

WAVE 2B

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

OMB Control # 0693-0078

Expiration 07/31/2022

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 aggregate results of the survey (at the end).

Thank you for your time and participation.

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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

How has the COVID-19 pandemic impacted the continuity/stability of your day-to-day operations? Please check all that apply for the two time periods listed.

	March 13 - August 1, 2020	August 1, 2020 - Present
Closed to the public	<input type="checkbox"/>	<input type="checkbox"/>
On-site operations ceased or reduced, but remaining staff worked from home	<input type="checkbox"/>	<input type="checkbox"/>
Reduced days/hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
Increased e-commerce	<input type="checkbox"/>	<input type="checkbox"/>
All staff worked from home	<input type="checkbox"/>	<input type="checkbox"/>
Remained fully open to the public	<input type="checkbox"/>	<input type="checkbox"/>
Added services to business (e.g., contactless pick-up, delivery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

How has the COVID-19 pandemic impacted the operations of your business. Please respond for both time periods.

	March 13 - August 1, 2020	August 1, 2020 - Present
Stopped operation due to external mandate	<input type="checkbox"/>	<input type="checkbox"/>
Stopped operation due to financial issues	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in revenue	<input type="checkbox"/>	<input type="checkbox"/>
Increase in revenue	<input type="checkbox"/>	<input type="checkbox"/>
Problems with my supply chain / receiving or shipping inventory	<input type="checkbox"/>	<input type="checkbox"/>
Issues with delivery of products to customers	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in customers	<input type="checkbox"/>	<input type="checkbox"/>
Increase in customers	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

What are the most important factors that influenced the choice of whether or not to resume operations?

(Please select no more than 5.)

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

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

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

Since March 13, 2020, has your business requested and/or received any of the following assistance?

	Requested	Received	Not Received
SBA Paycheck Protection Program (PPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SBA Economic Injury Disaster Loans (EIDL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Federal Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State and Local Government grants/loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks (loans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal liquidity (savings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family, Friends, Crowd-funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postponement in payment (rent, utilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This business has not sought financial assistance from any source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 - 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) | |

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) | |

Have any of these natural hazard events occurred at your location during the COVID-19 pandemic?

	March 13 - August 1, 2020	August 1, 2020 - Present
Yes, with severe negative impacts	<input type="checkbox"/>	<input type="checkbox"/>
Yes, with minor negative impacts	<input type="checkbox"/>	<input type="checkbox"/>
Yes, with no negative impacts	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>
Does not apply	<input type="checkbox"/>	<input type="checkbox"/>

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

How many of these types of natural hazard events have affected your business in the past 10 years? An estimate is fine. Affected indicates at least a one-day closure.

0 50

What type of actions has your business taken in the past (before COVID-19) to address natural hazards?

- | | |
|--|--|
| <input type="checkbox"/> Floodproof building(s) - permanent (e.g., flood gate) | <input type="checkbox"/> Increase insurance coverage, if needed |
| <input type="checkbox"/> Floodproof building(s) – temporary (e.g., sand bags, boarding doors) | <input type="checkbox"/> Develop/update telework plans |
| <input type="checkbox"/> Secure a secondary storage location | <input type="checkbox"/> Establish or increase remote/online sales capacity |
| <input type="checkbox"/> Assess building to ensure construction meets building code standards | <input type="checkbox"/> Social media account use to provide operations information to the public (e.g., closings) |
| <input type="checkbox"/> Perform risk assessment to identify business vulnerabilities (to specific hazards) | <input type="checkbox"/> Minimize supply chain vulnerability through multiple source strategies |
| <input type="checkbox"/> Adopt strategies to stay informed of weather watches and warnings (e.g., NOAA Weather Radio, commercial apps) | <input type="checkbox"/> Develop a connection to local emergency management officials |
| <input type="checkbox"/> Assigned disaster responsibilities (i.e., emergency management function) to specific employees | <input type="checkbox"/> Clear debris/dry vegetation away from structures |
| <input type="checkbox"/> Perform safety drills regularly (e.g., shelter-in-place, evacuations, telephone tree) | <input type="checkbox"/> Back-up power generation |
| <input type="checkbox"/> Develop a written emergency action plan/checklist | <input type="checkbox"/> Maintain/tune-up equipment for debris/snow removal |
| <input type="checkbox"/> Back-up all important documents (digitally or stored at secondary location) | <input type="checkbox"/> Keeping an emergency fund (“rainy day” money on-hand) |
| <input type="checkbox"/> Lift inventory and other supplies off the ground to prevent water exposure | <input type="checkbox"/> None |
| <input type="checkbox"/> Perform an insurance check-up to ensure adequate insurance coverage | <input type="checkbox"/> Does not apply to my business |
| <input type="checkbox"/> Other (please specify) | |

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)

Will your planning for these types of natural hazards change in the future due to the COVID-19 pandemic?

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

Will any of the actions taken to deal with the impacts of COVID-19 help your business deal with natural hazards in the future?

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

Which actions and how do you anticipate them helping?

This section asks about your business' future plans.

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?

- | | |
|---|--|
| <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 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?

- | | |
|---|--|
| <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 | |

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?

- | | |
|---|--|
| <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 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?

- 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 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?

- 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

At this point do you feel that you have the resources needed to protect your business against the risks you just identified?

- Yes
- No
- Unsure

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

How much time do you think will pass from TODAY until your business returns to its pre-COVID-19 conditions (e.g., operational level)?

- already there
- 1 month or less
- 2-3 months
- 4-6 months
- 6-12 months
- Other (please specify)
- 12-18 months
- more than 18 months
- unlikely to resume operations at that level
- unlikely to resume operations at all
- unsure

This section asks you to provide some information about your business and yourself.

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
- Tourism

Before COVID-19 what was the typical monthly revenue for your business (not including any financial assistance or loans)? Please use this time in 2019 for reference.

- \$0 - \$500
- \$501 - \$2,500
- \$2,501 - \$5,000
- \$5,001 - \$15,000
- \$15,001 - \$50,000
- \$50,001 - \$125,000
- \$125,001 - \$200,000
- \$200,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 or more
- Unsure
- Prefer not to respond

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

Single owner

Multi-location

Partnership

Home-based business

Corporation

For-profit

Franchise

Non-profit

Cooperative

Other (please specify)

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 the future.

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

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