



Default Question Block

Thank you for your interest in participating in this study! The Microbiology and Cell Science (MCS) department is interested in identifying the needs and effects that students are experiencing as a result of the COVID-19 pandemic. Identifying those needs and impacts will allow our department to develop appropriate evidence-based responses for MCS students.

Completing the survey should take about 15 minutes and is completely voluntary. You do not have to answer any questions you do not want to answer, and your personal information will be kept private and confidential. We do ask for your student identification number (UFID) in order to match your responses with demographic (sex, race/ethnicity, age and Pell eligibility) and academic (college, major, transfer status, grades, enrollment pattern and graduation status) data. No effort will be made to identify you personally, and reports and publication generated from this study will not include any identifier of the respondents. Your honest feedback and timely completion are greatly appreciated!

Please note that this is not a clinical questionnaire and is not meant to diagnose anyone for COVID-19 (SARS-CoV-2).

There are no direct benefits, anticipated risks, or compensation for participants. Although there is always some risk that online data may be compromised, Qualtrics (our survey host) uses encryption and other security methods to protect your study information. You are free to withdraw your consent to participate and may discontinue in the survey process at any time without consequence. However, your participation will actively contribute to enhancing the response of the MCS department to the COVID-19 pandemic potentially benefitting your community and/or organization in the future.

If you have questions about your rights, please contact the UFIRB office, University of Florida, Gainesville, FL 32611-2250 at (352) 273-9600 or by email (<https://uf.tfaforms.net/356>). If you have questions about the study, please call Dr. Jennifer Drew at 352-392-1906 or send an email to microsstem@ifas.ufl.edu. This project has been approved under IRB#201601296.

I have read the procedure outline above and I voluntarily AGREE to participate

☐

I have read the procedure outlined above and I DO NOT AGREE to participate

☐

Please provide your UFID:

Which best describes you?

Undergraduate degree-seeking student

Graduate degree-seeking student

Other

Are you part of the UF Online program?

Yes

No

not sure

Are you part of the Pathway to Campus Enrollment (PaCE) program?

No

not sure

Yes

How did the COVID-19 pandemic affected your enrollment course load for Fall 2021?

I enrolled in fewer credits than I would have prior to COVID-19

I enrolled in a similar number of credits as I would have prior to COVID-19

I enrolled in more credits than I would have prior to COVID-19

What was the primary reason for enrolling in fewer course(s)?

I had limited course options with online course delivery

I had limited time to commit to courses due to life/family adjustments caused by the COVID-19 pandemic.

Other, please specify:

How has the COVID-19 pandemic affected your academic performance (GPA)?

I feel that my GPA is less than it would be in the absence of COVID-19.

I feel that my GPA is about the same as it would be in the absence of COVID-19.

I feel that my GPA is greater than it would be in the absence of COVID-19.

Prior to the COVID-19 pandemic, what semester and year were you planning to graduate?

Semester	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>

With the COVID-19 pandemic, now what semester and year are you planning to graduate?

Semester

Year

To what extent do you agree with the following statement:

Adjustments made due to the COVID-19 pandemic have or will negatively affect my education.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

You indicated that you feel your education will be negatively affected by the COVID-19 pandemic. Please indicate in what ways. Select all that apply.

I feel that the quality of the education I received during the COVID-19 pandemic was less.

My education was delayed during the COVID-19 pandemic, putting me behind track to graduate and pursue future plans.

Other, please specify.

UF announced that it will transition to pre-pandemic conditions for the 2021-22 academic year, which includes making masks optional, returning to normal classroom capacity, and resume full in-person campus activities (<https://coronavirus.ufl.edu/health-guidance/>).

To what extent do you agree with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strong disagree
I am <u>comfortable</u> resuming pre-pandemic conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I anticipate that this decision will have a <u>positive</u> impact on the quality of my education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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in-person campus activities (<https://coronavirus.ufl.edu/health-guidance/>).

Please share any thoughts or concerns you have regarding this decision as it relates to...

Your comfort level with resuming pre-pandemic conditions.

The anticipated impact on the quality of your education.

To what extent do you agree with the following statement:

My course instructors/professors have been accommodating and flexible during the COVID-19 pandemic.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

To what extent do you agree with the following statement:

The University has been accommodating and flexible during the COVID-19 pandemic.

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

In addition to your courses, do you have any plans for academic/professional activities for the 2021-22 academic year? Select all that apply.

Participate in research

Work

Internship

Volunteer

Study abroad

Other, please specify.

Have your academic/professional plans changed for the 2021-22 academic year due to COVID-19?

Yes. Please explain.

No

Due to face-to-face limitations imposed by the COVID-19 pandemic, students have expressed a concern for gaining research experiences. There are multiple ways students may have gained research experiences during the COVID-19 pandemic.

Did you participate in any of the following activities that provided research experience, either through the university or an external opportunity (i.e. internship)? Select all that apply.

A research experience through a lecture and/or lab course you were enrolled in.

A remote (online) research experience guided by faculty or supervisor.

Hybrid, remote and in-person, research experience guided by faculty or supervisor.

