

# COVID-19 Impact Survey

Please select a language (Por favor elige un idioma)

We are conducting a survey to help us better understand how the novel Coronavirus (COVID-19) pandemic is affecting people's lives in the city of San Antonio and Bexar County. This survey will help us better understand how people's well being has been affected. We would like to ask you questions about experiences with the pandemic and how your life has changed as a result.

Thank you for taking the time to fill out this survey. Your answers are anonymous and are not tied to you in any way. Your answers will be combined and analyzed with other people's answers.

**Are you currently a student? \***

- Yes, in high school or GED class
- Yes, in college, certificate, or other post-high school program
- No, I'm not currently a student

**Which of the following describes your employment status BEFORE and AFTER the Coronavirus (COVID-19) pandemic (before March 1)? Please select all that apply. \***

	BEFORE March 1	AFTER March 1
Employed full-time (40 hours a week)	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time (less than 40 hours a week)	<input type="checkbox"/>	<input type="checkbox"/>



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Full time student	<input type="checkbox"/>	<input type="checkbox"/>
Part-time student	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Unable to work for health reasons	<input type="checkbox"/>	<input type="checkbox"/>
Stay of home parent or caregiver	<input type="checkbox"/>	<input type="checkbox"/>

**Since March 1, have you either gotten or tried to get any of the following kinds of help?  
Please choose all that apply \***

- Unemployment benefits
- SNAP (Supplemental Nutrition Assistance Program)
- TANF (Temporary Assistance for Needy Families)
- Social security
- Supplement social security
- A food pantry
- Help with utility bills
- Rent assistance
- Other forms of income assistance
- I do not know
- I prefer not to answer or does not apply to me

**Would you be interested in participating in a new job retraining program? \***

- Very much
- Quite a bit
- Somewhat
- A little bit
- Not at all
- I do not know
- I prefer not to answer

**Have you had access to these basic resources before and after March 1? \***

	Yes, I had access BEFORE March 1	Yes, I had access AFTER March 1	Not Applicable
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Which of the following best describes your own monthly income (before taxes) from working BEFORE and AFTER March 1? This includes all income from both formal and informal employment, but not any cash relief or other income assistance. \***

	Monthly income BEFORE March 1	Monthly income AFTER March 1
\$0 to \$833	<input type="checkbox"/>	<input type="checkbox"/>
\$834 to \$1,250	<input type="checkbox"/>	<input type="checkbox"/>
\$1,251 to \$2,082	<input type="checkbox"/>	<input type="checkbox"/>
\$2,083 to \$2,916	<input type="checkbox"/>	<input type="checkbox"/>
\$2,917 to \$4,167	<input type="checkbox"/>	<input type="checkbox"/>
\$4,168 to \$6,249	<input type="checkbox"/>	<input type="checkbox"/>
\$6,250 or more	<input type="checkbox"/>	<input type="checkbox"/>
I do not know	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>

**What was your living situation before and after March 1? Please choose all that apply. \***

	BEFORE March 1	AFTER March 1
House	<input type="checkbox"/>	<input type="checkbox"/>
Apartment	<input type="checkbox"/>	<input type="checkbox"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Dormitory	<input type="checkbox"/>	<input type="checkbox"/>
Hotel or Motel	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Street/outside/tent/encampment	<input type="checkbox"/>	<input type="checkbox"/>
Transitional housing/safe haven	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>

**In the past month, how often on average have you left your home for some reason other than going to work? \***

0 days a week



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- 5 to 6 days per week
- 7 days a week (every day)
- More than once a day
- Don't know
- I prefer not to answer

**How much do you use the following sources to obtain COVID-19 information? Please select one answer for each category. \***

	Never	Sometimes	Most of the time	All the time
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspaper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends or family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers or classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors or other health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government websites (CDC or City Health department, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
President of the United States	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local news stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National news channel (CNN, Fox News, MSNBC, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do NOT seek information related to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Not counting your phone, since March 1 have you had access to the internet using a computer, laptop, or tablet? \***

- Yes, easy reliable access whenever I need it
- Yes, but with problems or not when I need it
- No, no access
- I do not know
- I prefer not to answer

**How has your lack of access to internet/computer affected the following activities? Please select one option for each category \***

	Very much	Quite a bit	Somewhat	A little bit	Not at all	Does not apply
Work related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating with family/friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Have you completed the 2020 decennial census form? \***

- Yes
- No
- I do not know
- I prefer not to answer

**Did you intend to vote before COVID-19 pandemic, and did you end up voting in November? \***

- I intended to vote prior to COVID-19, and I did vote in November
- I intended to vote prior to COVID-19, but I didn't vote in November
- I did not intend to vote prior to COVID-19, and I did not vote in November
- I did not intend to vote prior to COVID-19, but I did vote in November
- I prefer not to answer

**Which of the following items was or is an issue in your life BEFORE and AFTER the Coronavirus COVID-19 pandemic? Please select on each column all that apply. \***

	It was a concern BEFORE March 1	It was a concern AFTER March 1	Not an issue
My job security (losing a job, reducing work hours, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping my spirits up; not getting down or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing work and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safe inside my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safe in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a place to live/sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making my rent or mortgage payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Other money issues (paying other bills, saving money, paying off debt)

**In your own words, how has the Coronavirus COVID-19 pandemic affected your life? Please write your answer.**

**What is your 5-digit zip code? Please type your answer. \***

**What is your gender? \***

**Do you consider yourself to be: \***

**What is your age? \***

- 0 - 17
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 or more



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- Less than high school diploma
- High school
- Some college
- Certificate or certification
- Bachelors degree
- Graduate degree
- I prefer not to answer

**What is your race? Please select all that apply. \***

- Black/African American
- Asian
- Native American/American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- White
- I do not know
- I prefer not to answer

**What is your ethnicity? \***

- Hispanic
- Non-Hispanic
- I do not know
- I prefer not to answer

**Not including you, how many people in each age group live in your household? \***

	Please type a numeric value, if none, please type 0
Under 18	<input type="text"/>
18 to 64	<input type="text"/>
65 or older	<input type="text"/>

**What is the total income for your household, including not just job income but all other sources too? \***

- \$0 - \$24,999
- \$25,000 - \$49,999



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- \$100,000 - \$149,999
- \$150,000 or more
- I do not know
- I prefer not to answer

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