

# REVELIAN

Please carefully consider the following questions and answers, as your answers will directly contribute to our return to office plan and policy.

1. Your Office location
  - a. Office Location #1
  - b. Office Location #2
  - c. Office Location #3
  
2. Your Team / Department
  - a. Department #1
  - b. Department #2
  - c. Department #3
  
3. How is your organisational engagement impacted by working remotely?
  - a. Highly impacted
  - b. Somewhat impacted
  - c. Not impacted at all
  
4. What are the top two things you like about working from home?
  
5. What are the worst two things about working from home?
  
6. What timeframe would you ideally like to return to working at your office location?
  - a. I'm ready now
  - b. 1-2 months
  - c. 3-4 months
  - d. Not until the virus is gone or a vaccine or effective treatment is available
  - e. Don't know
  - f. N/A I work remotely
  - g. Other (please specify)
  
7. Going forward what would be your preferred personal working arrangement?
  - a. Working permanently from home
  - b. A combination of working from home and the office
  - c. Working permanently in the office
  - d. Other (please specify)

Comments:

8. If your preferred working arrangement includes working from home, how often would you like to work from home?
  - a. 1-2 days per week
  - b. 3-4 days per week
  - c. Full-time working from home
  - d. Other (please specify)
  
9. If you had the opportunity to continue working from home until the end of September would you take it?

Yes/No

10. How productive do you believe you are working from home compared to working in the office?
- More productive at home than in the office
  - No change to productivity
  - Less productive working at home than in the office

Comments:

11. What in your opinion is the best working arrangement for your team going forward?
- All team members permanently in the office
  - All team members in the office some of the time
  - All team members working from home all of the time
  - I don't have a preference – we all work well together regardless of where we're located

Comments:

12. What factors would need to be improved if you were to continue to work from home regularly?  
(click all that apply)
- My desk setup
  - My physical workspace
  - More regular communication from SLT
  - More regular communication with my team
  - More regular communication with other teams
  - More support from my Manager
  - More use of video chat
  - Internet reliability
  - Childcare arrangements
  - I don't need anything improved
  - Other (please specify)

13. If your preferred working arrangement includes ongoing working from home please assess the suitability of your home work setup.
- Suitable
  - Unsuitable

If unsuitable – why?

14. What is your level of comfort to return to working at your office Location?
- Extremely uncomfortable
  - Uncomfortable
  - Neither comfortable nor uncomfortable
  - Comfortable
  - Extremely comfortable

Comments:

15. Do you have any concerns about coming back into the workplace? Please select all that apply.

- a. Risk of exposure to COVID-19
- b. Going back into the office too quickly
- c. Government health regulations not being followed
- d. Having to comply with hygiene and physical distancing measures
- e. Having to share common areas such as bathrooms, kitchen's, lifts.
- f. Availability of cleaning products
- g. Childcare
- h. Care for family/household members
- i. Readjusting back to the office
- j. Commuting to the office
- k. Having face-to-face interactions with others
- l. I don't have any concerns
- m. Other (please specify)

16. What measures would help you to feel more comfortable to return to your office location? Please select all that apply.

- a. Government health regulations being followed
- b. Knowing that work spaces and common areas are cleaned daily
- c. Cleaning supplies and hand sanitisers are provided to all employees
- d. Maintaining physical distancing protocols of 1.5m
- e. No measures would make me feel more comfortable at this time
- f. Other (please specify)

17. How do you usually travel to the office?

- a. Travel in a personal vehicle either on your own or with members of your household
- b. Carpool with non-members of your household
- c. Taxi/Ride share
- d. Walk/cycle/scooter
- e. Public Transport (train, tram or bus)
- f. N/A I do not travel to the office

18. How comfortable are you with continuing your mode of transport to the office?

- a. Extremely uncomfortable
- b. Uncomfortable
- c. Neither comfortable nor uncomfortable
- d. Comfortable
- e. Extremely comfortable

Comments:

19. Please provide more information about your concerns of returning to the office and how we can address them.

Thank you for completing this survey.