

# CSUEB Students: Online for Covid 19 - at semester's end

## IMPLIED CONSENT TO PARTICIPATE IN RESEARCH

The information gathered will be used for research on the impact of the novel coronavirus 19 on students, faculty and staff at CSU East Bay.

The survey questions will be about your experiences both at CSU East Bay and your personal life outside the university.

You have been invited to participate because you are a student at CSU East Bay.

You must be 18 years of age or older to participate. There are no benefits to you for participating in this survey. You may choose to participate or not. There is a risk of discomfort or anxiety due to the nature of some of the questions asked; however, you can answer only those questions you chose to answer, and can stop participation in the research at any time. If you do participate, completion and return of the survey indicates your consent to the above conditions.

The survey should take approximately 15-20 minutes to complete. Any questions or concerns should be directed to the either principal investigator, Professor Susan Ingram at [susan.ingram@csueastbay.edu](mailto:susan.ingram@csueastbay.edu) , Professor Carl Stempel at [Carl.Stempel@csueastbay.edu](mailto:Carl.Stempel@csueastbay.edu), or the CSUEB Office of Research and Sponsored Programs at [irb@csueastbay.edu](mailto:irb@csueastbay.edu) or 510-885-4212.

\* Required

In an effort to slow the spread of Covid-19, CSUEB suspended in person classes on March 9 and moved all classes to online during the Spring 2020 semester. Staff, faculty, and students' lives have changed in many ways. We want to learn more about how your lives and school experiences have been affected by Covid-19 and help the university plan for the Fall 2020 semester. It is anticipated that while most courses will be online, there will also be some in person sections on campus as well. Finally, there will be study spaces with internet and university equipment that will be accessible for student use.

YOUR ANSWERS WILL BE ANONYMOUS. This survey should take around 15-20 minutes to complete. Please answer these questions about how your life and school work has changed with the Covid-19 changes:

1. What is your major? [If you have two majors, select your primary major.]

*Mark only one oval.*

- Anthropology, Geography & Environmental Studies
- Art
- Biological Sciences
- Business
- Chemistry and Biochemistry
- Communication
- Computer Science
- Criminal Justice
- Earth and Environmental Sciences
- Economics
- Educational Leadership
- Educational Psychology
- Engineering
- English
- Ethnic Studies
- Health Sciences
- History
- Hospitality, Recreation and Tourism
- Human Development and Women's Studies
- Interdisciplinary Studies and Special Certificates
- International Studies Program
- Kinesiology
- Liberal Studies Program
- Management
- Marketing
- Mathematics
- Marine Science Program
- Modern Languages & Literatures
- Music
- Nursing

- Philosophy & Religious Studies
- Physics
- Political Science
- Pre-Professional Programs (PHAP)
- Psychology
- Public Affairs and Administration
- Social Work
- Sociology
- Speech, Language, and Hearing Sciences
- Statistics and Biostatistics
- Teacher Education
- Theatre & Dance

Covid  
19  
and  
you

The following questions ask about your experiences concerning you or family members being exposed to; contracting or dying from the Covid-19 virus. If you feel answering these questions will trigger feelings of depression; anxiety or other emotional discomfort you may skip these questions.

2. As far as you know, have you contracted the virus that causes Covid 19?

*Mark only one oval.*

- No
- Yes
- Maybe, I have/had symptoms that might have been coronavirus.

3. Have you been tested for the virus that causes Covid 19?

**Mark only one oval.**

- No      *Skip to question 6*
- Yes, the test or tests were all negative      *Skip to question 6*
- Yes, one or more of the tests was positive

Untitled Section

4. How serious were your symptoms of Covid 19?

**Mark only one oval.**

- Did not have symptoms      *Skip to question 11*
- Mild symptoms
- Moderate symptoms
- Serious symptoms, stay at home
- Serious symptoms, required hospitalization

5. Have you completely recovered from Covid 19?

**Mark only one oval.**

- Yes, all symptoms of Covid are gone
- No, I have lingering symptoms
- No, but I am recovering
- No, I am in the middle of my illness

6. Do you have any risk factors like heart disease, diabetes, or asthma that make/made you more likely to become severely ill from Covid 19?

*Mark only one oval.*

- Yes
- No
- Not sure

7. Do any close family members or household members have risk factors like heart disease, diabetes, or asthma that make them more likely to become severely ill from Covid 19?

*Mark only one oval.*

- Yes
- No
- Not sure

8. Do any people you are a caregiver for or work in close proximity to have risk factors like heart disease, diabetes, or asthma that make them more likely to become severely ill from Covid 19?

