



September 17, 2020

TEACCH: The Educators of America COVID Cohort Study Aims

- Understand the different guidance to teachers around opening and safety procedures and policies
- Learn about how the policies change according to different outbreak eventualities
- Learn about mental health and anxiety
- Understand the major health and safety concerns of teachers as it relates to teaching in person versus remote learning.
- Assess exposure, testing, and infection among respondents

Contact

1) What is your age?

- a) Age __ (no ages >110)
- b) Don't know/Not Sure

If age <18, END SURVEY "Sorry looks like you are ineligible to participate in this survey. Thank you for your time."

2) Do you live in the United States or US territories?

- a) Yes
- b) No

If No, END SURVEY "Sorry looks like you are ineligible to participate in this survey. Thank you for your time."

Sociodemographics:

3) Do you think of yourself as:

- a) Male
- b) Female
- c) Transgender man/ female-to-male
- d) Transgender woman/ male-to-female
- e) Genderqueer/ Gender nonconforming neither exclusively male nor female
- f) Other: _____

4) Are you Hispanic, Latino/a, or Spanish origin?

- a) Yes
- b) No
- c) Don't know / Not sure

- 5) *If selected yes:* Which of these groups would you say best represents your Hispanic or Latino/a identity? **Please select all that apply.**
- a) Mexican, Mexican American, Chicano
 - b) Puerto Rican
 - c) Cuban
 - d) Other Hispanic, Latino, or Spanish origin: _____
- 6) Which of these groups would you say best represents your race? **Please select all that apply.**
Option G is exclusive.
- a) Black or African American
 - b) American Indian or Alaska Native
 - c) Asian
 - d) Pacific Islander
 - e) White
 - f) Other _____
 - g) Don't know / Not sure
- 7) *If selected Asian:* Which of these groups you say best represents your Asian identity? **Please select all that apply.**
- a) Asian Indian
 - b) Chinese
 - c) Filipino
 - d) Japanese
 - e) Korean
 - f) Vietnamese
 - g) Other _____

- 8) How many children less than 18 years of age live in your household?
- a) __ Number (*nothing >100*)
 - b) No children <18 live in my household
- 9) How many members of your household, including yourself, are between the ages of 18 and 59 years of age? *Logic check: age must align with this question. And a value of "1" is required in number 8 or 9*
- a) __ Number (*nothing >100*)
 - b) No one aged 18-59
- 10) How many members of your household, including yourself, are 60 years of age or older? *Logic check: age must align with this question. And a value of "1" is required in number 8 or 9*
- a) __ Number (*nothing >100*)
 - b) No one aged 60+
- 11) What is the highest grade or year of school you completed?
- a) Less than a high school diploma
 - b) Grade 12 or GED (High school graduate)
 - c) College 1 year to 3 years (Some college or technical school)
 - d) College 4 years or more (College graduate)
 - e) Graduate school
- 12) Which of these property types best describes where you currently live?
- a) A multi-unit property. This includes a condominium, co-op, or building with two more units.
 - b) A single-unit property. This includes a detached home or townhouse.
 - c) A dormitory, group home, assisted living, or nursing home
 - d) Other_____
 - e) Don't know / Not sure
- 13) Is your annual household income from all sources
- a) <\$25,000
 - b) \$25,000-\$34,999
 - c) \$35,000-\$49,999
 - d) \$50,000-\$69,999
 - e) \$70,000-\$99,999
 - f) \$100,00-\$149,000
 - g) \$150,000+
 - h) Don't know / Not sure
 - i) Prefer not to say
- 14) What zip code do you live in?

15) What zip code is your school or district in?

Health History

16) Has a doctor, nurse, or other health professional ever told you that you **have or have had** any of the following? **Please select all that apply**

- a) A heart attack, also called a myocardial infarction
- b) Angina or coronary heart disease
- c) Type 2 diabetes
- d) High blood pressure
- e) Cancer
- f) Asthma
- g) Chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis
- h) Kidney disease (not including kidney stones, bladder infection or incontinence)
- i) Chronic liver disease, including cirrhosis
- j) HIV/AIDS
- k) Immunosuppression
- l) Depression
- m) An anxiety disorder
- n) Post-traumatic stress disorder or PTSD
- o) I have not been told that I have any of the above conditions

17) *If yes to asthma:* Do you still have asthma?

