

Please answer the questions below about the concerns you have about the COVID-19 (novel coronavirus) pandemic, how it has affected you personally, and how both the campus and your community have responded.

<p>Q: How concerned are you about the possible effects of COVID-19 on your learning in the following ways? (Select one per row)</p>
<p>Not concerned, Somewhat concerned, Concerned, Very concerned, Not applicable</p>
<p>Responses:</p> <ul style="list-style-type: none"> (a) Having reliable access to the Internet (b) Learning effectively in the remote instruction environment (c) Having access to an appropriate study space (d) Accessing the learning support services I need (e.g., tutoring) (e) Accessing library resources and services (f) Doing well on tests and assignments in online courses (g) Missing classes (h) Ability to conduct research (i) Getting the courses I need for my major (j) Interacting with faculty outside of class (k) Other learning concerns (please specify)
<p>Q: How concerned are you about the possible effects of COVID-19 on you in the following ways? (Select one per row)</p>
<p>Not concerned, Somewhat concerned, Concerned, Very concerned, Not applicable</p>
<p>Responses:</p> <ul style="list-style-type: none"> (a) Not graduating on time (b) Not attending my commencement (c) Losing my job (d) Not getting a job after graduation (e) Paying bills (f) Being isolated from friends (g) Accessing healthcare (h) Meeting basic needs (e.g., food, housing, etc.) (i) Other (please specify)

Please select your level of agreement or disagreement with the following statements.

[Use standard 6-point UCUES agreement scale here]

UC [campus] is committed to student health and wellbeing during the COVID-19 pandemic.

I know how to protect myself from COVID-19

Please indicate which of the following public health recommendations **you are currently taking** to prevent the spread of COVID-19. If your current circumstances (e.g., job, living situation, etc.) make it difficult for you to follow any of the recommendations, indicate “unable to follow”

Yes/No/Unable to follow

Hand-washing and/or use of hand sanitizer

Maintaining a distance of six feet from others outside the home

Wearing a mask in public

Avoiding public transportation

Other (please specify)

Due to COVID-19, do you now have additional family care responsibilities (e.g. caring for children, elders, etc.)?

Yes, no

Q: Did you do any of the following because of COVID-19? Mark all that apply.
Responses: <ul style="list-style-type: none">(a) Checked in with friends and/or family(b) Volunteered with community groups(c) Helped others obtain food or other necessities(d) Made a donation (e.g., money, supplies, blood)(e) Engaged in academic research on COVID-19(f) Other (please specify)

Do you plan to enroll at UC [campus] in Fall 2020? Yes/No/Unsure

Follow-up with no/unsure: You indicated that you may not enroll in Fall 2020. Please indicate the reason(s) for your non attendance (mark all that apply):

- a. Plan to graduate before Fall 2020
- b. Financial challenges
- c. Health concerns
- d. Family responsibilities
- e. Visa/travel concerns or restrictions
- f. Other (please specify)

Q: Is there anything else you would like to tell us about your experience during the COVID-19 pandemic?

Data Type: Open ended