Survey Questions for Staff Input on

Reopening and Redesign

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| About this Tool Use this survey tool to assess your staff members’ needs, concerns, and circumstances as you plan to reopen offices, resume travel and in-person meetings, and/or redesign new ways to work. Now including vaccine status and records (see [Supporting Your Return](#_yb8320p5zhsq)). Adapt or remove questions to fit your context.  Survey topics included:   * [Introducing the Survey to Staff](#_9qcm37z92bh7) * [Your Personal Context](#_4rjt2qhum4y) * [Perspectives on Workplace Choice and Schedules](#_145mgllhql6o) * [Perspectives on Hybrid and Remote Work](#_f1ddy0qzhqiy) * [Perspectives on Returning to In-Person Work/Meetings](#_inyg3fwrwemn) * [Concerns About Returning to In-Person Work/Meetings](#_d58h3afs91n) * [Supporting Your Return to In-Person Work/Meetings](#_yb8320p5zhsq)   If you’d like a copy of the survey as a Google Form, email [resources@managementcenter.org](mailto:resources@managementcenter.org) for a template you can copy. And, check out more helpful [guidance on creating surveys](https://medium.com/@anna.sarai.rosenberg/respectful-collection-of-demographic-data-56de9fcb80e2). |

**Here are some things to keep in mind when you adapt this for your organization:**

* **Be clear about the purpose of this survey.** Is it to help you accommodate staff needs *when* you reopen or begin traveling again? Is it to help you design a *new environment* that is hybrid or fully remote? Choose (and add!) questions that help you get the answers you need.
* **Only offer real options.** The questions below are samples and suggestions that should be modified to fit your context. Make sure the options presented are realistic for your organization.
* Depending on its purpose, you may elect to solicit ***anonymous* responses** to maximize your chances of getting as much honesty as possible. However some information, such as vaccination status, may require individual names. In these cases, we encourage you to specify the managers who will have access to personally identifying details and put confidentiality policies in place.
* Use the survey results to identify **trends or patterns** so that you can make the most appropriate choice for your organization.
* To identify **specific individual needs** (such as schedule adjustments or supplies needed), we recommend that you instruct managers or team leaders to have 1-1 conversations with their staff.

# Introducing the Survey to Staff

As states are beginning to reopen and lift restrictions, at [name of organization], we are committed to creating a reopening strategy that prioritizes the health, safety, and well-being of our staff, their loved ones, and the community-at-large.

Everyone’s situation is unique and this survey will help us understand staff experience and the circumstances that our team members are operating under so that we can incorporate their perspectives into our reopening plan, though options may vary depending on the nature of your role. Please note that we’re examining multiple options and not all suggestions may be possible to implement. Because we want staff members to be as honest as possible about their needs and circumstances, [this survey is completely anonymous / survey results are confidential—only X director and Y manager will be able to see individual responses].

# Your Personal Context

1. Are you, or do you come into regular contact with, someone who may be at a higher medical risk for severe illness? This includes anyone who: is older than 65; has a serious underlying medical condition such as heart disease, diabetes, or lung disease; is pregnant; is HIV-positive; has asthma; and/or is immunosuppressed or immunocompromised.
2. Are you a caregiver? By “caregiver,” we mean anyone who is regularly providing care to another person. This can include (but is not limited to) children, elders, or someone with disabilities, whether or not they are biologically related to you.
3. Are you a caregiver to a school-aged child?
4. Do you identify as Black, indigenous, or a person of color?
5. Is there anything else about your personal context that you want us to know about?
6. What do you most need to support your well-being in the coming period?

# Perspectives on Workplace Choice and Schedules

**How do you feel about returning to the office [ADD EXPECTED TIMELINE]? (check all that apply)**

1. I’d like to work from home indefinitely/permanently
2. I’d like a hybrid of working from home and office
3. I’d like to return to the office full time
4. I have no preference / I’m not sure

**If you chose A or B above, how many days a week would you like to work from home?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 𝤿 One | 𝤿 Two | 𝤿 Three | 𝤿 Four | 𝤿 Five | 𝤿 Varies/None |

**What factors do you want us to consider in setting the timeline for reopening or new work policies?**

**Would you prefer to be able to choose which day(s) you work from home each week, or have a set schedule (i.e. you work from home every Monday and Wednesday)?**

1. Vary each week
2. Set schedule (i.e. on the same specified days of the week)
3. I don't want to work from home regularly
4. Other

**What did you value most about the changes, accommodations, and shifts we’ve made this past year?**

1. [List policies and practices you put in place and want feedback on, such as flexible work hours, home office stipend, employee assistance program, remote team-building opportunities, etc.]
2. Other

**Understanding there will be individual medical and healthcare access considerations, how do you feel vaccine status should factor in to reopening the office, work-related travel, or in-person meetings?**

1. Staff should be required to get the vaccine if they can
2. Staff should be encouraged to get the vaccine but not required
3. It’s none of my business as long as we maintain basic safety measures
4. I am not sure