*Mark only one oval.*

- Yes
- No
- Not sure

9. Have any of your close family members contracted a serious illness from Covid 19?

**Mark only one oval.**

- No Skip to question 11
- Yes, one family member has
- Yes, two family members have
- Yes, three or more family members have
- Not sure

#### Untitled Section

10. Have any of your close family members died from a serious Covid 19 illness?

**Mark only one oval.**

- No
- Yes, one family member has
- Yes, two family members have
- Yes, three or more family members have
- Not sure

#### Employment

11. Are you currently employed? [Being employed includes people who are currently furloughed.]

**Mark only one oval.**

- Yes
- No Skip to question 13

12. Based on things like exposure to infected customers or coworkers and availability of Personal Protective Equipment, how much risk is there of you spreading or contracting the virus for Covid 19 at your workplace(s)? Please rate the risk on a scale of 1 to 7, where 1 = little or no risk and 7 = high risk.

*Mark only one oval.*

	1	2	3	4	5	6	7	
Little to no risk	<input type="radio"/>	High risk						

13. Have you experienced any employment changes because of Covid-19? [Select all that apply]

*Check all that apply.*

- No
- Yes, I have been laid off or furloughed (moved to 0 hours) from my main job
- Yes, I have been laid off or furloughed (moved to 0 hours) from a secondary job
- Yes, I started a new job

14. Have your work hours increased, decreased, or stayed the same since the shelter in place began?

*Mark only one oval.*

- I have not been employed
- Work hours have stayed the same
- Work hours increased somewhat (0-10 hours per week)
- Work hours increased a lot (11-20 hours/week)
- Work hours increased a whole lot (more than 20 hours/week)
- Work hours decreased somewhat (0-10 hours per week)
- Work hours decreased a lot (11-20 hours/week)
- Work hours decreased a whole lot (more than 20 hours/week)

15. Have any close family members that you rely on financially been laid off or had their hours cut back substantially since the shelter in place began?

*Mark only one oval.*

- No
- Yes, one family member has been laid off or had hours cut back
- Yes, two
- Yes, three
- Yes, four or more

16. As far as you and your family are concerned, how worried are you about your current financial situation?

*Mark only one oval.*

- Not at all worried
- A little worried
- Moderately worried
- Very worried
- Extremely worried

17. Which best describes you or your family's ability to pay all of your bills in full this month?

*Mark only one oval.*

- I/We will be able to pay all of my bills in full
- I/We cannot pay some bills or will only make a partial payment on some of them

18. Do you or your family have emergency or rainy day funds that would cover your expenses for 3 months in case of sickness, job loss, economic downturn, or other emergencies?

*Mark only one oval.*

- Yes  
 No  
 Don't know

#### Shelter and food

19. "In the past TWO MONTHS, have you ever been homeless?"

*Mark only one oval.*

- Yes  
 No

20. "In the past 12 MONTHS, have you ever been homeless?"

*Mark only one oval.*

- Yes  
 No

21. In the last 30 days were the following often true, sometimes true, or never true about having enough food to eat?

*Mark only one oval per row.*

	Often true	Sometimes true	Never true
I worried whether my food would run out before I got money to buy more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food that I bought just didn't last, and I didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't afford to eat balanced meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. In the last 30 days, did you ever do any of the following because there was not enough money for food?

*Mark only one oval per row.*

	No	Yes, one time	Yes, two times	Yes, three times	Yes, four times	Yes, five or more times
Cut the size of your meals or skip meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less than you felt you should	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not eat for a whole day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Children home from school or daycare

23. Do you have children home from school because of Covid-19?

*Mark only one oval.*

- No      *Skip to question 26*
- Yes, one child is home from school or daycare.      *Skip to question 24*
- Yes, two children are home.      *Skip to question 24*
- Yes, three or more children are at home.      *Skip to question 24*

24. What is/are the age range(s) of your children at home from school/daycare? [check all that apply]

*Check all that apply.*

- Newborn to 11 months
- 1-4 years (daycare)
- 5-10 years (K-5th grade)
- 11-13 years (6th-8th grade)
- 14-18 years (high school)

25. On an average school day, how much did caring for or teaching your children take away from the time you had for your schoolwork?

*Mark only one oval.*

- None
- Less than one hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 hours per day
- 6 hours per day
- 7 hours per day
- 8 or more hours per day

Doing schoolwork at home

26. Please tell us about how it was for you doing schoolwork at home during shelter in place. Please tell us if you agree, disagree, or neither on the following statements

*Mark only one oval per row.*

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I had good reliable Internet access at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of the time I had a quiet place to read and study.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a working computer whenever I needed to do schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or household conflicts made it difficult to do schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for family members made it difficult to complete school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Covid-19 and schoolwork

27. How about being able to focus on your schoolwork? Since Covid 19, was it easier or harder to focus on your schoolwork, or was there no change?

