**Return to the Office Survey**

This survey is being administered to understand the comfort level of returning to an in-office environment and to inform how we can best ensure a safe environment for you when we do.

1. In general, how comfortable do you feel about returning to an in-office environment, as it relates to your health and safety, due to COVID-19?
	1. I will not go into the office.
	2. I am not comfortable with the idea of going to an office yet.
	3. I am comfortable with going to the office if the appropriate safety measures are in place.
	4. I am ready to go into the office as soon as I can.
2. IF A or B in Question 1: When would you feel most comfortable about returning to an in-office environment, as it relates to your health and safety, due to COVID-19?
	1. When there is a vaccine
	2. When there is a cure
	3. Other: (please specify)
3. In general, and with all things considered, how do you feel about working virtually?
	1. Hands down, I prefer it over being in-office and can accomplish what I need to virtually.
	2. I prefer to work virtually if I have access to an office when needed/desired.
	3. I would prefer to be in the COMPANY office somewhat regularly while having the flexibility to work virtually when I want to.
	4. I would prefer to be in the COMPANY office most days.
4. How often do you believe you **need** to go to the COMPANY office to be effective at your job?
	1. I have no need to go into the COMPANY office at all.
	2. I need to go into the COMPANY office on occasion.
	3. I need to go into the COMPANY office regularly.
	4. I need to go into the COMPANY office daily.
5. If the option were available, I would go to the COMPANY office (select one):
	1. Only when absolutely necessary
	2. Once per month at most
	3. 1 – 2 times per month
	4. Regularly
6. For what reasons do you need/want to go into the COMPANY office? (select all that apply):
	1. To collaborate with my peers.
	2. For the use of office equipment (printer/scanner, shredder, etc.).
	3. My “home office” setup does not allow me to do my best work.
	4. There are too many distractions at home.
	5. Other: (please specify)
	6. None
7. What is your normal mode of transportation to the COMPANY office? (select one)
	1. Bus
	2. Metro or other mass transit
	3. Carpool
	4. Personal Vehicle
8. Which statement best aligns with your current thoughts, as it relates to your health and safety, due to COVID-19? (select one)
	1. It is too soon to talk about going back to the office right now, there are still too many health risks.
	2. It makes sense to open the office for necessary in-person activities if individuals are doing all they can to prevent the spread of COVID-19 when going into the office.
	3. It is time for everyone to get back to the office with appropriate risk mitigation.
9. What concerns do you have about returning to the workplace? (select all that apply)
	1. Health and safety concerns that come with sharing an office environment with my colleagues
	2. Health and safety concerns that come with commuting
	3. I, and/or someone I live with, have a compromised immune system
	4. I am not sure I will be able to obtain the childcare necessary to allow for a return to the workplace
	5. Other (comment):
10. [FOR OFFICES IN VIRGINIA] Governor Northam has issued a mandatory mask policy for certain scenarios to include “Any indoor space shared by groups of people who may congregate within six feet of one another or who are in close proximity to each other for more than ten minutes”. We believe all three of the below options would comply with this mandate and want to understand which policy you would prefer to see in place at the COMPANY office. (select one)
	1. Masks must always be worn while in the office.
	2. Masks must be worn if you are in a common area (printer, kitchen, restrooms, etc.), walking around, or engaging in dialogue with peers; masks do not need to be worn while sitting at a workstation, assuming social distancing measures (six feet) are in place.
	3. Masks only need to be worn if you are within six feet of another individual.
11. If COMPANY implemented a policy that requires you to take your temperature every day before coming into the office, and to refrain from coming into the office should you have a fever, you would: (select one)
	1. Fully comply.
	2. Take my temperature daily, but if I had a fever with no other symptoms and the reason for going into the office was important to me, I would probably still go into the office.
	3. Take my temperature only if I did not feel well that morning.
	4. Honestly, I probably would rarely (if ever) remember to take my temperature.
12. What do you want to see in the COMPANY office to feel safe when you do return? (select all that apply)
	1. Temperature Check policy.
	2. Space-out workstations to allow for social distancing.
	3. Create a one-directional traffic flow through the office.
	4. Limit the number of people in the office to 10.
	5. Provide disposable workstation placemat to be used for each visit.
	6. Other: (please specify)
13. Are there any other considerations or thoughts you would like to share with us as it relates to re-opening the COMPANY office?