In-person research experience guided by faculty or supervisor.

I did not participate in any research experiences during the COVID-19 pandemic.

In what way has COVID-19 changed your immediate educational goals?

I am considering or have changed majors.

I am considering or have added a major (double major).

I am considering or have added a minor.

I am considering or have withdrawn from undergraduate education.

Other. Please specify.

COVID-19 has not impacted my immediate educational goals.

What major are you considering or have changed to due to COVID-19?

What major are you considering or have added due to COVID-19?

What minor are you considering or have added due to COVID-19?

Prior to the COVID-19 pandemic, what career field were you planning to pursue?

Please specify the position you were planning to pursue prior to the COVID-19 pandemic. If you are unsure of the specific position you'd like to pursue, enter Undecided.

For example, if you'd like to be a dietitian, you may have selected the career field Food and Nutritional Sciences in the previous question, and here you would specify dietitian.

Has the COVID-19 pandemic changed your ideas about your career plans?

Yes. Please explain.

No

Have you volunteered for any COVID-19-related response activity(s) (e.g. organized virtual social events as part of a club/organization, donations, made face masks, etc.)?

Yes. Please describe.

No

Over the last 2 weeks, how often have you experienced the following problems?

	Always	Most of the time	About half the time	Sometimes	Never
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about the COVID-19 pandemic's impact on your academic life for each of the following?

	Extremely stressed	Very stressed	Moderately stressed	Slightly stressed	Not stressed at all
Maintaining scholarship and/or program eligibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing coursework and course projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduating on schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Future university closures and/or disruptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about the COVID-19 pandemic's impact on your daily life for each of the following?

	Extremely stressed	Very stressed	Moderately stressed	Slightly stressed	Not stressed at all

	Extremely stressed	Very stressed	Moderately stressed	Slightly stressed	Not stressed at all
Meeting financial obligations if you are unable to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing childcare if schools remain closed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressing the emotional needs of my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing enough food for myself and my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving medical care for myself or my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Extremely stressed	Very stressed	Moderately stressed	Slightly stressed	Not stressed at all
Receiving medication for myself or my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past month, how often have you felt...

	Always	Most of the time	About half the time	Sometimes	Never
That you lack companionship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Left out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolated from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How worried are you about contracting COVID-19?

Not at all worried

A little worried

Neutral

Somewhat worried

Very worried

To the best of your knowledge, do you suspect that you or a member of your household have been exposed to the virus?

Yes

No

I don't know

Does someone in your household work directly in healthcare (e.g., as a nurse, physician, etc.)?

Yes

No

Are you practicing any of these methods to prevent contracting COVID-19? Select all that apply.

Vaccination

Avoiding close contact with people who are sick

Practicing social distancing

Avoiding touching your eyes, nose and mouth

Cleaning or disinfecting frequently touched objects and surfaces

Washing your hands with soap and water for at least 20 seconds often

Wearing face coverings in public settings

I am not doing any prevention methods.

I am unaware of any prevention methods.

Now that a vaccine is widely available for COVID-19 and is determined to be safe and effective, will you get vaccinated?

Yes

No

Maybe

I already got vaccinated

You indicated that you are already vaccinated. Which vaccine did you receive?

Johnson and Johnson/Janseen vaccine ("J&J vaccine") that requires only 1 shot

Pfizer/BioNTech vaccine that requires 2 shots 21 days apart

Moderna vaccine that requires 2 shots 28 days apart

Novavax (as part of a clinical trial)

Don't know

You indicated that you received the Pfizer or the Moderna vaccine that require 2 shots to be fully vaccinated. Have you received both shots yet?

Yes, I'm fully vaccinated with 2 shots

Only partially vaccinated currently, but will receive my 2nd shot within 21-28 days per recommendations

Only partially vaccinated currently, but not planning to receive 2nd shot

Has the COVID-19 pandemic affected your employment status?

no change

yes. Please explain:

What was your total annual household income from all sources, before taxes?

< 25,000

25,000 - 49,999

50,000 - 74,999

75,000 - 149,999

150,000 - 249,999

250,000 or more

What is the highest level of education completed by your parent(s)/guardian(s)?

Less than high school

High school graduate/GED

Some college, no degree

Trade/technical/vocational training

2 year degree

4 year degree

Graduate/Professional degree

What is your zipcode of your primary residence?

Which best describes where you live?

Farm in a rural area

Rural area (not a farm)

Suburban area

Urban area

What is your marital status?

Married

Widowed

Divorced

Separated

Never married

Are you active military or a military veteran?

Yes

No

Is your spouse/partner active military?

Yes

No

Do you serve as the primary caregiver for an elderly family member?

Yes

No

How many children under the age of 18 live in your home?

What is the child(ren)'s relationship to you?

Offspring

Sibling

Niece/Nephew

Other

To what extent are you responsible for the child(ren)'s care? Select all that apply.

I am their primary caregiver

I am financially responsible for them

I look after them less than half of the time

I help tutor/mentor them with school work

Other. Please specify.

Please provide any additional comments/questions/concerns you wish regarding the COVID-19 response and your educational experience.

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