*Mark only one oval.*

- It was a lot harder to focus
- It was somewhat harder to focus on schoolwork
- My level of focus was the same
- It was somewhat easier to focus
- It was a lot easier to focus

28. Here are some reactions and experiences some students have reported about their schoolwork after Covid-19 and moving to classes online. Please tell us if you agree, disagree, or neither on the following statements, based on your experiences after East Bay moved classes online.

*Mark only one oval per row.*

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The transition to online went pretty smoothly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble concentrating on schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble completing my school work on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I adapted well to online classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over time I got better at doing classes online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My professors were understanding when students needed more time to complete work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It often seemed like schoolwork was unimportant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My life was so disrupted that I couldn't do schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How Covid 19, shelter in place, and online classes affected you

29. These statements are about how Covid-19, shelter at home, and moving online affected you. Based on how your experiences in the past TWO MONTHS, please tell us if you agree, disagree, or neither with the following statements.

*Mark only one oval per row.*

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I spent more quality time with partners and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spent more time communicating with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often felt stressed out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often felt overwhelmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble concentrating on my tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I frequently felt hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had people who would lift me up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I reached out for help if I needed it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I grew closer to a friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About your classes this Spring semester

30. When Spring 2020 semester started were most of your classes in-person or online?

*Mark only one oval.*

- All of my classes were online
- Most of my classes were online
- My classes were about evenly online and in-person
- Most of my classes were in-person
- All of my classes were in person

31. Thinking just about your online classes after the shelter-in-place began, how would you describe those classes?

*Mark only one oval.*

- Most were well-organized
- Some were well-organized, but others were not
- Most were not well-organized.

Your  
well-  
being

Covid 19 has been stressful for many of us. These questions ask about how you are doing emotionally and physically at this time and how you adapted to all of the changes.

32. How often have they been bothered by the following over the PAST 2 WEEKS?

Mark only one oval per row.

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite being so figety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead, or of hurting yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

irritable

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Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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33. Here are some statements about adapting to or coping with all of the recent changes. Please tell us if you agree, disagree, or neither with each.

*Mark only one oval per row.*

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I usually come through difficult times with little trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am optimistic that things will get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am keeping a positive outlook on my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have adapted well to all of the recent changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used alcohol or drugs too much to cope with the stresses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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34. In general, would you say your health is:

*Mark only one oval.*

Excellent

Very good

Good

Fair

Poor

35. Compared to one year ago, how would you rate your health in general now?

*Mark only one oval.*

Much better now than one year ago

Somewhat better now than one year ago

About the same

Somewhat worse now than one year ago

Much worse now than one year ago

36. Many of us have gone through a lot of other changes in the past year. Please check each of the following events that have happened to you in the PAST YEAR. [Please select all that apply]

*Check all that apply.*

- Death of a close family member
- Death of a close friend
- Divorce or separation of parents
- Jail term
- Major personal injury or illness
- Marriage
- Getting fired or laid off from a job
- Failing an important course
- Change in the health of a family member
- Pregnancy
- Sex problems
- Serious argument with a close friend
- Change in financial status
- Change of academic major
- Trouble with parents
- New girlfriend or boyfriend
- Increase in workload at school
- Outstanding personal achievement
- Coming out to loved ones
- Relationship problems
- Change in living conditions
- Serious argument with an instructor
- Getting lower grades than expected
- Internship was eliminated
- Change in eating habits
- Chronic car trouble
- Too many missed classes
- Changing colleges
- Dropping more than one class
- Minor traffic violations

Change in sleeping habits

Other:  \_\_\_\_\_

School performance this semester

37. Do you expect that your Grade Point Average improved, declined, or stayed about the same this semester?

*Mark only one oval.*

- Improved a great deal
- Improved somewhat
- Stayed about the same
- Declined somewhat
- Declined a great deal

38. Which of the following did you do or happened to you this semester?

*Mark only one oval per row.*

	No	Yes, one class	Yes, two classes	Yes, three or more classes
I took a class Credit/No Credit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did worse in a class after we moved to shelter in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did better in a class after we moved to shelter in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I withdrew from a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. This semester the university changed the grading pattern to A-C/NC and allowed students to withdraw from classes or switch them to CR/NC until May 8. How well did you understand these special rules?