- a) Yes
- b) No
- c) Don't know / Not sure

18) *If gender is male or trans woman, skip.* To your knowledge, are you now pregnant?

- a) Yes
- b) No
- c) Not applicable
- d) Don't know / Not sure

19) Have you had COVID-19?

- a) Yes, and I've had a confirmation diagnostic or antibody test
- b) Yes, I think I've had it, but haven't had a confirmation diagnostic or antibody test
- c) No

School Logistics

20) What is your role for the upcoming school year? **Please select all that apply.**

- a) Teacher
- b) Sports coach or Physical Education teacher

- c) Instructional coach or Trainer
- d) Occupational therapist
- e) Physical therapist
- f) Speech therapist
- g) Paraprofessional
- h) Janitor or Custodial staff
- i) Security officer
- j) School cafeteria/food service worker
- k) School nurse
- l) Social worker
- m) Guidance counselor
- n) Principal or other school leadership
- o) School administrator
- p) School support staff
- q) Parent coordinator
- r) District leadership
- s) District office support staff
- t) College or graduate school professor
- u) Parent
- v) Community member
- w) Other _____

21) At what type of school do you work?

- a) Public
- b) Private
- c) Charter
- d) Other _____
- e) Not applicable

22) *If answered teacher (a) to Q20:* Are you a classroom teacher or a subject teacher?

- a) Classroom
- b) Subject
- c) Classroom and subject
- d) Not applicable

23) *If answered a, b, c, d, e, f, g, l, m, or t to Q20:* What grade level(s) do you teach or work with?

Please select all that apply.

- a) Pre-K or below
- b) K
- c) 1
- d) 2
- e) 3
- f) 4
- g) 5

- h) 6
- i) 7
- j) 8
- k) 9
- l) 10
- m) 11
- n) 12
- o) Higher education

24) *If did not answer not applicable (e) to Q21:* What are the grade-levels of children in your school?

Please select all that apply

- a) Pre-K or below
- b) K
- c) 1
- d) 2
- e) 3
- f) 4
- g) 5
- h) 6
- i) 7
- j) 8
- k) 9
- l) 10
- m) 11
- n) 12
- o) Higher education

25) *If did not answer not applicable (e) to Q21:* Does your school share a building with another school?

- a) Yes
- b) No
- c) Don't know / not sure

26) *If yes to Q25:* What are the grade levels of children in the other school(s) in your building?

Please select all that apply.

- a) Pre-K or below
- b) K
- c) 1
- d) 2
- e) 3
- f) 4
- g) 5

- h) 6
- i) 7
- j) 8
- k) 9
- l) 10
- m) 11
- n) 12
- o) Higher education
- p) Don't know / not sure

27) *If answered teacher (a) to 20:* Do you teach children with special needs?

- a) Yes, I am a special education teacher (only teach children with special needs)
- b) Yes, I am a general education teacher in a combined classroom of children with and without special education needs
- c) Yes, I am a special education teacher in a combined classroom of children with and without special education needs
- d) No, I do not teach children with special education needs

Instructional and Safety Plans

28) Did your school/district switch to remote instruction last spring because of COVID-19?

- a) Yes
- b) No

29) Has your fall 2020 school year started?

- a) Yes
- b) No

30) [Has your school/district reopened / Will your school/district reopen] for in-person instruction?

- a) Yes - Students and teachers [have returned/will return] to school with 100% in-person instruction
- b) Yes - Students and teachers [have returned/will return] to school with a mix of in-person instruction and remote learning
- c) No - The school year [has started/will start] with 100% remote learning
- d) Don't know / not sure

31) *If 30c:* The school/district intends to begin in-person instruction in

- a) September
- b) October
- c) November
- d) December

- e) January at the earliest
- f) Don't know/not sure

32) *If answered 30a or 30b:* [Were/Will] parents [given/be given] the choice to opt out of in-person instruction for their child(ren)? That is, could they [have selected/select] 100% remote learning?

