

COVID Impact Survey - New York

United Ways across New York are conducting a survey to help better understand the impact of the COVID-19 pandemic.

This information will help us identify trends and local needs and enable us to work with community partners to provide resources and support in this difficult time. This survey asks about you, your household, and what you are doing to get by.

Completing this survey should take about 10 minutes. Your responses are confidential, meaning that no one will be able to associate your name with your responses.

If you have questions, please contact Brenda Episcopo at episcopob@uwnys.org.

Thank you!

This survey is a partnership between United Way of Allegany County, United Way of Broome County, United Way of Buffalo and Erie County, United Way of Cayuga County, United Way of Central New York, United Way of Chenango County, United Way of Cortland County, United Way of Dutchess Orange Region, United Way of Greater Oswego County, United Way of the Greater Capital Region, United Way of Genesee County, United Way of Livingston County, United Way of Ontario County, United Way of Northern New York, United Way of Rockland County, United Way of Greater Rochester, United Way of Seneca County, United Way of the Southern Tier, United Way of Tompkins County, United Way of Wayne County, United Way of Westchester and Putnam, and United Way of Wyoming County.

This part of the survey asks questions about your **household**, which includes yourself and the people who live with you (if any).

How many children, adults, and seniors are in your household - including yourself?

Write numbers below

Adults (18 to 64 years old) : _____

Seniors (65 years and older) : _____

Children (0 to 5 years old) : _____

Children (6 to 17 years old) : _____

Total : _____

What are your household's concerns during the COVID-19 pandemic?

Select all that apply

- Household member(s) getting COVID-19
 - Paying housing expenses (like rent, mortgage, utilities)
 - Paying off debts (like car payments or credit card bills)
 - Providing enough food for the household
 - Child care, education, and/or remote learning
 - Medical issues other than COVID-19
 - Mental health issues (like depression or anxiety)
 - Loss of job(s)
 - Reduction of hours/wages
 - Other [Describe] _____
 - None of the above
-

Of the concerns you selected, what is household's BIGGEST concern during the COVID-19 pandemic?

Select one

- Household member(s) getting COVID-19
 - Paying housing expenses (like rent, mortgage, utilities)
 - Paying off debts (like car payments or credit card bills)
 - Providing enough food for the household
 - Child care, education, and/or remote learning
 - Medical issues other than COVID-19
 - Mental health issues (like depression or anxiety)
 - Loss of job(s)
 - Reduction of hours/wages
 - Other [Describe] _____
 - None of the above
-

What was your household income last year (2019) before taxes?

- Less than \$25,000
 - \$25,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 to \$99,999
 - \$100,000 to 149,999
 - \$150,000 or more
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Which of the following assets does your household have?

Select all that apply

- Own your home with a mortgage
 - Own your home with NO mortgage
 - Own a vehicle with an auto loan
 - Own a vehicle with NO loan
 - Have a 401k, IRA, or other investment
 - Have a bank account (savings or checking)
 - Own all or part of a business
 - Other [Describe] _____
 - None of the above
-

Before March 1, 2020, how many of your household members worked in the following types of job? (If household members worked multiple jobs, be sure to include each job)

Write numbers below

Salary-paid job : _____

Job that pays by the hour : _____

Other activity for which you/they got paid (things like self-employment, ride-share driving, or contract work) : _____

Total : _____

Since March 1, 2020, has employment changed for any household member(s)?

Select all that apply

- One or more members has been temporarily laid off
 - One or more members lost a job
 - One or more members now have changed jobs
 - One or more members has a new job or an additional job
 - One or more members retired
 - No, employment hasn't changed for any household members
-

You indicated that employment status has changed for one or more household members since March 1, 2020. Currently, how many of household members work in the following types of job?

(If household members worked multiple jobs, be sure to include each job)

Write numbers below

Salary-paid job : _____

Job that pays by the hour : _____

Other activity for which you/they got paid (things like self-employment, ride-share driving, or contract work) : _____

Total : _____

Do any members of your household perform the following work?

Select all that apply

- Offer services to people and families (like babysitting, housekeeping, home or car repairs, dog-walking)
 - Offer services to businesses (like editing, computer repair, cleaning services, consulting)
 - Drive for a ride-sharing service such as Uber or Lyft
 - Food delivery services such as Door Dash or Uber Eats
 - Other informal work or side job [Describe] _____
 - None of the above
-

What are your household's current source(s) of income?

Select all that apply

- Income from one or more jobs (including salary, hourly, or contract-based work)
- Income from investments (including retirement or investment income)
- Unemployment insurance, or other government program
- Social Security or other retirement income
- Other [Describe] _____
- No source of income

For adults in your household who work for a salary, which of the following have occurred as a result of the COVID-19 pandemic?

Select all that apply

- Now working remotely (when previously worked on-site)
 - Continuing to work on-site (outside of the home)
 - Loss of health insurance
 - Had to purchase protective gear (like mask, gloves, or face shield)
 - Had to purchase new technology (like a computer, tablet, or phone)
 - Other COVID-19 employment impacts [Describe]
-
- None of the above

For adults in your household who work in jobs that are paid by the hour, which of the following have occurred as a result of the COVID-19 pandemic?