*Mark only one oval.*

- Very well
- Pretty well
- Not very well
- Not at all

40. What is your current overall college Grade Point Average?

*Mark only one oval.*

4.0

3.9

3.8

3.7

3.6

3.5

3.4

3.3

3.2

3.1

3.0

2.9

2.8

2.7

2.6

2.5

2.4

2.3

2.2

2.1

2.0

1.9

1.8

1.7

<1.7

Support  
you  
could  
rely on

Students relied on many different people to help them through our Covid semester. We want to know which PEOPLE YOU KNEW YOU COULD TURN TO IF YOU NEEDED THEIR HELP, even if you did not actually turn to them.

41. Throughout this semester, I knew I could rely on...

Mark only one oval per row.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
family members I could turn to for academic advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
family members that I could talk with and get advice from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
family who could help me financially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
friends or classmates I could turn to for academic help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
friends I could talk with and get help from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
professor(s) I could reach out to for help if I was struggling academically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
academic advisor(s) I could reach out to for help if I was struggling academically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
counselor(s) I could reach out to if I was struggling emotionally or psychologically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tutors I could get help from on assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
professor(s) who would give me extra support if I was getting behind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
peer mentors I could get help from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Support you  
received

Now we want to know about SUPPORT YOUR DID RECEIVE during our Covid semester.

42. Throughout this semester, how often did you receive the following kinds of support?

*Mark only one oval per row.*

	Not at all	1 or 2 times	3-5 times	6-10 times	More than 10 times
Family members gave me academic advice	<input type="radio"/>				
Family members listened to me or helped me out	<input type="radio"/>				
Family members helped me financially	<input type="radio"/>				
Friends or classmates gave me academic help	<input type="radio"/>				
Friends listened to me or helped me out	<input type="radio"/>				
A professor helped me out when I was struggling academically	<input type="radio"/>				
Academic advisor(s) helped me out when I was struggling academically	<input type="radio"/>				
Counselor(s) helped me out when I was struggling emotionally or psychologically.	<input type="radio"/>				
Tutor(s) helped me out on an assignments	<input type="radio"/>				
Professor(s) gave me extra time or support when I got behind	<input type="radio"/>				
Peer mentor(s) helped me out	<input type="radio"/>				

43. What is your current class standing? \*

*Mark only one oval.*

- Freshman
- Sophomore
- Junior
- Senior
- Graduating Senior     *Skip to question 48*
- Graduate Student
- Graduating Graduate Student     *Skip to question 48*

Online  
Courses  
Going  
Forward

CSU Chancellor White recently announced that most of our classes will be online in the Fall 2020 semester. There will also be some in person sections on campus as well. In Spring 2020 faculty had less than a week to move their classes online. Now faculty will have more time to organize high quality online classes. In addition, there will be study spaces with internet and university equipment that will be accessible for student use.

44. Based on you experience, how well do you perform in online classes compared to in-person classes?

*Mark only one oval.*

- I do much better in online classes
- I do somewhat better in online classes
- I do about the same in online and and in-person classes
- I do somewhat better in in-person classes
- I do much better in in-person classes

45. Some online classes are more SYNCHRONOUS, where professors meet with students at set class times on zoom or collaborate to lecture, discuss materials, and answer questions. Synchronous classes allow for more direct interaction between student and teacher. Other online classes are more ASYNCHRONOUS, where students interact with professors through email and posted assignments and lectures. Asynchronous classes allow students more time flexibility in when they engage materials. WHICH WOULD YOU PREFER?

*Mark only one oval.*

- Classes that are mostly synchronous
- Classes that are mostly asynchronous
- Classes that are half synchronous and half asynchronous

46. What did you find most difficult or what caused you the most problems in your online courses this semester?

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47. What would you like to tell professors as they are preparing their courses to be online courses for the Fall semester?

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Social Background

48. What is your age?

*Mark only one oval.*

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35 -39

40-49

50-59

60+

49. Gender

*Mark only one oval.*

Male

Female

Non-binary

50. What is your racial or ethnic background? [Select all that apply] \*

*Check all that apply.*

African American

Asian American

Filipino

Latino/Hispanic

Middle Eastern or Persian or Arab American

Native American (American Indian, Alaskan Native, or Indigenous)

Pacific Islander or Native Hawaiian

Southeast Asian (e.g. Vietnamese, Hmong, Cambodian, Thai)

South or Central Asian American (e.g. Indian, Afghan, Pakistani)

