*Questions with an asterisk are not asked if “Still going to a physical work location, no change in income” or “Still going to a physical work location, reduced income” is selected for “What is your current work situation?”

What is your current work situation?
- Working from home, no change in income
- Working from home, reduced income
- Still going to a physical work location, no change in income
- Still going to a physical work location, reduced income

COMMUNICATIONS AND CONFIDENCE

My organization responded to the Coronavirus (COVID-19) outbreak in a timely manner
- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer

My organization responded to the Coronavirus (COVID-19) outbreak in a way that demonstrates care for its employees’ well-being
- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer

I can trust what my organization tells me about the impact the Coronavirus (COVID-19) is having on our business
- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer

I believe my job is secure
- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer
WORK ENVIRONMENT

*I am able to perform my job working from home as well as if I were in the office

- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer

*I have the technology necessary to do my job working from home

- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer

*I am able to do my job while working from home with minimal distractions

- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer

*I feel connected to my colleagues even while working from home

- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer

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

- Disagree Strongly
- Disagree Somewhat
- Neutral
- Agree Somewhat
- Agree Strongly
- Prefer not to answer

*Which of the following best represents your desire?

- I would like to work from home all of the time
- I would like to work from home most of the time
- I would like to work from home some of the time
- I do not want to work from home
What concerns will you have when your organization begins the process of having its employees return to the workplace? (SELECT ALL THAT APPLY)

- I will have no concerns
- I am worried about being exposed to the Coronavirus (COVID-19)
- I am not confident that the office will be regularly disinfected
- I do not think social distancing will be possible in our workplace
- I am concerned about possibly being required to wear a mask in our workplace
- Not working from home will create a childcare/school hardship for my family
- I fear that I will lose the flexibility to manage personal responsibilities
- Other: (Please elaborate on the concerns above and/or explain additional concerns): __________________
- N/A - I always work from home

*Have you had to purchase new or upgraded equipment in order to work from home?*

- Yes, and my organization has/will reimburse me
- Yes, and my organization will not reimburse me
- Yes, but I am not sure whether my organization will reimburse me
- No, I already had all the equipment I needed
- No, my organization provided me with all the equipment I needed

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

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The following questions are for classification purposes only. They will not be used to identify any individual. Please fill in only one response per question.

Which of the following best describes your role?

- Executive Leadership
- Manager or Supervisor
- Staff

*Which of the following best describes your experience working from home prior to any social distancing directives (e.g. such as those now being enforced for the Coronavirus (COVID-19))?*

- I have always worked from home
- I worked from home most of the time
- I worked from home some of the time
- I have never worked from home