- a) Yes
- b) No
- c) Don't know/not sure

33) [Do you think schools/districts should [be open/reopen] for in-person instruction?

- a) Yes - I think students and teachers should return to school with 100% in-person instruction
- b) Yes - I think students and teachers should return to school with a mix of in-person instruction and remote learning
- c) No - I think the school year should start with 100% remote learning
- d) Don't know / not sure

34) *If 30a or 30b:* [Are you/Will you be] providing in-person instruction [during the upcoming school year]?

- a) Yes
- b) No
- c) Don't know / not sure
- d) Not applicable

35) *If 30b or 30c:* [Are you/Will you be] required to be in the school building even when instruction [is being/will be] delivered virtually?

- a) Yes
- b) No
- c) Don't know/not sure
- d) Not applicable

36) *If 20o, 20p, 20q, 20r:* [Are you/Will you be] able to work remotely?

- a) Yes
- b) No
- c) Don't know/not sure

37) *If 20a (teacher):* Pre-COVID, what was a typical class size in your school for the grade level you teach?

_____ (*this should be a single integer, not a range*)

38) *If 20a (teacher) and 30a or 30b:* How many students [are/will be] expected in your physical classroom at any given time [this school year/in the upcoming school year]?

_____ (this should be a single integer, not a range)

Not applicable

Don't know/not sure

39) *If 20a (teacher) and 30b or 30c:* How many students [are/will be] expected in your virtual classroom at any given time [this school year/in the upcoming school year]?

_____ (this should be a single integer, not a range)

Not applicable

Don't know/not sure

40) *If 20a (teacher):* Prior to students returning to school, [did/will] you have teacher workdays or time to prepare for the [upcoming] school year?

- a) Yes
- b) No
- c) Not applicable
- d) Don't know/not sure

41) *If 20a and yes to 35:* [Did/Will] you have the same number of workdays as you did last year (2019-2020 school year) to prepare?

- a) No, we [had/will have] the same amount of teacher workdays
- b) Yes, we [had/will have] an extra 1-6 days of preparation
- c) Yes, we [had/will have] an extra 1 week of preparation
- d) Yes, we [had/will have] an extra >1-2 weeks of preparation
- e) Yes, we [had/will have] an extra >2-3 weeks of preparation
- f) Yes, we [had/will have] an extra >3-4 weeks of preparation
- g) Not applicable
- h) Don't know/not sure

42) How did your school or district develop the instructional plan for [this/the upcoming] school year? An instructional plan could include, but is not limited to: frequency of in-person instruction, number of students allowed in a classroom at once, and/or how remote instruction is delivered.

- a) The state issued guidelines for our instructional plan
- b) The district issued guidelines for our instructional plan
- c) The school independently developed an instructional plan
- d) Other _____
- e) Don't know / not sure

43) *If 42a or 42b:* Did your school have the flexibility to adapt the instructional plan guidelines for their needs?

- a) Yes
- b) No

c) Don't know / not sure

44) How did your school or district develop the health/safety plan for [this/the upcoming] school year? A health/safety plan could include, but is not limited to: frequency of cleaning, requirements to wear masks or face shields, temperature checks, and/or routine COVID-19 testing.

- a) The state issued guidelines for our health/safety plan
- b) The district issued guidelines for our health/safety plan
- c) The school independently developed a health/safety plan
- d) Other _____
- e) Don't know / not sure

45) *If 44a or 44b:* Did your school have the flexibility to adapt the health/safety plan guidelines for their needs?

- a) Yes
- b) No
- c) Don't know / not sure

46) *If yes (a or b) to 30:* [Is/Will] your school [doing/do] anything to promote physical distancing during in-person instruction? Please select all that apply.

- a) Limiting the number of students in each classroom
- b) Rotating cohorts of students each day
- c) Rotating cohorts of partial-day instruction each day
- d) Changes to gym/physical education instruction
- e) Students remain in one classroom throughout the day with a single teacher
- f) Students remain in one classroom throughout the day, while teachers move between classrooms
- g) Some classes will be taught outside, weather permitting
- h) Physical barriers between student desks
- i) Physical barriers between the teacher and student desks
- j) Other _____
- k) None of the above
- l) Don't know / not sure

47) *If yes (a or b) to 30:* [Is/Will] your school [doing/do] anything to promote physical distancing outside of in-person instruction in common use areas? Please select all that apply.

