



## **Introduction**

OMB Control # 0693-0078

Expiration 07/31/2022

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

We realize your time is at a minimum with the current situation. We sincerely appreciate your participation and 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 at any time. If your business has more than one location, please answer for only one location.

We would like to know how this business is being impacted

by COVID-19 and how it has affected your recovery from Hurricane Matthew and Hurricane Florence. We are also interested in learning 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. Thank you for your time and participation

If you would like to download an information sheet on the project please [click here](#).

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 with an expiration date of July 31, 2022. Public reporting burden for this collection is estimated to be 15 minutes per survey, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. All

responses to this information collection are voluntary. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, 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).

1. Are you over the age of 18 and willing to proceed to the survey?

Yes

No

2. What is the name of the business you are responding for?\*

3. What is the physical address of the business?\*

\*If you prefer not to answer the previous questions, Please enter the PIN number provided in the email to begin the survey:

(THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY BUSINESS OWNER, MANAGER, OR EMPLOYEE FAMILIAR ENOUGH WITH THE MANAGEMENT OF THE BUSINESS)

This survey section asks about direct effects of COVID-19 Pandemic 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.*

5. What is your role with this business?

Owner

Manager

Owner &  
Manager

Senior Employee  
(5+ years at the  
business)

Other

6. If there were any public health restrictions (e.g., stay-at-home orders, operational 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

7. Compared to before the pandemic, what is the % capacity at which you are currently operating?

(note: this does not relate to occupancy capacity. For “capacity,” consider aspects of the business that are most important to you, like the quality and/or quantity of service or product offerings. For example: 50% for reduced capacity, 110% for increased capacity, or 0% for businesses that have not resumed operations.)



9. How profitable was your business prior to the pandemic?

- Highly Profitable  Profitable  Breaking Even  Unprofitable  Highly Unprofitable  Closed

10. Where do you feel your business is in the process of recovery from the pandemic?

- Still in survival/response mode  
 Recovering  
 Mostly recovered  
 Fully recovered  
 Still in operation but will never recover (please explain):

11. Have an employees\* reported issues working Did you have any employee(s) who could not report to work due to any of the following issues during the pandemic (including yourself):

- |                              | Yes                   | No                    |
|------------------------------|-----------------------|-----------------------|
| children not back to school? | <input type="radio"/> | <input type="radio"/> |

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| children not back to daycare?                                  | <input type="radio"/> | <input type="radio"/> |
| pandemic-related physical health issues and/or risk?           | <input type="radio"/> | <input type="radio"/> |
| pandemic-related mental health issues and/or risk?             | <input type="radio"/> | <input type="radio"/> |
| other <input style="width: 250px; height: 20px;" type="text"/> | <input type="radio"/> | <input type="radio"/> |

12. Immediately before the pandemic, how many full time and part time employees did this business have? What about now?

|        | Employees   |   |
|--------|---|---|
|        | Full time   | Part time   |
| Before | <input style="width: 50px; height: 25px;" type="text"/> | <input style="width: 50px; height: 25px;" type="text"/> |
| Now    | <input style="width: 50px; height: 25px;" type="text"/> | <input style="width: 50px; height: 25px;" type="text"/> |

13. Was this business damaged by flooding related to Hurricane Matthew (September 2016) or Hurricane Florence (October 2018)?

- Yes, Hurricane Matthew but not Hurricane Florence
- Yes, Hurricane Florence but not Hurricane Matthew



Yes, both

No, neither

14. What kind of damage was caused by Hurricane Matthew and/or Hurricane Florence and how severe was the damage (see guide below)?