White

Other:  \_\_\_\_\_

51. What is the highest level of schooling your mother completed? \*

*Mark only one oval.*

- None
- Some grade school
- Primary or grade school
- Some middle or junior high school
- Middle or junior high school
- Some high school
- High school
- GED
- Degree from a trade school
- Some college, no degree
- Technical degree from a community college (e.g. certification)
- Associates degree from a community college
- Bachelors degree (B.A or B.S.)
- Masters degree
- Professional degree (e.g. J.D. or M.D.)
- Ph.D.
- Other

52. What is the highest level of schooling your father completed? \*

*Mark only one oval.*

- None
- Some grade school
- Primary or grade school
- Some middle or junior high school
- Middle or junior high school
- Some high school
- High school
- GED
- Degree from a trade school
- Some college, no degree
- Technical degree from a community college (e.g. certification)
- Associates degree from a community college
- Bachelors degree (B.A or B.S.)
- Masters degree
- Professional degree (e.g. J.D. or M.D.)
- Ph.D.
- Other

53. Please tell us about your parents' birthplaces?

*Mark only one oval per row.*

	Yes	No	No, but they were U.S. citizens living abroad.
Was your mother born in the U.S.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was your father born in the U.S.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Were you born in the United States?

*Mark only one oval.*

Yes    *Skip to question 57*

No

Untitled Section

55. How old were you when you arrived in the U.S.?

*Mark only one oval.*

1 - 4 years old

5- 7 years old

8 - 10 years old

11 - 12 years old

13-14 years old

15

16

17

18

19

20

21

22

23

24

25 years old or older

56. What is your citizenship status?

*Mark only one oval.*

- U.S. Citizen
- U.S. Permanent Resident
- DACA recipient
- Undocumented
- F-1 Student Visa

Untitled Section

57. What is your family's income level? (The median family income for Alameda County is \$92,500/year)

*Mark only one oval.*

- Lower income
- Lower middle income
- Middle income
- Upper middle income
- Upper income

58. Are you part of the first generation in your family to attend college?

*Mark only one oval.*

- Yes, I am the first person in my family to attend college
- Yes, my sibling(s) and I are the first generation
- No
- Not sure

59. What is your religious affiliation?

*Mark only one oval.*

- Protestant (for example, Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Refo)
- Roman Catholic
- Mormon (Church of Jesus Christ of Latter-day Saints or LDS)
- Orthodox (such as Greek, Russian, or some other Orthodox church)
- Jewish
- Muslim
- Buddhist
- Hindu
- Atheist
- Agnostic
- Nothing in particular
- Other: \_\_\_\_\_

60. Would you describe yourself as a born-again or evangelical Christian, or not?

*Mark only one oval.*

- Yes, born-again or evangelical Christian
- No, not born-again or evangelical Christian

61. Did you participate in student success programs on campus these semester. If yes, which of the following did you participate in or receive services from? [Please select all that apply]

*Check all that apply.*

- Accessibility Services
- College Link
- EOP
- EXCEL
- GANAS
- Peer Mentoring
- Pioneer Jobs
- Project IMPACT
- Renaissance Scholars Program
- Sankofa Scholars Program
- SCAA
- SSOS
- STEP
- Veteran Student Services
- I did not participate in any student success programs.

62. Did you receive financial aid this term?

*Mark only one oval.*

- Yes
- No
- Not sure

WE  
WANT  
YOU  
ALL TO  
BE  
WELL

Here are some videos created by Cal State East Bay counselors to help students manage stress and anxiety during this Covid-19 season:

<https://www.csueastbay.edu/shcs/counseling/options/self-help-videos.html>

Here are some anxiety management tips and resources for Covid-19:

<https://www.csueastbay.edu/shcs/counseling/wellness-resources1/anxiety-management-tips-and-resources-for-covid-19.html>

If you are feeling anxious, sad, distressed, or overwhelmed and wish to speak to someone, here are a few resources that will connect you to someone to speak with:

IF YOU WANT TO SPEAK TO A STUDENT HEALTH SERVICES COUNSELOR OR JOIN A ZOOM GROUP:

<https://www.csueastbay.edu/shcs/counseling/index.html>

After regular hours call: ProtoCall Services - (510) 885-3735, option 2

Student Health Counseling Services contracts with ProtoCall Services to make trained phone counselors available when our clinic is closed. ProtoCall Services sends Counseling Services a report after each call so that SHCS counselors can follow up as needed.

Other phone counseling services:

Free Nationwide Crisis Line – (800) 273-TALK

The Alex Project Text Support Line - Text LISTEN to 741741

Thank you for completing our survey! Please submit your answers.

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