

,COVID/Natural Hazard SME/SMM Survey

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

Business Recovery/Continuity Collection

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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 no more than 15 minutes to complete. You may opt to receive aggregate results of the survey (at the end).

Opening Section

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

- ☐ Manager
 - ☐ Assistant manager
 - ☐ Senior employee (5+ years at the business)
 - ☐ Employee
 - ☐ Other [please include your position title]
 - ☐ I do not have a formal role
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

COVID-19 Impact and Adaptation Section

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*
- a. Closed to the public
 - i. Less than 1 week
 - ii. 1-2 weeks
 - iii. 2-4 weeks
 - iv. 4 weeks or longer
 - b. On-site operations ceased (or were greatly reduced), but remaining staff teleworked
 - c. Reduced days/hours of operation
 - d. Increased e-commerce
 - e. All staff worked from home
 - f. Remained fully open to the public
 - g. Added services to business (e.g. contactless pick-up, delivery, etc.)
 - h. Other _____

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			
Stopped operations due to financial issues			
Decrease in revenue			
Increase in revenue			
Problems with my supply chain/receiving or shipping inventory			
Issues with delivery of products to customers			
Decrease in customers			
Increase in customers			
Other			
N/A			

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 (1)
 - ☐ Stay/Local stay-at-home orders (2)
 - ☐ Restricted access to the business (3)
 - ☐ Employee safety (4)

- ☐ Lack of customers (5)
- ☐ Disruption to supply/inventory delivery (6)
- ☐ Universities and school closings (7)
- ☐ Nearby businesses closed (8)
- ☐ Local government information/suggestion (9)
- ☐ Fear/concerns of infection (10)
- ☐ Lack of personal protective equipment and/or cleaning supplies (11)
- ☐ Staff's unwillingness to report for work (12)
- ☐ Media coverage (13)
- ☐ Tight business margins (14)
- ☐ Other (15) _____
- ☐ N/A

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 _____

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) (1)
- ☐ SBA Economic Injury Disaster Loans (EIDL) (2)
- ☐ SBA Debt Relief (3)
- ☐ USDA Loan Programs (4)
- ☐ Other Federal Programs (5)
- ☐ State and Local Government grants/loans (6)
- ☐ Banks (commercial loan) (7)

- ☐ Banks (e.g., existing debt flexibility – payment deferments) (8)
- ☐ Personal liquidity (savings) (9)
- ☐ Family and Friends (10)
- ☐ Crowd-funding (11)
- ☐ Postponment in payment (rent, utilities) (12)
- ☐ Faith-based group support (13)
- ☐ Non-profit organization support (14)
- ☐ Insurance (for business interruption) (15)
- ☐ Direct lending (e.g., Venture capital, angel investors, Fintech) (16)
- ☐ Other _____ (17)
- ☐ This business has not sought financial assistance from any source (18)
- ☐ Unsure (19)
- ☐ N/A (20)

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
- ☐ Shared resources or information with other organizations
- ☐ Implemented short-term alliances with my suppliers and/or competition
- ☐ Other: _____

Natural Hazard Section

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 greatest 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

11. Since March 13th, 2020 has this/these event types occurred at your location?

- ☐ Yes, with severe impacts
- ☐ Yes, with minor impacts
- ☐ No
- ☐ Don't know
- ☐ N/A

12. [if 11=yes] How was your organization's response to this event affected by COVID-19? _____

13. How many of these hazard events have affected* your organization in the **past 10 years**? An estimate is fine [slide bar answer response] *caused at least a one-day closure

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)
- ☐ 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

- o Develop/update telework plans*
- o Establish or increase remote/online sales capacity*
- o Social media account use to provide operations information to the public (e.g., closings)*
- o Minimize supply chain vulnerability through multiple source strategies*
- o Develop a connection to local emergency management officials*
- o Clear debris/dry vegetation away from structures*
- o Back-up power generation*
- o Maintain/tune-up equipment for debris/snow removal*
- o Keeping an emergency fund ("rainy day" money on-hand)*
- o Other _____*

15. Have any actions your organization has taken to prepare for natural disasters in the past helped prepare or cope with the impacts of COVID-19? Y/N [If yes, please provide some details. For example, insurance purchases, teleworking experience, emergency supplies or finances, etc.]]

