

# Coronavirus Impact Survey - Individual Dance Workers

## About This Survey

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1. Would you like to take the survey? \*

☐ Yes

☐ No

## Survey Questions

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2. What is your role in the dance field? (Select all that apply.)

☐ Individual dance worker/Freelancer working in dance (dancer, choreographer, videographer, etc.)

☐ Dance company (non-profit 501(c)3, fiscally sponsored group or for-profit)

☐ Dance educator

☐ Dance presenter

☐ Service organization

☐ Agent and/or Manager

☐ Other - Please specify:

### 3. What is your zip code?

### 4. What is the nature of your employment in the dance field?

- ☐ Full-time (30 or more hours per week)
- ☐ Part-time (Regular employment of less than 30 hours per week)
- ☐ Freelance (Contract as needed)

## 5. What kind of work do you do?

- ☐ Dance performance
- ☐ Choreography
- ☐ Dance education (teaching artistry)
- ☐ Dance Media Services (videography and photography)
- ☐ Tech/creative services (lighting, sound, set/scenery, projection)
- ☐ Dramaturg
- ☐ Dance Critic/Writer
- ☐ Agent/manager
- ☐ Producer
- ☐ Administrator
- ☐ Other - Write In

## 6. Estimated total income for 2019. (Please answer in \$.)

## 7. Estimated proportion of total income earned from work in the dance field. (Please answer in %.)

**8. What steps are you taking to prepare for and respond to COVID-19?**

**9. How many of the following gigs or engagements have you lost SO FAR due to COVID-19?**

Performances

Rehearsals

Commissions

Teaching engagements

Speaking engagements

Consulting engagements

Producing engagements

Other

10. **Estimated (\$) decrease in INCOME as a result of COVID-19 to date.**

11. **Have you experienced DELAYED DISTRIBUTION of any payments or other expected income as a result of COVID-19?**

- ☐ Yes
- ☐ No

12. **Please describe any delayed distribution of payments, grants or donations here.**

13. **Are you able to do any income-generating work remotely in the dance field?**

- ☐ Yes
- ☐ No

**14. Do you have what you need (connectivity, equipment including laptops) to do that work remotely?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**15. At this time, do you anticipate having to file for unemployment benefits as a result of COVID-19?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**16. Have you increased spending on any of the following as a result of COVID-19?**

- ☐ Equipment
- ☐ Food
- ☐ Healthcare
- ☐ IT/Tech (related to remote work, other)
- ☐ Supplies (cleaning, sanitation, etc.)
- ☐ Travel/Per Diem
- ☐ Other - Write In

**17. Estimated (\$) increase on spending as a result of COVID-19 to date. \***

**18. Are you currently, or do you anticipate, experiencing any cash flow issues as a result of COVID-19?**

- ☐ Yes
- ☐ No
- ☐ I don't know yet

**19. Explain any cash flow issues.**

**20. Do you have health insurance?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**21. How do you address your healthcare needs?**



**22. Please describe any limitations with your current healthcare coverage.**

**23. Do you have any accessibility needs (ASL interpretation, access to personal care assistant) that have been exacerbated as a result of COVID-19?**

☐ Yes

☐ No

**24. Please explain any accessibility needs that have been exacerbated.**

**25. Identify the most critical needs (current or anticipated) required to adequately protect yourself and your work due to COVID-19.**

- ☐ Communications tools/resources
- ☐ Cleaning equipment/supplies
- ☐ Food and Groceries
- ☐ IT/Tech equipment/resources
- ☐ Medical health care
- ☐ Mental health care
- ☐ Mortgage/rent
- ☐ Salaries/wages
- ☐ Transportation (car, subway, train and/or cabs/rideshare)

☐ Other - Write In

☐ Other - Write In

☐ Other - Write In

**26. Describe any resources or support needed.**

**27. Have you contacted sources to request support for these needs?**

- ☐ Yes
- ☐ No

**28. Who did you reach out to and how did they respond to your request?**

**29. Do you have access to friends and family who are able to support your needs at this time?**

- ☐ Yes
- ☐ No

**30. Do you live in close proximity to those friends and family?**

☐ Yes

☐ No

**31. Please describe ways in which you are receiving support from friends and family.**

**32. Is there anything else you have to share.**

**33. Is this your first time completing this survey?**

- ☐ Yes
- ☐ No

**34. How many times have you completed this survey due to changing circumstances or updated information?**

**35. Please provide your name and email address.**

**36. Can we reach out to you to ask any follow up questions?**

- ☐ Yes
- ☐ No

### 37. **Demographics: Disability**

- ☐ Disabled person
- ☐ Nondisabled person
- ☐ Decline to state

### 38. **Demographics: Ethnicity and Race**

- ☐ Asian/Asian American
- ☐ Black/African American
- ☐ Hispanic/Latino/Latina/Latinx
- ☐ Middle-Eastern
- ☐ Native American/American Indian/Alaska Native
- ☐ Native Hawaiian/Pacific Island
- ☐ White
- ☐ Multi-racial or multi-ethnic (2+ ethnicities/races)
- ☐ Decline to state
- ☐ If not listed, please specify

### 39. Demographics: Gender Identity

- ☐ Gender nonconforming/nonbinary
- ☐ Man
- ☐ Transman
- ☐ Transwoman
- ☐ Woman
- ☐ Decline to state
- ☐ If not listed, please specify

### 40. Demographics: Sexual Identity

- ☐ Asexual
- ☐ Bisexual
- ☐ Heterosexual/Straight
- ☐ Homosexual/Gay/Lesbian
- ☐ Queer
- ☐ Decline to state
- ☐ If not listed, please specify

**41. What is the year of your birth?**

**42. What is your country of origin?**