



SURVEY INSTRUMENT TO STUDY THE IMPACT OF COVID-19 ON PEOPLE WHO WORK IN THE HOSPITALITY SECTOR

The following questionnaire can be used to assess the impact of the coronavirus pandemic on the livelihood and workplace practices of people who work in the hospitality sector, specifically those who work at a hotel or a restaurant. The survey can be administered using Outline India's remote surveying tool *Track Your Metrics*.

No.	Questions	Type	Options	Relevance
Section 1 - General Information				
1	Name	Text		
2	Age (in years)	Numeric		
3	Gender	Single_multiple	1.Male 2.Female	
4	Where do you work?	Single_multiple	1.Hotel 2.Restaurant	
4.A	What are your responsibilities?	Multiple_multiple	1.Managerial 2.Housekeeping 3.Kitchen duties 4.Business & Marketing 5.Other	
4.B	Please specify	Text		If Q4.A = 5
5	Are you currently employed?	Single_multiple	1.Yes 2.No	
5.A	Were you laid-off due to the coronavirus situation?	Single_multiple	1.Yes 2.No	If Q5=No
6	Is the hotel /restaurant you work at stand-alone?	Single_multiple	1.Yes 2.No	
6.A	Is the hotel /restaurant you work at part of a chain/ brand?	Single_multiple	1.Yes 2.No	If Q6=No
Section 2 - Before the pandemic and lockdowns				
7	Was the business running profitably prior to the lockdown?	Single_multiple	1.Yes 2.No 3.Don't know	
7.A	What was the reason for the same?	Text		If Q7=No
8	Did you have to commute to a workplace everyday?	Single_multiple	1.Yes 2.No	
8.A	How did you commute to your workplace?	Multiple_multiple	1.Public transport 2.Private transport 3.Transport provided	If Q8=Yes



			by/paid for by employer	
8.B	How long was your working day on average? (in hours)	Numeric		If Q8=Yes
9	What kind of customers frequented your hotel/ restaurant?	Multiple_multiple	1.Locals 2.Domestic tourists 3.Foreign tourists	
10	How many customers visited your workplace per day on average?	Numeric		
11	Did you ever face a delay in receiving your payment/ salary?	Single_multiple	1.Yes 2.No	
11.A	What was the reason for the same?	Text		If Q11=Yes
12	How many staff members did your hotel/ restaurant employ?	Numeric		
13	Did you adapt COVID safety measures immediately after declaration of the pandemic?	Single_multiple	1.Yes 2.No	
13.A	What was the reason for the same?	Text		If Q13=No
14	Would you say your place of work was safety and hygiene conscious before the pandemic?	Single_multiple	1.Yes 2.No	
14.A	Why do you think so?	Text		If Q14=No
Section 3 - During lockdown(s)				
15	Was your place of work completely/partially closed down?	Single_multiple	1.Yes 2.No	
15.A	Did you receive any payments/ compensations during this time?	Single_multiple	1.Yes 2.No	If Q15=Yes
15.B	Did you manage to secure an alternative source of income?	Single_multiple	1.Yes 2.No	If Q15.A=No
15.C	Please specify	Text		If Q15.B=Yes
15.D	Did you face a delay in receiving your payments/ compensations?	Single_multiple	1.Yes 2.No	If Q15.A=Yes
15.E	Did you receive a lower payment/ compensation than usual?	Single_multiple	1.Yes 2.No	If Q15.A=Yes
15.F	What has been the percentage of cut/ reduction?	Numeric		If Q15.E=Yes
16	Have any of your co-workers been laid off?	Single_multiple	1.Yes 2.No	



17	Has your place of work been converted into a quarantine centre?	Single_multiple	1.Yes 2.No	If Q5=Hotel
17.A	How many COVID patients are quarantined at your place of work?	Numeric		If Q17=Yes
17.B	Are you directly engaged in providing any services for the COVID patients?	Single_multiple	1.Yes 2.No	If Q17=Yes
17.C	Please specify	Text		If Q17.B=Yes
18	Was your place of work accommodating any stranded tourists/ migrants during the lockdown(s)?	Single_multiple	1.Yes 2.No	If Q5=Hotel
18.A	Were there any foreign nationals?	Single_multiple	1.Yes 2.No	If Q19=Yes
19	Has there been any increase in the cost of services you provide?	Single_multiple	1.Yes 2.No	
19.A	Has there been any decrease in the cost of services you provide?	Single_multiple	1.Yes 2.No	If Q19=No
20	Were you satisfied with the COVID safety measures being undertaken in the kitchen?	Single_multiple	1.Yes 2.No	If Q5=Restaurant
21	Do you think the business you work for has faced any financial losses?	Single_multiple	1.Yes 2.No	
21.A	Can you estimate the amount of net loss incurred? (in lakhs)	Numeric		If Q21=Yes
22	Are there any other COVID related difficulties being faced by your or the business you work for?	Text		
23	Did you feel safe commuting to your place of work?	Multiple_multiple	1.Yes 2.No 3.Unsure	
23.A	Were you provided with a PPE kit, gloves and masks/face shields by your place of work?	Single_multiple	1.Yes 2.No	
24	Did your employer pay for your COVID testing, if you ever got tested?	Single_multiple	1.Yes 2.No 3.Did not get tested	
25	Did your employer regularly disburse COVID related information on safety/ precautionary measures?	Single_multiple	1.Yes 2.No	