Select all that apply

- Now working remotely (when previously working on-site)
 - Continuing to work on-site (outside of the home)
 - Working fewer hours
 - Working more hours
 - Working for reduced hourly wage (less pay)
 - Loss of health insurance
 - Had to purchase protective gear (like mask, gloves, or face shield)
 - Had to purchase new technology (like a computer, tablet, or phone)
 - Other COVID-19 employment impacts [Describe]
-
- None of the above

Why are you or other household member(s) working fewer hours?

Select all that apply

- Because of caregiving needs (for children, seniors, person with a disability)
 - Because of health issues
 - Because employer has less business or needs fewer staff
 - Due to fear of catching/spreading COVID-19
 - Because of limited computer or internet access
 - Other [Describe] _____
-

Are any members of your household actively looking for work (including additional hours or a new/different job)?

- Yes
- No

[IF NO, SKIP NEXT QUESTION]

What barriers are members of your household facing in looking for work, if any?

Select all that apply

- Trouble finding a job
 - Trouble filling out job applications
 - Internet access or computer issues
 - Language or literacy issues
 - Can't find a job that pays enough
 - Caring for a child/children
 - Caring for an older adult
 - Caring for a person (child or adult) with special needs
 - Existing health issues
 - Afraid of catching COVID-19
 - Transportation issues
 - Other barriers [Describe]
-
- Not facing any barriers to additional employment at this time

Which of these actions have you or members of your household taken to meet your needs since the beginning of the COVID19 pandemic, if any?

Select all that apply.

- Applied for unemployment
 - Found a new way to make money (new job, gig, contract work)
 - Increased balance on a credit card
 - Borrowed from family or friends
 - Taken money out of a savings account
 - Taken money out of a retirement account
 - Sold belongings for cash (including vehicles)
 - Taken out a personal loan or car loan
 - Taken out a second mortgage or home equity loan
 - Received food from a food pantry and/or food bank
 - Applied for government assistance (SNAP, TANF, WIC, Medicaid)
 - Other [Describe] _____
 - None of the above
-

[THE NEXT 4 QUESTIONS ARE FOR HOUSEHOLDS WITH CHILDREN ONLY; SKIP IF NO CHILDREN IN THE HOUSEHOLD]

Before March 1, 2020, what care arrangements did you have for your children when you were working?

Select all that apply

- Formal school, kindergarten through 12th grade
 - Paid center-based child care or paid before/after school care
 - Paid or non-paid arrangement with friend, neighbor, or family member
 - Other [Describe] _____
 - No children in school or child care
-

Since March 1, 2020, have child care issues impacted household members' ability to work?

Select all that apply

- Yes, one or more household members is working reduced hours due to child care issues
 - Yes, one or more household members had to quit a job due to child care issues
 - Yes, one or more household members' work has been impacted in a different way [Describe] _____
 - No, child care issues have not impacted employment
-

Since March 1, 2020, as a result of the COVID-19 pandemic, what child care issues or concerns or issues have members of your household had?

Select all that apply

- Cost
 - Finding a provider/school with consistent and sufficient hours
 - Concerned my child care won't be reliable or available when I need it
 - Helping children with distance learning
 - Internet and device access issues
 - Juggling work and children's needs
 - Health risk for child(ren) or other household members
 - Other [Describe] _____
 - None, no concerns related to child care at this time
-

Of the concerns you selected, which is the BIGGEST concern you have faced regarding school or child care for your child(ren)?

Select one

- Cost
- Finding a provider/school with consistent and sufficient hours
- Concerned my child care won't be reliable or available when I need it
- Helping children with distance learning
- Internet and device access issues
- Juggling work and children's needs
- Health risk for child(ren) or other household members
- Other [Describe] _____
- None, no concerns related to child care at this time

Is there anything else you think we should know about how the pandemic is impacting your household or your community?

Finally, a few questions about **yourself** (only the person responding, not all household members).

Where do you live?

- County Name _____
 - Zipcode _____
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How old are you?

- Under 18 years
 - 18 to 24 years
 - 25 to 44 years
 - 45 to 64 years
 - 65 years or more
-

What is your gender identity?

- Female
 - Male
 - Non-binary
 - Prefer to self-describe _____
 - Prefer not to answer
-

How do you identify in terms of race and ethnicity?

Select one or more

- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Spanish, Hispanic, or Latinx
 - Native Hawaiian or Pacific Islander
 - White
 - Other [Specify] _____
-

Do you or anyone in your household have a serious health issue or disability?

Select all that apply

- Chronic health condition, such as diabetes or a heart condition
 - Mental disability
 - Physical disability
 - Other [Describe] _____
 - None of the above
-

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
 - High school graduate (high school diploma or equivalent including GED)
 - Some college (no degree)
 - Associate's/Occupational degree (2-year)
 - Bachelor's/Occupational degree (4-year)
 - Graduate or professional degree
-

We would like to understand how the COVID-19 pandemic is impacting households over time. May we contact you again in a few months?

- No
 - Yes [Enter email address or phone number]
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