|                               | None   | Minor  | Moderate   | Severe   | Complete   |
|-------------------------------|--|--|--|--|--|
| <b>Building</b>               | No damage; No contact to electrical or plumbing, etc. in crawlspace. No contact with floor joists. No sewer backup | Water touches floor joists up to minor water enters building; damage to carpets, pads, baseboards, flooring. Approximately 1” in the building but no drywall damage. Could have some mold in crawlspace. Could have minor sewer backup and/or minor mold issues. | Water level approximately 2 feet with associated drywall damage and electrical damage, water heater and other major equipment. Doors or windows may need replacement. Could have major sewer backup and /or major mold issues. | Water level 2 feet to 8 feet; substantial drywall damage, electrical panel destroyed, office cabinets or storage racks; lighting fixtures on walls destroyed; ceiling lighting may be ok. Studs reusable; some may be damaged. Could have major sewer backup and/or major mold issues. | Significant structural damage present; all drywall, cabinets etc. destroyed. Could be floated off foundation. Building must be demolished or potentially replaced. |
| <b>Content/<br/>Inventory</b> | No damage  | All reusable/usable easily once dried, with zero or slight value drop  | About 60% reusable with drying and cleaning, and moderate value drop   | About 30% reusable with drying and cleaning, and significant value drop  | Non-reusable once dried and total loss   |
|                               | No damage  | All recoverable easily   | About 60% recoverable  | About 30% recoverable  | Non-recoverable  |

None                      Minor                      Moderate                      Severe                      Complete

a. Building Damage (Matthew)                                                                                                             

c. Building Damage (Florence)

|   | None                  | Minor                 | Moderate              | Severe                | Complete              |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| d. Contents/inventory damage (Matthew)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Contents/inventory damage (Florence) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Where do you feel your business was in the process of recovery from the hurricanes immediately prior to the pandemic?

- Still in survival/response mode
- Recovering
- Mostly recovered
- Fully recovered
- Still in operation but will never recover (please explain):

16. How has the pandemic affected your on-going recovery from Hurricane Matthew and/or Hurricane Florence (positively or negatively)?

- Not at all
- A little
- Moderately

- Severely
- N/A (already fully recovered)

**RESPONSE, MITIGATION, AND PREPAREDNESS:**

17. Did the business take any of the following adaptive actions in response to the hurricanes or the pandemic? Does the business plan to take this action in the future?

**(Please mark ALL time periods that apply with an X)**

|  | No adoption              | Adopted for<br>Hurricane<br>Matthew or<br>Florence | Adopted for<br>the<br>pandemic | Plan to<br>adopt for a<br>future<br>event |
|--|--------------------------|--|--------------------------------|---|
| Changed product or service offering (new product/service, or limited quantity or variety of product/service) | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/>       | <input type="checkbox"/>                  |
| Changed product or service delivery (contactless pick-up, e-commerce)  | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/>       | <input type="checkbox"/>                  |
| Changed store policies (mask requirements, more frequent cleanings, limiting number of customers)            | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/>       | <input type="checkbox"/>                  |
| Changed inventory management strategy  | <input type="checkbox"/> | <input type="checkbox"/>                           | <input type="checkbox"/>       | <input type="checkbox"/>                  |

|  | No adoption              | Adopted for Hurricane Matthew or Florence | Adopted for the pandemic | Plan to adopt for a future event |
|--|--------------------------|---|--------------------------|----------------------------------|
| Changed employee work strategy (work from home, alternating schedules) | <input type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/>         |
| Shared resources with suppliers or other businesses                    | <input type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/>         |
| Other<br><input type="text"/>  | <input type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/>         |
| Other<br><input type="text"/>  | <input type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/>         |

18. Did this business previously have, currently has, or will have any of the following insurance coverage?

|   | Never had                | Had for Hurricane Matthew or Florence | Had for the pandemic     | Plan to have for a future event |
|---|--------------------------|---------------------------------------|--------------------------|---------------------------------|
| Business property insurance on contents | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>        |
| Flood insurance on contents (NFIP)      | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>        |
| Business interruption insurance         | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>        |

|                              | Never had                | Had for Hurricane Matthew or Florence | Had for the pandemic     | Plan to have for a future event |
|------------------------------|--------------------------|---------------------------------------|--------------------------|---------------------------------|
| Business liability insurance | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>        |

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

This business's experience during Hurricane Matthew and/or Hurricane Florence has helped me handle challenges related to the pandemic.

