

Date: ___/___/_____ (automatic)

Participant ID: _(assigned by web form)_____

THE NORTH CAROLINA COVID-19 TEACHER EXPERIENCE SURVEY

Thank you for participating in this survey. Through this survey, we hope to learn more about how teachers are responding to the return to in-person classes. We also want to learn more about teachers' experiences with COVID-19, including testing, diagnoses, risk factors, and possible exposures (in and out of school). Finally, we want to learn from teachers what COVID-19 prevention measures are being taken in their schools and to what degree they are being implemented.

The survey will take approximately 40-60 minutes to complete. You can stop and take a break whenever you need to. You can re-enter the survey at the last page you completed by clicking the link in your email again.

We appreciate you taking the time to answer each question as accurately as you can. It is perfectly ok if you do not know the answer to every question; if you are unsure, please make your best guess. Your answers will be kept strictly confidential. While we will not share your specific answers or identify you in any way, we may summarize responses and report overall statistics or trends for your district and/or grade level (elementary, middle, high school).

If you have any questions or concerns about this survey, please contact us at <<redacted >>.

(NOTE to AJIC readers:

For reader convenience, content from sections that were not included in the current analysis have been removed from this version of the survey. The full survey is available from the corresponding author upon request.)

ELIGIBILITY

Question		Response
E.1.	Are you 18 years of age or older?	0. No → Ineligible. Thank them for their time and end the survey. 1. Yes
E.2.	Are you a teacher currently employed in a public North Carolina school for the 2020-2021 school year?	0. No → Ineligible. Thank them for their time and end the survey. 1. Yes

1. SOCIODEMOGRAPHICS

Question		Response
1.1.	What is your age?	Numeric (18-99) 999. Prefer not to answer
1.2.	What is your gender identity?	Select one: 0. Male 1. Female 2. Transgender male / trans man 3. Transgender female / trans woman 4. Genderqueer / gender non-conforming 5. Other: _____ 999. Prefer not to answer
1.3.	How would you describe your race?	Select all that apply: 1. American Indian/Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian/Other Pacific Islander 5. White 6. Other: _____ 999. Prefer not to answer
1.4.	Do you consider yourself Hispanic, Latinx, or Latino/Latina?	0. No 1. Yes 999. Prefer not to answer
1.5.	What is the ZIP code of your primary residence?	____ (with +4 address lookup)
1.6.	Since receiving your teaching license, how many years of teaching experience do you have? Please do not include student teaching or employment as a teacher's assistant.	0. Less than 1 full year (checkbox) Numeric (1-60) 999. Prefer not to answer
1.7.	What is your highest degree earned?	0. Bachelor's degree 1. Master's degree 2. Doctorate 999. Prefer not to answer
1.8.	Other than teaching, do you engage in any other regular, paid employment?	0. No → Skip next two questions 1. Yes 999. Prefer not to answer
1.9.	How many hours per week do you work in non-teaching job(s)? If you work more than one non-teaching job, please sum hours across all non-teaching jobs.	Numeric (0-100) 999. Prefer not to answer

1.10.	In what type(s) of industry is/are your non-teaching job(s)?	Select all that apply: 0. Agriculture, Forestry, Fishing, Hunting 1. Mining, Quarrying, Oil/Gas Extraction 2. Construction 3. Manufacturing 4. Wholesale Trade 5. Retail Trade 6. Transportation and Warehousing 7. Utilities 8. Information 9. Finance and Insurance 10. Real Estate 11. Professional, Scientific, and Technical Services 12. Management, Administration, and Support Services 13. Educational Services 14. Health Care / Social Assistance 15. Arts, Entertainment, and Recreation 16. Accommodation and Food Services 17. Other Services 18. Public Administration 19. Military 20. Other: _____ 999. Prefer not to answer
Household transmission of the virus that causes COVID-19 is common, as it spreads efficiently from person to person through close contact. The following questions help to describe your living situation as it relates to the potential for transmission.		
1.11.	Not including yourself, how many people currently live in your household?	Numeric (0-30) 999. Prefer not to answer
1.12.	Not including yourself, please list the ages of all household members.	Numeric (0-110) 999. Prefer not to answer (Allow for repeated entries of ages & check that the number entered equals number reported to live in household)
1.13.	Which best describes your primary residence?	0. A mobile or manufactured home 1. A single-family house 2. A two-family house/duplex 3. An apartment or condominium complex 4. A dormitory 5. Other: _____ 999. Prefer not to answer
1.14.	How many bedrooms are in your primary residence?	Numeric (0 - 20) 999. Prefer not to answer