- a) Staggered school day start times
- b) Staggered school day end times
- c) Assign doors for building entry and exit
- d) One-way traffic in hallways
- e) Limiting the number of non-staff adults in the school building
- f) Limiting the number of people in bathrooms at any given time

- g) Limiting the number of students in locker rooms at any given time
- h) Eliminating the user of locker rooms
- i) Limiting the number of students on school buses to and from school
- j) Other ____
- k) None of the above
- l) Don't know/not sure

48) *If yes (a or b) to 30:* Where [are students/will students be] eating lunch?

- a) Cafeteria
- b) Classroom
- c) Outside
- d) No lunch at school
- e) Other _____
- f) Don't know / not sure

49) *If yes (a or b) to 30 or 34a:* [Did/Will] your school make physical building changes? Please select all that apply

- a) Upgrade ventilation (HVAC) systems
- b) Add HEPA filters
- c) Add fans
- d) Plans made for open windows or other non-electric air circulation
- e) Other _____
- f) None of the above
- g) Don't know / not sure

50) *If yes (a or b) to 30 or 34a:* [Is your school/Will your school be] requiring you to wear a mask during instructional time?

- a) I [am/will be] required to wear a mask during instructional time
- b) I [am NOT/will NOT be] required to wear a mask during instructional time
- c) Other _____
- d) None of the above
- e) Not applicable
- f) Don't know / not sure

51) *If yes (a or b) to 30 or 34a:* [Is your school/Will your school be] requiring you to wear a mask outside of instructional time?

- a) I [am/will be] required to wear a mask outside of instructional time
- b) I [am NOT/will NOT be] required to wear a mask outside of instructional time
- c) Other _____
- d) None of the above
- e) Don't know / not sure

52) *If yes (a or b) to 30 or 34a:* [Is your school/Will your school be] requiring you to wear a face shield during instructional time?

- a) I [am/will be] required to wear a face shield during instructional time
- b) I [am NOT/will NOT be] required to wear a face shield during instructional time
- c) Other _____
- d) None of the above
- e) Not applicable
- f) Don't know / not sure

53) *If yes (a or b) to 30 or 34a:* [Is your school/Will your school be] requiring you to wear a face shield outside of instructional time?

- a) I [am/will be] required to wear a face shield outside of instructional time
- b) I [am NOT/will NOT be] required to wear a face shield outside of instructional time
- c) Other _____
- d) None of the above
- e) Don't know / not sure

54) *If yes (a or b) to 30:* [Is your school/Will your school be] requiring your students to wear masks to during instructional time?

- a) Students [are/will be] required to wear masks during instructional time
- b) Students [are NOT/will NOT be] required to wear masks during instructional time
- c) Other _____
- d) None of the above
- e) Don't know / not sure

55) *If yes (a or b) to 30:* [Is your school/Will your school be] requiring your students to wear masks outside of instructional time?

- a) My students [are/will be] required to wear masks outside of instructional time
- b) My students [are NOT/will NOT be] required to wear masks outside of instructional time
- c) Other _____
- d) None of the above
- e) Don't know / not sure

56) *If yes (a or b) to 30:* [Is your school/Will your school be] requiring your students to wear face shields during instructional time?

- a) My students [are/will be] required to wear face shields during instructional time
- b) My students [are NOT/will NOT be] required to wear face shields during instructional time
- c) Other _____
- d) None of the above
- e) Don't know / not sure

57) *If yes (a or b) to 30:* [Is your school/Will your school be] requiring your students to wear face shields outside of instructional time?

- a) My students [are/will be] required to wear face shields outside of instructional time
- b) My students [are NOT/will NOT be] required to wear face shields outside of instructional time
- c) Other _____
- d) None of the above
- e) Don't know / not sure

58) *If yes to 50a, 51a, 54a, or 55a:* [Is your school or district/Will your school or district be] providing masks?

