

Remote Work & Return to Office Survey



Working from Home:

1. How comfortable are you in your WFH setup **compared to being in the office?** Choose from the scale below:

[Scale of 1-10, 1 being not comfortable, 10 being very comfortable]

1 2 3 4 5 6 7 8 9 10

Additional comments:

2. How productive are you in your WFH setup **compared to being in the office?** Choose from the scale below:

[Scale of 1-10, 1 being not productive, 10 being very productive]

1 2 3 4 5 6 7 8 9 10

Additional comments:

3. How easy is it to communicate with your colleagues **compared to being in the office?** Choose from the scale below:

[Scale of 1-10, 1 being not easy, 10 being very easy]

1 2 3 4 5 6 7 8 9 10

Additional comments:

4. Do you have a dedicated workspace where you can work at your home?

Yes No

5. What is one process or practice that you would like to see our team or organization continue while working from home?

6. What is one process or practice that you would like to see our team or organization revise or stop while working from home?

7. Is there anything our organization could do to better support our employees while working from home?

8. Do you feel there are sufficiently flexible workplace policies that help you achieve a satisfactory work-life balance?

9. Are you aware of the work-life balance programs offered to you by your employer and do you take advantage of such opportunities?

10. Are there any additional materials, training, or equipment that you need in order to successfully work from home?

11. Would you like to continue working from home at this time?

Yes No

12. Anything else the workplace team should know about your experience working from home?

Additional questions and possible responses here:

Returning to the Office:

1. How do you feel about returning to the office at this time?

[Scale of 1-10, 1 being not comfortable, 10 being very comfortable]

1 2 3 4 5 6 7 8 9 10

Additional comments:

2. How safe do you feel traveling to and from work?

[Scale of 1-10, 1 being not safe, 10 being very safe]

1 2 3 4 5 6 7 8 9 10

Additional comments:

3. How confident are you that your organization will take all necessary steps to ensure a safe and healthy work environment upon returning to the office:

[Scale of 1-10, 1 being not confident, 10 being very confident]

1 2 3 4 5 6 7 8 9 10

Additional comments:

4. Are there any obstacles that would need to be solved in order for you to return to the office?

5. If we were to start an optional remote work program, how often do you see yourself working remotely?

Once a week Few times a week Majority of the time Always Occasionally

6. How do you feel about going back to “normal” work routines? Why?

[Scale of 1-10, 1 being not comfortable, 10 being very comfortable]

1 2 3 4 5 6 7 8 9 10

Additional comments:

7. What is your preferred channel of communication for our company’s back to office planning?

Select all that apply:

Slack Email Townhall Online Calls Team Standups Other Options

8. What would you want to see on an office cleanliness and sanitation policy?

9. What would you want to see on an office physical distancing policy?

10. Are you interested in exploring more flextime policies as varying the workday start and stop times, engaging in a compressed work week, telecommuting, job sharing, or part-time work?

11. Is there anything else the workplace team should know about transitioning back to the office?

12. Are there any other questions you wished we had asked you?

Additional questions and possible responses here:

Thank you for taking our *Remote Work & Return to Office* survey!

We look forward to utilizing the team's feedback to ensure a smooth transition in the future!

The Occupational Safety and Health Administration (OSHA), the Centers for Disease Control and Prevention (CDC), and City, County, State, and Federal agencies may provide for government-mandated restrictions and guidelines concerning your operations and employees. Client acknowledges and understands that Client shall be solely responsible for monitoring and implementing compliance with such government-mandated restrictions prior to utilizing and implementing this sample survey.