Strongly disagree       Somewhat disagree       Neither agree nor disagree       Somewhat agree       Strongly agree

20. The strategies this business has taken during the pandemic will help during or after a future hurricane/flood event

Strongly disagree       Somewhat disagree       Neither agree nor disagree       Somewhat agree       Strongly agree

21. The pandemic impacted this business's preparation for the 2020 hurricane season

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Strongly agree

### **Social and Institutional Networks**

22. How has your business supported the local community during the pandemic? (Check all that apply)

- Donated to local charities
- Supported (other) local businesses
- Offered additional income/paid leave to non-working employees (e.g. Laid-off, furloughed, sick)
- Provided customer financial relief/delayed payments
- Offered discounts to healthcare workers/essential workers
- Assisted the local government pandemic response
- Set different hours for vulnerable populations (e.g. Senior-only hours)
- Other
- None of the above

23. What community support has the business received during the pandemic?

- Local government support (e.g. Loans, parking space for curbside pick-up, sidewalk dining, signs about COVID- 19, etc.)
- Customer support (e.g. Gift card purchases, shop local website)
- Support from other businesses (e.g. Discounts, technical support, environmental cleaning, etc.)
- Rent or mortgage relief
- Other
- no support received

24. What financial support has the business applied for and received during the pandemic? (Check all that apply)

|  | Applied (If yes, provide the month, otherwise mark "X")? |                          | Received (If yes, provide the month, otherwise mark "X")? |                          |
|--|--|--------------------------|---|--------------------------|
|  | Yes  | No                       | Yes   | No                       |
| Federal assistance, e.g. Paycheck Protection Program (please specify):<br><input style="width: 200px; height: 40px;" type="text"/>                         | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> |
| State assistance, e.g. North Carolina COVID-19 Rapid Recovery Lending Program (please specify)<br><input style="width: 200px; height: 40px;" type="text"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> |
| Local assistance (please specify): <input style="width: 200px; height: 40px;" type="text"/>  | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> |

|       |                      | Applied (If yes, provide the month, otherwise mark "X")? |                      | Received (If yes, provide the month, otherwise mark "X")? |                      |
|-------|----------------------|--|----------------------|---|----------------------|
|       |                      | Yes  | No                   | Yes   | No                   |
| Other | <input type="text"/> | <input type="text"/>                                     | <input type="text"/> | <input type="text"/>                                      | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/>                                     | <input type="text"/> | <input type="text"/>                                      | <input type="text"/> |

### **Business Information**

24. In what year was this business established at this location?

25. Does this business own or rent the building?

- Own (including buying the building with mortgage)
- Rent
- Other (please specify):



26. What is the ownership structure of the business?

- Single owner
- Partnership (multiple owners)
- Corporation or franchise
- Cooperative
- Other (please specify):

27. How many years have you worked as a business owner/manager here or for another business?

28. What is your age (years)?

29. What is your number of years of schooling?

30. Indicate highest type of diploma or degree achieved:

- Some High School
- High School
- Some College
- Associates Degree
- Bachelor's Degree
- Master's degree or higher

31. How would you describe your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

32. What is your race? (select one or more)

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

33. Is this business a minority-owned business, woman-owned business, or veteran-owned business? (select none, one, or more)

- Minority-owned business
- Woman-owned business
- Veteran-owned business
- other

24. Would you be interested in or willing to participate in a phone interview about your experience?

- Yes
- No

We would like to get some additional information from you in order to make future surveys easier and at your convenience. Would you be willing to provide your first name and email address? **YOU WILL NOT RECEIVE ANY EMAILS BEYOND OUR REQUEST FOR ADDITIONAL**

## CLARIFICATION ON THIS SURVEY.

Name:

Business email:

If you have any comments about the survey and/or business recovery after the flood, please write them down in the space below.

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