- a) Yes
- b) No
- c) Don't know / Not sure

59) *If yes to 58:* To whom [is your school or district/will your school or district be] providing masks?
Please select all that apply.

- a) Teachers
- b) Staff
- c) Students
- d) Visitors
- e) Other _____
- f) Don't know / Not sure

60) *If no to 58 (school NOT providing):* As of now, have you been able to obtain masks in some other way?

- a) Yes, I bought masks for myself at full price
- b) Yes, I bought masks for myself at reduced cost
- c) Yes, I was able to get masks for myself at no cost/for free
- d) No
- e) Other _____
- f) Don't know/Not sure

61) *If 30a or 30b or 34a:* How many teachers do you think [are wearing/will wear] masks?

- a) All [wear/will wear] masks
- b) Most [wear/will wear] masks
- c) Some [wear/will wear] masks
- d) A few [wear/will wear] masks
- e) None [wear/will wear] masks
- f) Don't know/ Not sure

62) *If 30a or 30b:* How many students do you think [are wearing/will wear] masks?

- a) All [wear/will wear] masks
- b) Most [wear/will wear] masks
- c) Some [wear/will wear] masks
- d) A few [wear/will wear] masks
- e) None [wear/will wear] masks
- f) Don't know/ Not sure

63) *If yes to 52a, 53a, 56a, or 57a:* [Is your school or district/Will your school or district be] providing face shields?

- a) Yes
- b) No
- c) Don't know / Not sure

64) *If yes to 63:* To whom [is your school or district/will your school or district be] providing face shields? Please select all that apply.

- a) Teachers
- b) Staff
- c) Students
- d) Visitors
- e) Other _____
- f) Don't know / Not sure

65) *If no to 63 (school NOT providing):* As of now, have you been able to obtain face shields?

- a) Yes, I bought face shields for myself at full price
- b) Yes, I bought face shields for myself at reduced cost
- c) Yes, I was able to get shields for myself at no cost/for free
- d) No
- e) Other _____
- f) Don't know/Not sure

66) *If 30a, 30b, or 34a:* How many teachers do you think [are wearing/will wear] face shields?

- a) All [wear/will wear] face shields
- b) Most [wear/will wear] face shields
- c) Some [wear/will wear] face shields
- d) A few [wear/will wear] face shields
- e) None [wear/will wear] face shields
- f) Don't know/ Not sure

67) *If 30b or 30c:* How many students do you think [are wearing/will wear] face shields?

- a) All [wear/will wear] face shields
- b) Most [wear/will wear] face shields
- c) Some [wear/will wear] face shields

- d) A few [wear/will wear] face shields
- e) None [wear/will wear] face shields
- f) Don't know/ Not sure

68-70 displayed if school is fully in-person or a mix (30a or 30b) OR if 30c and required to be in building (34a):

68) [Has your school increased/Will your school increase] frequency of cleaning compared to pre-COVID-19?

- a) Yes
- b) No
- c) Don't know/Not sure

69) *If 68a:* What [are they/will they be] using? Please select all that apply.

- a) Soap and water
- b) Industrial cleaning supplies
- c) UV cleaning machine
- d) Hydrogen peroxide fogging
- e) Other _____
- f) Don't know/Not sure

70) [Is your school/Will your school be] providing hand sanitizer?

- a) Yes, and I think the supply [is/will be] sufficient
- b) Yes, and I think the supply [is/will be] insufficient
- c) No
- d) Don't know/Not sure

71) [Does your school/Will your school] have a nurse?

- a) Yes, full-time
- b) Yes, part-time
- c) No
- d) Don't know/not sure

72) [Is your school/Will your school be] conducting temperature checks on teachers and staff?

- a) Yes
- b) No
- c) Don't know / not sure

73) *If 72a:* How [is your school/will your school be] conducting temperature checks on teachers and staff? **Please select all that apply.**

- a) A contactless thermometer that is not operated by a person

- b) A designated person [takes/will take] temperatures with a thermometer that **does not** touch the body
- c) A designated person [takes/will take] temperatures with a thermometer that **does** touch the body (ear thermometer, under the tongue thermometer, etc.)
- d) Self-reported temperature
- e) Something else _____
- f) Don't know / not sure

74) *Skipped if 100% remote instruction (30c):* [Is your school/Will your school be] conducting temperature checks on students?

