

Template for an Employee Feedback Survey



July 2020

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This document is intended to provide agencies with a sample survey that can be used to assess employee remote work arrangements and staff preferences on returning to the office. There are two options for developing for the survey, depending on how the agency would like to use the data:

1. Collect Survey Participants' Names: to identify targeted solutions based on the individual's situation/role (e.g., offer a hotspot to a staff member with unreliable internet)
2. Keep Anonymous: to identify overall trends to inform overarching policies and decisions (e.g., offer hotspots for all members of specified teams who conduct certain activities)

The survey is divided into two sections: Section One focuses on remote workstations, and Section Two focuses on considerations for when staff return to their assigned work location (i.e., office).

Section One: Remote Workstation

1. How private and accessible is your remote workstation location?

Privacy

- ☐ My workstation is in a shared room
- ☐ My workstation is in a private room
- ☐ Other (please specify) _____

Accessibility

- ☐ Others may need to access my workstation area while I am working
- ☐ Others will not need to access my workstation area while I am working
- ☐ Other (please specify) _____

Other Considerations

- ☐ I believe others may be able to overhear my conversations (e.g., neighbors, family, roommates)
- ☐ I do not believe that others will be able to overhear my conversations
- ☐ Other (please specify) _____

2. Could anyone who has access to your remote workstation area and/or potentially overhear work-related conversations present a conflict of interest with your agency or work?

- ☐ Yes
- ☐ I'm not sure
- ☐ No

3. My internet bandwidth (internet speed) in my remote workstation is adequate for remote work (e.g., able to maintain a consistent connection during video calls, or when uploading or downloading large documents from a VPN)

- ☐ Strongly Agree ☐ Neutral ☐ Strongly Disagree
☐ Agree ☐ Disagree

4. Which of the following devices or peripherals do you have access to in your remote workstation that you could use for work purposes (please complete for all that apply):

Device/ Peripheral	Qty	Vendor and Operation System or Provider (ex: Dell, Windows 10)	Additional Notes
Desktop Computer			
Laptop Computer (Issued by Agency)			
Laptop Computer (Personal)			
Tablet or iPad			
Additional Monitor			
Cell Phone (Issued by Agency)			
Cell Phone (Personal)			
Hotspot (either through Cell Phone or other portable device)			
Landline Phone			
Headset or Bluetooth			
Printer			
Fax Machine			
Other (please specify):			

5. Since beginning mandatory telework, have you experienced any challenges related to your devices or peripherals identified above?

- ☐ Yes (please specify) _____

☐ No

6. Since beginning mandatory telework, have you experienced any challenges related to balancing work with your personal obligations, or do you have concerns about interruptions or distractions?

☐ Yes (please specify) _____

☐ No

7. Are there any other concerns not covered above that you would like to raise, related to your ability to perform your work from your remote workstation?

☐ Yes (please specify) _____

☐ No

Section Two: Returning to Work

8. Which of the following safety measures would you want to see in the workplace before returning to the office? (Select all that apply):

PPE

☐ Face masks

☐ Hand sanitizing stations (throughout the office)

☐ Individual hand sanitizer

☐ Disposable gloves

☐ Other (please specify) _____

Policies

☐ Required use of face masks

☐ Regular disinfection of work areas / common areas

☐ Physical distancing protocols

☐ Staggered work schedules or teams in the office

☐ Standardized temperature checks before entering the building

☐ Other (please specify) _____

9. Assuming that the above safety measures are in place, how comfortable would you be with returning to the office, while telework policies are still broadly in effect?

- ☐ Very Comfortable ☐ Neutral ☐ Very Uncomfortable
☐ Comfortable ☐ Uncomfortable

10. Do you have any specific concerns about returning to the office to conduct work?

- ☐ Yes (please specify) _____

☐ No

11. If you return to the office, what would be your primary method(s) of transportation? Please select all that apply:

- ☐ Drive myself in a personal vehicle ☐ Public transportation
☐ Carpool ☐ Walk, personal bike, or personal scooter
☐ Borrow or rent a car ☐ Shared service bike or scooter
☐ Taxi or rideshare service (e.g., Lyft or Uber)
☐ Other (please specify) _____

12. Do you have any specific concerns about transportation to/ from the office if you were to return to the office to conduct work?

- ☐ Yes (please specify) _____

☐ No

13. Are there any other concerns not covered above that you would like to raise, related to your ability to perform your work when it comes to returning to the office?

- ☐ Yes (please specify) _____

☐ No



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