

## Work@Home Pulse Survey

Due to the Coronavirus (COVID-19) pandemic, workplaces look very different. These additional questions gauge your experience working from home (if applicable). Your responses will provide valuable feedback to your employer as we collectively navigate through this unprecedented time.

1. Which of the following best describes your experience working from home for your current employer prior to any social distancing directives due to the Coronavirus (COVID-19)?
  1. I have always worked from home →**SKIP TO Q.5**
  2. I worked from home most of the time
  3. I worked from home some of the time
  4. I have never worked from home
  5. I was hired after social distancing directives were implemented

### ASK IF 2-4 IN Q.1

2. After the Coronavirus (COVID-19) outbreak began, did your organization require you to:
  1. Work from home all of the time
  2. Work from home most of the time and at an office/worksite occasionally
  3. Work at an office/worksite half or more of the time and at home occasionally
  4. Work at an office/worksite all of the time

### ASK IF 2-3 IN Q.1

3. What is your current work situation?
  1. Working from home all of the time →**SKIP TO Q.5**
  2. Working from home most of the time and at an office/worksite occasionally
  3. Working at an office/worksite half or more of the time and at home occasionally
  4. Working at an office/worksite all of the time

### ASK IF 1 IN Q.2 AND 2-4 IN Q.3

4. When did you return to work at an office/worksite for at least part of the time? (**ADD ANSWERS 8-14 WHEN APPLICABLE**)
  1. May 2020 or earlier
  2. June 2020
  3. July 2020
  4. August 2020
  5. September 2020
  6. October 2020
  7. November 2020
  8. December 2020
  9. January 2021
  10. February 2021
  11. March 2021
  12. April 2021

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13. May 2021

14. June 2021

## **ASK ALL**

**(INSTRUCTIONS FOR BUILDER/PROOFERS ONLY: 5-PT LIKERT SCALE FOR Q1-Q10, USING "PREFER NOT TO ANSWER" RATHER THAN "N/A" RESPONSE OPTION)**

5. My organization responded to the Coronavirus (COVID-19) outbreak in a timely manner
6. My organization responded to the Coronavirus (COVID-19) outbreak in a way that demonstrates care for its employees' well-being
7. I can trust what my organization tells me about the impact the Coronavirus (COVID-19) is having on our business
8. My organization's return-to-work efforts demonstrate care for its employee's health

## **ASK IF 1-3 IN Q.3**

9. I am able to perform my job working from home as well as if I were in the office
10. I have the technology necessary to do my job working from home
11. I am able to do my job while working from home with minimal distractions
12. I feel connected to my colleagues even while working from home
13. I have successfully adapted to the work at home environment

## **(INSTRUCTIONS FOR BUILDER/PROOFERS ONLY: ASK ALL)**

14. My organization understands the additional flexibility I now need to manage personal responsibilities

## **ASK IF 1-3 IN Q.2 OR Q.3**

15. Which of the following best represents your desire?
  1. I would like to work from home all of the time
  2. I would like to work from home most of the time
  3. I would like to work from home some of the time
  4. I do not want to work from home

## **ASK IF 1 IN Q.2 AND 1 Q.3**

16. What concerns will you have when your organization begins the process of having its employees return to the workplace? (SELECT ALL THAT APPLY)
  1. I will have no concerns
  2. I am worried about being exposed to the Coronavirus (COVID-19)
  3. I am not confident that the office will be regularly disinfected
  4. I do not think social distancing will be possible in our workplace
  5. I am concerned about possibly being required to wear a mask in our workplace
  6. Not working from home will create a childcare/school hardship for my family
  7. I fear that I will lose the flexibility I need to manage personal responsibilities
  8. Other: (Please elaborate on the concerns above and/or explain additional concerns):  

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## ASK IF 1 in Q.2 and 2-4 IN Q.3.

