XX/XXXX

Thank you for responding to our previous surveys. The information learned was invaluable and was developed into reports and suggested actions for businesses like yours and the institutions that serve them. We understand that the COVID-19 pandemic may still be disrupting your business and your larger community. Your continued participation in this study 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 short survey and Concept Mapping Activity. In addition to the survey, there is a concept mapping activity that will allow you to provide more detailed information about your experiences. Participation in both activities is optional. 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 and factors that increased the impacts, especially in the face of future hazard events. You may skip any questions or exit the survey at any time.

Your time is valuable and you will be compensated for your participating. **Please select**

- I opt to participate in the short survey and concept mapping activity (about 45 Minutes) for \$30 Gift Card
- I opt to participate in only the short survey (about 15 Minutes) for \$5 Gift Card
- I decline to participate

Q2.

You will receive an Amazon gift card for your time. Please enter a valid email address below in order to receive the gift card.

Email

First Name

ZIP Code of your business' primary location

Q3.

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 future data collections. You may opt to receive aggregate results of this activity (at the end). Both your perspective and time are exceptionally precious, especially during these uncertain times.

Thank you for your time and participation.

The research team at NIST and NOAA
SMEResearch@nist.gov

Short Survey

Q25.

Dept. of Commerce Small- and Medium-Sized Business Complex Event COVID-19 Recovery Survey
OMB Control # 0693-0078 Expiration 07/31/2022

Q26. Does this business own or rent the building?

- Own
- Rent
- Business is run from a residential location
- I don't know
- Other (Please explain)

Q27. What is the current status of the business?

- Fully open with the same products and services as pre-COVID-19
- Open, but with fewer or different products or services as pre-COVID-19
- Temporarily closed, but plan to reopen
- Permanently closed

Other (Please explain)

Q28.

How would you assess whether your business is FULLY RECOVERED after an interruption (e.g., from natural disaster impacts and/or COVID-19)? **Select all that apply**

- Expected gross revenues achieved
- Adequate number of employees achieved
- Producing/selling at the same level as before the disruption
- Full repair of property damages
- Full building functionality achieved
- Other (Please explain)

Q29.

Based on how you would assess a FULL RECOVERY after COVID-19, how much time do you think will pass from TODAY until your business returns to its pre-COVID-19 conditions?

- Already there (Confirm when, an estimate date is OK)
- 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 resume operations at all
- Unsure
- Other (please explain)

Q30. Since MARCH 1, 2021 has any natural hazard or extreme weather event occurred at your location?

- Yes, with severe negative impacts

- Yes, with minor negative impacts
- Yes, with no negative impacts
- No
- Unsure
- Does not apply

Q31. Was your business' response to this event impacted by COVID-19?

- Yes
- No
- Unsure
- Does not apply to my business (Please provide details)

Q32. How did this natural hazard impact your business compared to similar events before COVID-19?

- Greater impact than in the past
- Similar impact than in the past
- Less impact than in the past
- First time such an event impacted my business
- Does not apply to my business

Q33. Was the impact greater than in the past because of the COVID-19?

- Yes, COVID-19 increased the impact
- No, the nature (strength) of the natural hazard increased the impact
- Unsure

Q34. Is any of the following a concern to your organization as you plan for the future? **Select all that apply**

- Natural hazards and extreme weather events

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
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"/>	<input type="radio"/>

Q37. Would you be willing to divert a reasonable portion of your budget to certainly safeguard your business against an event like COVID-19? (**Assume that the chance of having such an event next year is 1/100**)

- Yes
- No

Q38. **From which categories you would be willing to divert budget/resources to cover this expense?**

	Definitely not	Probably not	Might or might not	Probably yes	Definitely yes	Not Applicable
Inventory	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Personal Savings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Non-disaster insurance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Advertising	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Natural hazards/extreme weather preparation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Payroll	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
"Green" sustainability efforts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Other (Please explain)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input style="width: 200px; height: 20px;" type="text"/>						

Q39. Instead, would you be willing to put this portion of your budget/resources to the following categories?

	Definitely not	Probably not	Might or not	Probably yes	Definitely yes	Not Applicable
Non-disaster insurance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
"Green" sustainability efforts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Personal Savings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Inventory	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Payroll	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Advertising	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Natural hazards/extreme weather preparation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Other (Please explain)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<input type="text"/>						

Q40.

What type of support have you received for your business during COVID-19? **Select all that apply**

- Maintaining memberships
- In kind donations related to COVID-19 (e.g. PPE, signage, etc.)
- Postponement in payment (rent, utilities, mortgage, etc.)
- Local shopping opportunities (e.g. gift card purchases, shop local website, etc.)
- Other In kind donations (e.g. food, etc.)
- Loans/financing
- Regulation changes
- Sharing resources/supply chain
- Information
- Technical support (e.g. establishing new remote working requirements, etc.)
- Environmental cleaning discounts/resources
- None of these apply

Other (please explain)

Q41. Who provided this support for your business during COVID-19? **Select all that apply**

- Business associations/Chamber of Commerce
- Family and friends
- Banks
- Customers
- Federal government
- Non-profit organizations
- Faith-based organizations
- Non-local businesses
- Local businesses
- Local government
- State government
- Landlord(s)
- Other (Please specify)
- None of the above

Q42.

Who has your business supported/donated to during COVID-19? **Select all that apply**

- Employees
- Students (e.g., support for virtual learning, desks, etc.)
- Local businesses
- Healthcare workers/Essential workers
- Local charities/Nonprofit Organizations (NGOs)
- Local government (e.g. response efforts, making masks, providing feedback, etc.)
- Senior citizens (e.g., special hours/accommodations)
- Non-local businesses
- Your families

Q44. Do you feel your COVID-19 experience has provided you with an increased flexibility to quickly adjust your capacities and actions and adapt to changing conditions?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not
- Unsure (Please explain)

Q45.

Do you feel your COVID-19 experience has provided lessons for the future of your business?

- Yes, these lessons will impact the actions our business takes
- Yes, these lessons will impact the practices, norms, and policies of my business
- Yes, these lessons will impact overall organizational rationale and context for planning
- No, these lessons are worthwhile, but we do not have the resources
- No, there were no worthwhile lessons
- Unsure (Please explain)

Q46. Please indicate your level of agreement with the following statements

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
In my business endeavors, I can obtain outcomes that are important to the success of the business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
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Strongly agree Agree Somewhat agree Neither agree nor disagree Somewhat disagree Disagree Strongly disagree

When my business is faced with difficult or uncertain tasks, I am certain that I can work to overcome them.

Q49. What is the highest level of education you have completed?

- Less than high school
- High school graduate
- Some college
- 2 year degree
- 4 year degree
- Professional degree
- Doctorate
- Prefer not to say

Q50. Please indicate your ethnicity (**You may skip this question if you prefer not to answer**):

- Hispanic or Latino
- Not Hispanic or Latino

Q51. Please indicate your race (**Choose one or more**)

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

Q52.

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

You can explain about the role of big businesses in your region in the survival and recovery of small and medium businesses like yours, or how you can improve your business' resilience (your capacity to absorb, withstand, and recover from disasters in general).



Q54.

THANK YOU FOR YOUR TIME & VALUABLE RESPONSES

If there is anything you would like us to know, please feel free to follow-up with us at 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 XXXX. 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

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