- a) Yes
- b) No
- c) Don't know / not sure

75) *If 74a:* How [is your school/will your school be] conducting temperature checks on students?

Please select all that apply.

- a) A contactless thermometer that is not operated by a person
- b) A designated person [takes/will take] temperatures with a thermometer that **does not** touch the body
- c) A designated person [takes/will take] temperatures with a thermometer that **does** touch the body (ear thermometer, under the tongue thermometer, etc.)
- d) Self-reported temperature
- e) Something else _____
- f) Don't know / not sure

76) *If 72a and not 73d, or 74a and not 74d:* Who [is/will be] conducting temperature checks? **Please select all that apply.**

- a) The school nurse(s) (*show only if school has a nurse*)
- b) A school administrator(s)
- c) A teacher(s)
- d) Someone else _____
- e) Don't know / not sure

77) *If yes to 72a or 74a:* How often [are temperature checks/will temperature checks be] conducted?

- a) Daily
- b) Weekly
- c) Monthly
- d) At random
- e) Other _____
- f) Don't know / not sure

78) How safe do you feel about returning to school?

- a) Very safe
- b) Somewhat safe
- c) Somewhat unsafe
- d) Not at all safe
- e) Don't know/ not sure

79) Were you given the option to apply for a medical exemption from returning to the school building?

- a) Yes
- b) No
- c) Don't know/ not sure
- d) Not applicable

80) Did you consider NOT returning to work this year?

- a) No, I always intended to return to work
- b) Yes, I considered applying for a medical exemption (*only if 79 = yes*)
- c) Yes, I considered taking a leave of absence for the school year
- d) Yes, I considered early retirement
- e) Don't know/not sure

81) *If 30a or 30b:* Does your school or district have a plan with clear criteria or thresholds for switching to 100% remote learning. For example, thresholds could be for percent of positive tests, hospitalization rates, or deaths in your area.

- a) Yes
- b) No
- c) Don't know/ not sure

82) Does your school/district have a COVID-19 testing plan?

- a) Yes
- b) No
- c) Don't know/not sure

83) *If 80a:* What is the COVID-19 testing plan? **Please select all that apply.**

- a) The school/district requires routine testing of teachers/staff
- b) The school/district requires testing of teachers/staff after known exposure
- c) The school/district requires routine testing of students
- d) The school/district requires testing of students after known exposure
- e) Other _____
- f) Don't know/not sure

84) Contact tracing is when people diagnosed with coronavirus are asked to list everyone with whom they had close contact during the days prior to the onset of symptoms. These contacts are then notified and advised to self-quarantine and/or get tested for coronavirus.

Is contact tracing planned by the school / district in addition to what the local health department is doing?

- a) Yes
- b) No
- c) Don't know/not sure

85) How would you describe the communication from your school/district around the instructional and health/safety plans for the school year?

- a) Very clear
- b) Somewhat clear
- c) Somewhat unclear
- d) Very unclear
- e) No communication
- f) Don't know/ not sure

86) Have the instructional or health/safety plans for the school year changed since they were first announced?

- a) The plans have been consistent since they were first announced
- b) The plans have changed a little since they were first announced
- c) The plans have changed a lot since they were first announced
- d) Other _____
- e) Don't know/ not sure

87) To your knowledge, did your district or school leadership involve teachers/staff in the creation of the plans for the school year?

- a) Yes
- b) No
- c) Don't know/not sure

[If children in household]

88) Do you have a plan for childcare that allows you to work in person?

- a) Yes
- b) No
- c) Not applicable
- d) Don't know/ not sure

[If children in household]

89) Do you have a plan for childcare to allow you to work remotely?

- a) Yes
- b) No
- c) Not applicable
- d) Don't know/ not sure

90) What factors are essential for you to feel comfortable with returning to the school/district building?