**As we evaluate reopening and remote/hybrid work models, we want to do it equitably and ensure that it doesn’t create unintended negative consequences, especially for our most marginalized staff members. What are some possible consequences that you want to make sure we avoid? Who do you think might be most negatively impacted?**

**Is there anything else you want leadership to keep in mind about issues of equity as we consider reopening and remote work models?**

**How would you respond to the following statements? (1 = Strongly Disagree, 5 = Strongly Agree)**

1. I trust our leaders to take appropriate safety measures before allowing employees to return to our workplace
2. I trust my colleagues to follow appropriate safety measures at the workplace
3. I trust our leaders to effectively communicate the rationale behind any reopening decisions
4. I feel comfortable discussing my personal situation with my manager
5. I feel comfortable discussing my personal situation with a member of the leadership team

# Perspectives on Hybrid and Remote Work

**Overall, how would you rate your experience working from home?**

1. Excellent - I prefer it and I was super productive
2. Good - Some distractions or challenges but I got things handled
3. Alright - A lot of distractions or challenges but I coped
4. Bad - I miss colleagues or need an office space

**What are the biggest challenges you faced working from home?**

**Which areas do you think currently need the most attention and clarification, in order for a fully remote or a hybrid model to work? (Choose your top two areas)**

1. Transparency in the remote/hybrid work request and approval process
2. Clear remote work policies
3. Greater clarity on my goals and manager expectations
4. Dedicated days/time to be in the office together when possible
5. Additional tech support, equipment, or ergonomics
6. Support for training and onboarding new staff
7. Fairness in career advancement for onsite vs. remote staff
8. Other

**What do you miss the most about pre-pandemic work life and office culture? What do you want us to bring back in some form?**

# Perspectives on Returning to In-Person Work/Meetings

**Thinking just in terms of safety, when would you feel safe returning to regular in-person work?**

1. Now or when I have been vaccinated
2. When most of my colleagues have been vaccinated
3. I could return anytime with safety protocols in place
4. When a government agency says it is safe to return
5. Other

**As we prepare for in-person work (meetings, trainings, etc.), are there safety precautions and protocols that remain important to you in the workplace?**

1. Masks
2. Air filtration
3. Maintaining physical distance
4. Proof of vaccination or recent negative COVID test
5. Plexiglass barriers
6. More regular cleaning (shared responsibility by all)
7. Whatever current CDC guidance says
8. Maintain remote options to discourage people from coming in sick
9. Other

# Concerns About Returning to In-Person Work/Meetings

**In the following section, tell us about the concerns you have about returning to regular in-person work. Please note your level of agreement or disagreement with the following statements, where 1 = Strongly Disagree and 5 = Strongly Agree (if the statement does not apply to you, please select N/A).**

1. I’m concerned about the impact on my health
2. I’m concerned about the impact on public health/the health of others
3. I’m concerned about how to execute my caregiving responsibilities
4. I’m concerned about safely commuting to the office
5. I’m concerned about how our office will be adapted for safety practices and social distancing
6. I’m concerned about my colleagues’ and other building tenants’ commitment to safety practices and social distancing, including outside of work
7. I’m concerned about how we will assure the safety of visitors to our office
8. I’m concerned about work-related travel
9. I’m concerned about in-person meetings or events
10. I’m concerned about xenophobia and/or racism during the course of work

**Please use the following space to tell us about any other concerns you might have about returning to regular in-person work.**

# Supporting Your Return to In-Person Work/Meetings

**We are requesting periodic COVID vaccine updates to inform ongoing reopening and redesigning plans.** We are NOT asking you to share any information beyond your vaccine status, records, and dates. Only [names of people with access] will have access to your vaccine records; they will be saved confidentially. We keep [directors/team leads] up to date on their team members' vaccination status in order to make decisions, but they will not have access to the vaccine cards themselves.

**Did you receive the COVID-19 Vaccine?**

1. Yes
2. No
3. Still undecided

**If yes, which vaccine did you receive?**

1. Johnson & Johnson
2. Pfizer
3. Moderna
4. Other (please specify)

**Enter the date of your first (or only if received J&J) vaccine dose:**

**Enter the date of your second vaccine dose:**

**Enter the date of your booster dose:**

**Upload a picture of the front of your vaccine card here:**

**Upload a second picture of your vaccine card here**

(Optional - if your doses/boosters are on a separate card.)

**Please rate how helpful the following accommodations would be if we were to reopen by [date] (rate on a scale of 1 = Least Helpful to 5 = Most Helpful, or N/A).**

1. Option to continue working from home
2. Financial support to offset caregiving expenses
3. Financial or other support with commuting options
4. Flexible work hours/schedule
5. Changes to my workspace or office configuration

**As we consider office configuration post-COVID, what kind of office space do you most want to work in? (check all that apply)**

1. Keep things as they were
2. Private assigned office if available
3. Shared office as long as there’s room to distance
4. Assigned workstation/cubicle
5. Benching - a desk and a file storage bench
6. Hoteling - a new space every day
7. No preference / not sure

**Please share anything else that would be helpful to you in aiding your return to in-person work.**