Return to Work Employee Survey
Sample survey questions to assess employee concerns

Survey Process

- ☐ Use an online tool, such as Survey Monkey, to design, send, and accumulate the results of your survey.
- ☐ Consider disabling the anonymous reply feature for this use-case. Respondents are "opting in" to share information so that you can plan for all and perhaps even specifically accommodate the survey respondent. Clarify that the survey isn't anonymous in the introduction (see example below).
- ☐ Set a deadline for survey submissions so that you have time to review feedback.
- ☐ Decide which questions are required. In the sample set below, required questions are marked with an asterisk*.

Survey Introduction

We are in the process of developing a return to work policy in preparation for our return to an office environment, when the time is appropriate.

As we develop the return to work plan, we want to be sure that we consider your suggestions and address any concerns that you may have related to returning to an office environment.

Please take a few moments to complete the attached survey. Due to the nature of the information needed, please know this survey is not confidential. We must know who has provided the feedback in order to establish an effective plan to address specific concerns. This will be key to our planning.

While we are not making this survey mandatory, we cannot stress the importance of ensuring your voice is heard and your participation in the survey. If you choose to not respond to the survey, please know that we will make decisions based on the feedback received.

We will make every effort to include all feedback in our plan, where possible, while recognizing that we may not be able to accommodate every request.

1. How worried are you about the impact of coronavirus on you personally?

- ☐ Extremely worried
- ☐ Very worried
- ☐ Somewhat worried
- ☐ Not so worried
- ☐ Not at all worried

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* 2. Which of the below best describes your feelings about remote working?

- ☐ I have been home long enough, please let me come back to work
- ☐ Neutral - I could stay at home, or go back to work, really does not matter - just let me know
- ☐ I am willing to come back, but I have some anxiety around returning
- ☐ I am rocking it at home and do not want to return
- ☐ I do not want to return due to concerns for my health or other personal reasons

* 3. How easy or difficult is it for you to work effectively these days?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult

* 4. What are the TOP THREE biggest challenges you are currently facing while working remotely?

- ☐ My physical workspace
- ☐ Too many distractions at home
- ☐ I don't have access to the tools or information I need to do my job at home
- ☐ Internet connectivity
- ☐ Childcare
- ☐ Social isolation
- ☐ Communication with coworkers is harder
- ☐ I'm sick or helping others who are sick
- ☐ Keeping a regular schedule
- ☐ General anxiety about the impact of coronavirus on my life
- ☐ Getting enough food
- ☐ I don't have any challenges working from home
- ☐ Other (please specify)

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* 5. What are the TOP TWO reasons you enjoy working from home?

- ☐ No commute
- ☐ More flexible work schedule
- ☐ I am more productive
- ☐ Casual dress code
- ☐ Improved work / life balance
- ☐ Saves me money (no gas, lower miles on vehicle, cooking at home, no dry cleaning, etc.)
- ☐ None, I don't enjoy working from home
- ☐ Other (please specify)

* 6. Thinking about your current work from home arrangements, how long is this something you could comfortably maintain?

- ☐ It's not sustainable now
- ☐ One week
- ☐ A few weeks
- ☐ About a month
- ☐ Two months
- ☐ Three or more months

* 7. Based on the information available today, when would you feel comfortable returning to work?

- ☐ Now
- ☐ A couple of weeks
- ☐ 1 month
- ☐ 2 months or longer
- ☐ When a vaccine is created
- ☐ When effective treatment is available
- ☐ When ample testing is available
- ☐ Never
- ☐ Other (please specify)

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* 8. If we returned to the office, what safety protocols would you like to see established?

- ☐ Masks / Gloves / Sanitizers provided
- ☐ Limited staff in office on any given day (no more than 10)
- ☐ Weekly office deep cleans
- ☐ No visitors allowed to the office (except for those considered essential -- e.g. mail delivery, etc.)
- ☐ Policy for no in-person client visits
- ☐ Established people traffic flow pattern
- ☐ Closed common areas (e.g. kitchen, lobby, conference rooms)
- ☐ Daily workspace sanitizing protocol
- ☐ Daily temperature checks
- ☐ Daily health questionnaires (COVID related only)
- ☐ Appropriate social distancing (6 feet) between workspaces
- ☐ Safety barriers between workspaces (e.g. cubicle areas)
- ☐ Other (please specify)

9. What is your single greatest work-related concern right now?

10. What is your single greatest work-related concern if we return to the office on a regular basis?

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