- a) Universal mask wearing
- b) Daily temperature and symptom checks
- c) Periodic COVID-19 testing of teachers/staff throughout the school year with test results in less than 48 hours
- d) Periodic COVID-19 testing of students throughout the school year with test results in less than 48 hours
- e) Contact tracing and testing
- f) Low level of COVID-19 transmission in the community
- g) Low percent positive rate among COVID-19 tests in my city/county
- h) Enough space or barriers to physically distance
- i) Adequate ventilation systems
- j) Other _____

91) Do you agree with this statement? My **school** is doing everything it can to prioritize the safety of its **employees**.

- a) Strongly agree
- b) Somewhat agree
- c) Somewhat disagree
- d) Strongly disagree
- e) Not applicable

92) Do you agree with this statement? My **district** is doing everything it can to prioritize the safety of its **employees**.

- a) Strongly agree
- b) Somewhat agree
- c) Somewhat disagree
- d) Strongly disagree
- e) Not applicable

93) Do you agree with this statement? My **school** is doing everything it can to prioritize the safety of its **students**.

- a) Strongly agree
- b) Somewhat agree
- c) Somewhat disagree
- d) Strongly disagree

e) Not applicable

94) Do you agree with this statement? My **district** is doing everything it can to prioritize the safety of its **students**.

- a) Strongly agree
- b) Somewhat agree
- c) Somewhat disagree
- d) Strongly disagree
- e) Not applicable

Anxiety & Risk Perception

95) *If 30a or 30b, or 30c and not "Don't know/not sure" to the follow-up question about what month school will begin:* With regard to returning to your school building this school year, how worried are you about the following:

	Not at all worried	Not too worried	Some-what worried	Very worried
	1	2	3	4
I will not be able to consistently wear a mask				
Students will not consistently wear masks				
Other adults in the school building will not consistently wear masks				
I will not be able to consistently practice physical distancing				
Students will not consistently practice physical distancing				
Other adults in the school building will not consistently practice physical distancing				
My building will not have adequate ventilation				
Hot water, soap, or hand sanitizer, will not be consistently available in my classroom				

Hot water, soap, or hand sanitizer, will not be consistently available in bathrooms				
My school/district will not have the resources for testing and contact tracing to limit and contain spread within the school				
My school/district will not have the resources to conduct temperature checks				
The level of COVID-19 transmission in the community will make it risky for my school to be open				
I might acquire COVID-19 while in the school				
I might acquire COVID-19 on the way to or from school				
My child/children might be at risk for COVID-19 because they have to be cared for outside my home while I am at work				
I might have to pay extra for childcare because my child/children are not school-aged or do not have school this fall				
My family members might be at risk for COVID-19 if I acquire it in the school or on the way to or from school				

96) In the past **month (since ADD Qualtrics DD/Mon/YY)**, how often have you been bothered by the following problems as a result of the COVID-19 pandemic?

As a result of COVID-19, have you been bothered by...

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				

Feeling afraid as if something awful might happen				
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as, reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual				

97) How worried are you about COVID-19 overwhelming the hospitals in your area? Would you say:

- a) Not at all worried
- b) Not too worried
- c) Somewhat worried
- d) Very worried

98) In my community, people are generally practicing physical distancing. This includes staying 6 feet apart, wearing face coverings and avoiding close interactions.

- a) All of the time
- b) Most of the time
- c) Some of the time
- d) None of the time
- e) Don't know/ Not sure

99) Is there anything else you would like to share with us about the [upcoming] school year?

Drawing

100) Would you like to be entered in the drawing for a \$100 gift card?

- a) Yes
- b) No

101) [Response required] Please enter your email address: _____

102) [Response required] Please confirm your email address: _____

103) Can we contact you again to ask some follow-up questions to see how the school year is going?

a) Yes

b) No

104) Sometimes our emails go to spam. As a backup, please leave your cell phone number so we can text you a reminder for future surveys.

105) Please confirm your phone number: _____

This survey is being conducted by referrals from teachers and educators. Please circulate to other educators who you think might want their voice to be heard. The link is www.teacchstudy.org