16. How will your planning for these types of natural hazards change in the future due to the COVID-19 pandemic? _____

Attitudes Section

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)

o Compound Events

- ☐ 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

o Business Financial, Market Concerns

- ☐ 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

o COVID-19 Specific Concerns

- ☐ 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

o Workforce Concerns

- ☐ Workforce safety to protect employees from infection
- ☐ Workforce reduction concerns
- ☐ Rehiring, replacing, and retraining workforce upon reopening

o Consumer Concern

- ☐ Decreased consumer confidence and spending

o Global Concerns

- ☐ Global recession
- ☐ Impacts on tariff and trade issues
- ☐ Increased international political controversy

18. Have you implemented steps to reduce your risks to the issues you indicated above? If yes, how? _____

- ☐ 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. [if 19=no] 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)? [slide bar or multichoice?]

- ☐ 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
- ☐

BUSINESS INFORMATION SECTION

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

22. Which sector best describes your business?

- ☐ Construction (1)
- ☐ Manufacturing (2)
- ☐ Retail trade (3)
- ☐ Accommodation and Food Services (4)
- ☐ Wholesale trade (5)
- ☐ Transportation and Warehousing (6)
- ☐ Finance and Insurance (7)
- ☐ Information (e.g. radio, newspaper, television, telecommunications) (8)
- ☐ Real estate, rentals, and leasing (9)
- ☐ Professional, scientific, and technical services (10)
- ☐ Health and medical services (11)
- ☐ Arts, Entertainment, and Recreation (12)
- ☐ Food processing, agriculture (13)
- ☐ Natural resource management (14)
- ☐ Fuel production (15)
- ☐ Fishing/aquaculture (16)
- ☐ Other (please specify) (17) _____

23. When was your organization founded? [dropdown]

24. In which state is your organization located? [dropdown]

25. In which ZIP code is your organization located? [type in]

26. How would you describe this organization? Check ALL options that describe the business:

- ☐ Woman-owned business (1) * (the business need not be Federally registered as such)
- ☐ Minority-owned (2) * (the business need not be Federally registered as such)
- ☐ Veteran-owned (3) * (the business need not be Federally registered as such)
- ☐ Family-owned (5) * (the business need not be Federally registered as such)
- ☐ Single owner (6)
- ☐ Partnership (7)
- ☐ Corporation (8)
- ☐ Franchise (9)
- ☐ Cooperative (10)
- ☐ Multi-location (11)
- ☐ For-profit (12)
- ☐ Non-profit (13)
- ☐ Other (14) _____

How important are each group to your organization's recovery from COVID-19?

Group	Importance to Organization 1= Least Important 5= Most Important
Your neighbors	1 2 3 4 5
Friends and family	1 2 3 4 5
Neighborhood organization(s)	1 2 3 4 5
Suppliers	1 2 3 4 5
Customers	1 2 3 4 5
Business Groups (e.g. Chamber of Commerce)	1 2 3 4 5
State Organization(s)	1 2 3 4 5
Federal Organization(s)	1 2 3 4 5
NOAA Sea Grant	1 2 3 4 5
NOAA Weather Ready Nation	1 2 3 4 5
Manufacturing Extension Partnership Center	1 2 3 4 5
Faith-based organization(s)	1 2 3 4 5
other _____	1 2 3 4 5

27. How many years have you worked as a business owner/manager? _____ (years)

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

- a. COVID-19 posed the greatest risk yet to my organization's survival {1-5}
- b. The impacts of COVID-19 will leave my organization unable to cope with a natural disaster, should one occur, in the next year {1-5}

Closing Section

29. 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.

Name: _____

Business email: _____

-
30. Is there anything else you would like to share? _____
-

THANK YOU VERY MUCH FOR COMPLETING THE SURVEY!

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