1.15.	In what type(s) of industry is/are any <u>other working members</u> of your household employed (not including yourself)?	<p>Select all that apply:</p> <ul style="list-style-type: none"> 0. Agriculture, Forestry, Fishing, Hunting 1. Mining, Quarrying, Oil/Gas Extraction 2. Construction 3. Manufacturing 4. Wholesale Trade 5. Retail Trade 6. Transportation and Warehousing 7. Utilities 8. Information 9. Finance and Insurance 10. Real Estate 11. Professional, Scientific, and Technical Services 12. Management, Administration, and Support Services 13. Educational Services 14. Health Care / Social Assistance 15. Arts, Entertainment, and Recreation 16. Accommodation and Food Services 17. Other Services 18. Public Administration 19. Military 20. Other: _____ 21. Not Applicable <p>999. Prefer not to answer</p>
1.16.	Does anyone in your household (including yourself) have regular contact (at least once a week for at least an hour) with anyone who lives or works in any of the following settings:	<p>Select all that apply:</p> <ul style="list-style-type: none"> 0. Nursing home or long-term care facility 1. Correctional facility 2. Meat-packing plant 3. None of the above <p>999. Prefer not to answer</p>

2. TEACHING PATTERNS

Question		Response
A. SCHOOL, GRADE, SUBJECTS		
We understand that you may teach at more than one school, but for the purposes of this survey, we would like to ask about your experiences at [insert name of school from which teacher was selected].		
2.1	Do you teach at [insert school name]?	0. No (open text box-> What is the name of your current school? ___) 1. Yes 999. Prefer not to answer
2.2.	How many years have you taught at [insert school name]?	0. Less than 1 full year (checkbox) Numeric (1-60) 999. Prefer not to answer
2.3.	What grade(s) are you teaching at [insert school name] this fall?	Select all that apply: 0. Pre-K 1. K 2. 1 3. 2 4. 3 5. 4 6. 5 7. 6 8. 7 9. 8 10. 9 11. 10 12. 11 13. 12 14. Other: _____ 999. Prefer not to answer
2.4.	What subject(s) are you teaching at [insert school name] this fall?	Select all that apply: 0. Elementary education 1. Language arts 2. Mathematics 3. Science 4. Social studies 5. Visual arts 6. Performing arts 7. English as a second language 8. Health/physical education 9. Special education 10. Other: _____ 999. Prefer not to answer
2.5.	Are you teaching at any other schools this fall?	0. No → Skip next question 1. Yes 999. Prefer not to answer → Skip next question

2.6.	What percentage of your instructional hours are spent working with students at these other schools this fall?	(Ask only if teaching at more than one school.) Numeric (1-99) 999. Prefer not to answer
B1. REMOTE TEACHING		
2.7.	Have you been teaching any fully remote classes at [insert school name] this fall (that is, with no students in the room with you)?	0. No → Skip next question 1. Yes 999. Prefer not to answer → Skip next question
2.8.	Over the last 4 weeks, how many of your instructional hours did you teach fully remotely for [insert school name]?	Week of [four Mondays prior]: Numeric (0-40) Week of [three Mondays prior]: Numeric (0-40) Week of [two Mondays prior]: Numeric (0-40) Week of [prior Monday]: Numeric (0-40) 999. Prefer not to answer
B2. IN-PERSON TEACHING		
2.9.	Have you been teaching any in-person classes with students in the classroom at [insert school name] this fall?	0. No 1. Yes → Skip next two questions 999. Prefer not to answer → Skip to next sub-section
2.10.	Why aren't you teaching any in-person classes?	0. I opted out of in-person teaching. 1. I was assigned to remote teaching only. → Skip to next sub-section 2. Other: _____ → Skip to next sub-section 999. Prefer not to answer → Skip to next sub-section
2.11.	What was your primary reason for opting out of in-person teaching?	0. I was concerned about becoming infected with the virus while in the school building. → Skip to next sub-section 1. I prefer working from home. → Skip to next sub-section 3. Other: _____ → Skip to next sub-section 999. Prefer not to answer → Skip to next sub-section
2.12.	On what day in the 2020-2021 school year did you return to in-person teaching at [insert school name] with students in the classroom?	___ / ___ / 2020
2.13.	Since returning to in-person school at [insert school name], how often are you within 6 feet of a <u>staff member</u> where your time together totals more than 15 minutes throughout the day?	0. Never 1. Approximately once a month 2. Approximately once a week 3. A few times a week 4. Approximately once a day 5. Multiple times a day 999. Prefer not to answer
2.14.	Since returning to in-person school at [insert school name], how often are you within 6 feet of a <u>student</u> where your time	0. Never 1. Approximately once a month 2. Approximately once a week 3. A few times a week 4. Approximately once a day

