Thank you for participating in our return to the office survey.

Your responses are anonymous. This survey does not collect any personal identifiable information (PII). Demographics information is being collected to enable us to aggregate responses by work location, business line or function.

**This survey should take no more than 9 mins to complete. Only questions marked with an \* are required.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* 1. Select your Office/Work Location from the drop-down menu.

***(Select State or Province, if located in the US or Canada. Select Country if locate in the UK)***

\* 2. I am a...

1. My Title Is:
2. My Department is:

**The Company’s Response to Covid-19**

\*3. Overall, I feel my company’s response to COVID-19 has been:

Excellent

Good

Fair

Poor

\*4. My company has clearly and consistently articulated its priorities – [list priorities] – throughout the pandemic and supported them with action:

Agree

Neutral

Disagree

Other (please specify)

\*5. Since the emergence of COVID-19, my confidence in the ability of company leadership to navigate challenges and manage effectively:

Has increased

Is about the same

Has decreased

6. What is one thing my company should have done related to COVID-19 but didn’t?

**Working From Home**

\*7. I am able to perform my job working from home:

Better than if I were in the office

The same as if I were in the office

Not as well as if I was in the office

Prefer not to answer

\*8. Rank the tops 3 challenges you are currently facing while working remotely:

*(Drag and drop list items to order them. You can rank more than 3 items if you choose. Mark those you do not select as N/A)*

Childcare

Internet connectivity

Communication with coworkers

My physical workspace

Social isolation

Lack of access to tools or information I need to do my job at home

General anxiety about COVID-19

Keeping a regular schedule

Too many distractions at home

Diet and exercise

\*9. My company has provided the necessary support (HR, IT, etc.) to help me effectively perform my job from home:

Yes

Neutral

No

If neutral or no, what additional support would be helpful to you?

10. What is the most significant benefit of working from home for you?

**Returning to the Office**

\*11. How do you feel about returning to the office?

Very comfortable

Somewhat comfortable

Neutral

Somewhat uncomfortable

Very uncomfortable

\*12. Do you feel (or did you feel) any pressure to return to the office?

Yes

No

Not sure

N/A

If you answered yes, please explain

\*13. My company wants employees to feel comfortable and safe before returning to the office.

Agree

Disagree

Not sure

\*14. With regard to returning to your office and safety, how would you rate your concern about…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Extremely  Concerned  About my  Ability/my  Companies  Ability to  Comply | Very Concerned  About my  Ability/my  Companies  Ability to  Comply | Very concerned  About my  Ability/my  Companies  Ability to  Comply | Moderately concerned  About my  Ability/my  Companies  Ability to  Comply | Slightly concerned About my  Ability/my  Companies  Ability to  Comply | Not at all concerned About my  Ability/my  Companies  Ability to  Comply |
| Completing self- certification (fever, symptoms, etc.) |  |  |  |  |  |  |
| Wearing a surgical mask while in common areas or in cubicles |  |  |  |  |  |  |
| Physical distancing |  |  |  |  |  |  |
| Others in the office following safety measures |  |  |  |  |  |  |
| Having access to masks, sanitizer, etc. |  |  |  |  |  |  |
| Being exposed to a co-worker who may be sick |  |  |  |  |  |  |
| Ability of the company to perform contact tracing when necessary |  |  |  |  |  |  |
| Proper use of personal protective equipment and hygiene best practices |  |  |  |  |  |  |

Please let us know if you have any additional comments or concerns.

\*15. With regard to returning to your office, please indicate the level of concern you have as it relates to...

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Extremely  Concerned  About my  Ability/my  Companies  Ability to  Comply | Very Concerned  About my  Ability/my  Companies  Ability to  Comply | Very concerned  About my  Ability/my  Companies  Ability to  Comply | Moderately concerned  About my  Ability/my  Companies  Ability to  Comply | Slightly concerned About my  Ability/my  Companies  Ability to  Comply | Not at all concerned About my  Ability/my  Companies  Ability to  Comply |
| Navigating a reconfigured office |  |  |  |  |  |  |
| Knowing the office is clean |  |  |  |  |  |  |
| Ability to engage with co-workers/overall morale |  |  |  |  |  |  |
| Commuting to/from the office |  |  |  |  |  |  |
| Supporting clients/generating new business |  |  |  |  |  |  |
| Having to close the office again if circumstances change |  |  |  |  |  |  |
| Professional growth in a remote work environment |  |  |  |  |  |  |
| Impact of remote work on company culture |  |  |  |  |  |  |

Please let us know if you have any comments or additional concerns.

\*16. In terms of meeting with current clients:

Teleconferencing and video conferencing allow me to meet my business goals

I need to meet with clients in person to meet my business goals

I don’t typically meet with clients

\*17. In terms of meeting with prospective clients:

Teleconferencing and video conferencing allow me to meet my business goals

I need to meet with prospective clients in person to meet my business goals

I don’t typically meet with prospective clients

**Communications**

\*18. Is the frequency of communications from the company since transitioning to a work from home environment:

Too Much

Just Right

Not Enough

\*19. My preferred method for receiving updates is via:

Company Call

Email

[Workplace]

Manager Meetings

Other (please specify)

20. What information would be most helpful to you going forward?

\*21. Do you feel comfortable sharing your input/concerns regarding office reopening with your fleader and/or HR manager?

Yes

No

**Well-being**

\*22. How would you describe your well-being in these areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor |
| Physical |  |  |  |  |
| Social |  |  |  |  |
| Community |  |  |  |  |
| Career |  |  |  |  |
| Financial |  |  |  |  |

**General**

23. Are there any comments you would like to share that are not covered in your responses to the previous questions?

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