17. What concerns have you had since returning to the workplace? (SELECT ALL THAT APPLY)

1. I have had no concerns
2. I am worried about being exposed to the Coronavirus (COVID-19)
3. I am not confident that the office is regularly disinfected
4. I doubt that social distancing is being maintained in our workplace
5. I have concerns about policies regarding masks and other personal protective equipment in our workplace
6. Returning to the workplace has created a childcare/school hardship for my family
7. I fear that I am losing the flexibility I need to manage personal responsibilities
8. Other: (Please elaborate on the concerns above and/or explain additional concerns):

## ASK IF 2-4 IN Q.2

17a. What concerns have you had while working at your office/worksite during the Coronavirus (COVID-19) outbreak? (SELECT ALL THAT APPLY)

1. I have had no concerns
2. I have worried about being exposed to the Coronavirus (COVID-19)
3. I am not confident that the office is regularly disinfected
4. I have had doubt that social distancing is being maintained in our workplace
5. I have had concerns about policies regarding masks and other personal protective equipment in our workplace
6. Remaining at the workplace created a childcare/school hardship for my family
7. I have not had the flexibility I've need to manage personal responsibilities
8. Other: (Please elaborate on the concerns above and/or explain additional concerns):

## ASK IF 2-4 IN Q.3

18. Since you've returned to the office/organization worksite, has anyone tested positive for COVID-19 or been exposed to persons who had tested positive for the virus?

1. Yes
2. No → **SKIP TO Q.20**
3. Don't know → **SKIP TO Q.20**

## ASK IF "1" IN PREVIOUS QUESTION

19. What actions did your organization take in response to this? (SELECT ALL THAT APPLY)

1. The employee self-quarantined for a specific number of days
2. After self-quarantining, the employee had to test negative before being allowed to return to the workplace
3. The organization alerted those who worked directly with the employee
4. The organization tested those who worked directly with the employee
5. The organization alerted all employees working at the same physical location as the employee
6. The organization performed a deep-cleaning/sanitation procedure in ALL areas of the physical location where the employee was working
7. The organization shut down the physical location where the employee was working for a specific number of days
8. Other (Please specify):

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9. None
10. Don't Know

## ASK IF 1 IN Q.2 AND 1-3 IN Q.3

20. What could your organization do to increase your satisfaction and productivity while working from home?

We recommend that you do not include your name or other identifying remarks in your responses listed below

## ASK ALL

21. What additional actions could your organization take to lessen the impact of the Coronavirus (COVID-19) pandemic on your organization?

## ASK IF 1 IN Q.2 AND 2-4 IN Q.3

22. What has been your biggest challenge regarding your return to the office/worksite?

We recommend that you do not include your name or other identifying remarks in your responses listed below

## ASK IF 1 IN Q.2 AND 2-4 IN Q.3

23. What kinds of actions did your company take that have helped you be effective when you work/worked from home? (SELECT ALL THAT APPLY)

1. Flexible work hours/flex time
2. Provided software/access to software for meetings and organization computing systems
3. Provided me with hardware and office equipment (e.g. printer, scanner, laptop, modem, mobile phone, other)
4. Additional IT support
5. Expanded/enhanced/improved its healthcare services
6. Implemented regular staff meetings to track progress while working from home
7. Provided counseling services to help employees and families adjust to working from home
8. Reimbursement for landline/cell phone usage
9. Other (Please specify): \_\_\_\_\_
10. Nothing

## ASK IF 1 IN Q. 3

24. What will be your biggest challenge when you begin to return to the office/worksite?

We recommend that you do not include your name or other identifying remarks in your responses listed below

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## ASK IF 1 IN Q. 3

25. What kinds of actions has your organization taken to help you be effective while working from home? (SELECT ALL THAT APPLY)

1. Flexible work hours/flex time
2. Software/access to software for meetings and organization computing systems
3. Hardware and office equipment (e.g. printer, scanner, laptop, modem, mobile phone, other)
4. Additional IT support
5. Expanded/enhanced/improved its healthcare services
6. Implemented regular staff meetings to track progress while working from home
7. Provided counseling services to help employees and families adjust to working from home
8. Reimbursement for landline/cell phone usage
9. Other (Please specify): \_\_\_\_\_
10. Nothing

## ASK ALL

26. Which of the following best describes your role?

1. Executive Leadership
2. Manager or Supervisor
3. Staff