	together totals more than 15 minutes throughout the day?	5. Multiple times a day 999. Prefer not to answer
2.15.	Since returning to in-person school at [insert school name], how many <u>different</u> students do you teach in person each week? If you see a student multiple days per week, count him/her only once.	Numeric (0-2500) 999. Prefer not to answer
2.16.	Over the last 4 weeks, how many of your instructional hours did you teach in-person at [insert school name] with students in the classroom with you?	Week of [four Mondays prior]: Numeric (0-40) Week of [three Mondays prior]: Numeric (0-40) Week of [two Mondays prior]: Numeric (0-40) Week of [prior Monday]: Numeric (0-40) 999. Prefer not to answer
2.17.	When teaching in person at [insert school name], what is the maximum number of students in your classroom at any time?	Numeric (0-100) 999. Prefer not to answer
2.18.	What is the maximum number of students you teach in-person over the course of a day on your busiest day at [insert school name]?	Numeric (0-500) 999. Prefer not to answer
2.19.	How often do you wear a face covering / mask when you teach at [insert school name]?	0. Never 1. Occasionally 2. Most of the time 3. Always 999. Prefer not to answer
2.20.	How often do you wear a plastic face shield when you teach at [insert school name]?	0. Never 1. Occasionally 2. Most of the time 3. Always 999. Prefer not to answer
B3. IN-PERSON EXTRACURRICULAR ACTIVITIES		
2.21.	During this current school year, have you been coaching any sports or leading any other extra-curricular activities in which you meet in-person with students before/after school?	0. No → Skip next question 1. Yes 999. Prefer not to answer → Skip next question
2.22.	About how many hours each week do you spend coaching/leading these activities? If you coach/lead more than one sport/activity, please sum for all.	Numeric (0-100) 999. Prefer not to answer

3. RETURNING TO SCHOOL (Section removed because content not included in current analysis)**4. SCHOOL MITIGATION MEASURES (Section removed because content not included in current analysis)****5. CONTACT PATTERNS****A. WEEKDAY**

Please think about how you have spent your time during the most recent weekday (M-F, not including holidays) before today. For each of the following settings, please indicate for that most recent weekday how much time you spent indoors and outdoors in each place, whether you were wearing a mask, and whether those around you were wearing a mask.

Question number:	5.1 a- i	5.2 a – i	5.3 a- i	5.4 a – i	5.5 a – i	5.6 a- i
Setting	Time spent indoors (To the nearest 15 minutes)	What percentage of this time did you wear a mask?	What percentage of those around you were wearing a mask?	Time spent outdoors (To the nearest 15 minutes)	What percentage of this time did you wear a mask?	What percentage of those around you were wearing a mask?
(List responses for each below)	Drop boxes of 0 – 24 hours AND 0, 15, 30, and 45 minutes	Numeric (0-100)	Numeric (0-100) 998. Don't know	Drop boxes of 0 – 24 hours AND 0, 15, 30, and 45 minutes	Numeric (0-100)	Numeric (0-100) 998. Don't know
Your own home						
Someone else's home						
A school						
A store						
A place of worship						
A bar or restaurant						
A recreational setting						
A salon						
Any other setting(s) where you spent at least 15 minutes, please specify all: _____						

Date: ___/___/_____ (automatic)

Participant ID: _(assigned by web form)_____

Thinking again about the places where you spent time during the most recent weekday (M-F, not including holidays) before today, please indicate how many people of different ages you encountered at a distance of less than 6 feet (either masked or unmasked).

Question number:	5.7 a – i	5.8 a – i	5.9 a – i	5.10 a – i	5.11 a - i
Setting	# aged 0-10 within 6 feet	# ages 11-17 within 6 feet	# ages 18-49 within 6 feet	# ages 50-64 within 6 feet	# ages 65+ within 6 feet
(List responses for each below)	Numeric (0-500) 998. Don't know 999. Prefer not to answer	Numeric (0-500) 998. Don't know 999. Prefer not to answer	Numeric (0-500) 998. Don't know 999. Prefer not to answer	Numeric (0-500) 998. Don't know 999. Prefer not to answer	Numeric (0-500) 998. Don't know 999. Prefer not to answer
Your own home					
Someone else's home					
A school					
A store					
A place of worship					
A bar or restaurant					
A recreational setting					
A salon					
Any other setting(s) where you spent at least 15 minutes, please specify all: _____					

B. WEEKEND

Please think about how you have spent your time during the most recent weekend day (Saturday or Sunday) before today. For each of the following settings, please indicate for that most recent weekend day how much time you spent indoors and outdoors in each place, whether you were wearing a mask, and whether those around you were wearing a mask.

Question number:	5.12 a- i	5.13 a – i	5.14 a- i	5.15 a – i	5.16 a – i	5.17 a- i
Setting	Time spent indoors (To the nearest 15 minutes)	What percentage of this time did you wear a mask?	What percentage of those around you were wearing a mask?	Time spent outdoors (To the nearest 15 minutes)	What percentage of this time did you wear a mask?	What percentage of those around you were wearing a mask?
(List responses for each below)	Drop boxes of 0 – 24 hours AND 0, 15, 30, and 45 minutes 999. Prefer not to answer	Numeric (0-100) 999. Prefer not to answer	Numeric (0-100) 998. Don't know 999. Prefer not to answer	Drop boxes of 0 – 24 hours AND 0, 15, 30, and 45 minutes 999. Prefer not to answer	Numeric (0-100) 999. Prefer not to answer	Numeric (0-100) 998. Don't know 999. Prefer not to answer
Your own home						
Someone else's home						
A school						
A store						
A place of worship						
A bar or restaurant						
A recreational setting						
A salon						
Any other setting(s) where you spent at least 15 minutes, please specify all: _____						

Date: ___/___/_____ (automatic)

Participant ID: _(assigned by web form)_____

Thinking again about the places where you spent time during the most recent weekend day (Saturday or Sunday) before today, please indicate how many people of different ages you encountered at a distance of <6 feet.

Question number:	5.18 a – i	5.19 a – i	5.20 a – i	5.21 a – i	5.22 a - i
Setting	# aged 0-10 within 6 feet	# ages 11-17 within 6 feet	# ages 18-49 within 6 feet	# ages 50-64 within 6 feet	# ages 65+ within 6 feet
(List responses for each below)	Numeric (0-500) 998. Don't know 999. Prefer not to answer	Numeric (0-500) 998. Don't know 999. Prefer not to answer	Numeric (0-500) 998. Don't know 999. Prefer not to answer	Numeric (0-500) 998. Don't know 999. Prefer not to answer	Numeric (0-500) 998. Don't know 999. Prefer not to answer
Your own home					
Someone else's home					
A school					
A store					
A place of worship					
A bar or restaurant					
A recreational setting					
A salon					
Any other setting(s) where you spent at least 15 minutes, please specify all: _____					

6. COVID-19 TESTING AND EXPOSURE (Section removed because content not included in current analysis)**7. COVID-19 HIGH-RISK CONDITIONS**

Question		Response	
Please indicate below if you or any member of your household have any of the following conditions that pose or may pose an increased risk of severe illness from COVID-19:*			
		YOU	HOUSEHOLD MEMBER (NOT INCLUDING YOURSELF)
	(List these responses in all cells below)	0. No 1. Yes 999. Prefer not to answer	0. No 1. Yes 999. Prefer not to answer
7.1	Age 65 years or older		
7.2	Age 85 years or older		
7.3	<ul style="list-style-type: none"> • Cancer • Chronic kidney disease • COPD (chronic obstructive pulmonary disease) • Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies • Immunocompromised state (weakened immune system) from solid organ transplant • Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²) • Severe Obesity (BMI ≥ 40 kg/m²) • Pregnancy • Sickle cell disease • Smoking • Type 2 diabetes mellitus 		
7.4	<ul style="list-style-type: none"> • Asthma (moderate-to-severe) • Cerebrovascular disease (affects blood vessels and blood supply to the brain) • Cystic fibrosis • Hypertension or high blood pressure • Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines • Neurologic conditions, such as dementia • Liver disease • Overweight (BMI > 25 kg/m², but < 30 kg/m²) 		

Date: ___/___/_____ (automatic)

Participant ID: _(assigned by web form)_____

	<ul style="list-style-type: none">• Pulmonary fibrosis (having damaged or scarred lung tissues)• Thalassemia (a type of blood disorder)• Type 1 diabetes mellitus		
7.5.	Other than household contacts, do you have regular contact (at least once a week for at least an hour) with anyone who is over the age of 65 or who has one of the conditions listed above?	0. No 1. Yes 999. Prefer not to answer	

* From: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>