**.START OF FORM.**

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| --- | --- |
| **ID** |  |
| **Completion time** |  |
| **Your name** |  |
| **Your work email address** |  |
| **Your Office** |  |
| **Do you have to travel by public transport to get to work?** | Yes/No |
| **If yes, are you happy to do so when lockdown is eased?** | Yes/No |
| **What impact has not having to commute had on your work/life balance?** |  |
| **If the office re-opens, are you happy to work there – with social distancing/hygiene procedures in place?** | Yes/No |
| **Would you feel comfortable working back at the office or would you prefer to continue to work from home?** | Office/Home |
| **Some offices may open with restricted capacity (for example 25% or 50%) would you be happy to return to work in the office on this basis?** | Yes/No |
| **Are you considered to be in the ‘vulnerable’ category, or live with someone who is?** | Yes/No |
| **Whilst working from home do you feel that you are as productive as working from the office, more, or less so?** | More Productive/No Different/Less Productive |
| **Where in your house are you working?** |  |
| **What communication have you had with clients since lockdown began?** | Yes/No |
| **Have you had online meetings?** | Yes/No |
| **Were they successful?** | Yes/No |
| **What might improve this, if anything?** |  |
| **Have you been able to assist clients effectively with any business issues they have had during the COVID-19 pandemic?** | Yes/No |
| **Since lockdown, have you been in touch with your colleagues?** | Yes/No |
| **If yes, how regularly are you in contact?** |  |
| **If no, please state why not** |  |
| **What sort of computer are you using to work from home** | Office Desktop/Office Laptop/Own Computer via Cloudflare |
| **How many screens are you using whilst at home** |  |
| **How are you connected to the internet** | Wired/Wireless |
| **Has the computer equipment you have been using to work from home changed in the last 6 weeks for example were you using Cloudflare and have collected your computer or collected an additional screen** | Yes/No |
| **Whilst working from home, have you had any IT difficulties?** | Yes/No |
| **If yes, please state the problems** |  |
| **Whilst working from home how is your IT on a scale of 1-5 (1 being poor to 5 being excellent)** | 1/2/3/4/5 |
| **How does this compare to how it was whilst working in the office (1 being poor to 5 being excellent)** | 1/2/3/4/5 |
| **During the lockdown period, how have you felt?** |  |
| **Are you living on your own or with your family/with friends?** | Own/Family |
| **How has the COVID-19 pandemic made you feel?** |  |
| **Have been able to keep in touch with your other friends/family on a regular basis?** |  |
| **How do you feel about returning to work?** |  |
| **Will you have childcare problems if you return to the office?** | Yes/No |
| **If yes, what childcare problems will you have?** |  |
| **Have you/or a member of your household had any symptoms of COVID-19 during the lockdown period?** | Yes/No |
| **During lockdown what holiday have you taken?** |  |
| **During lockdown what TOIL have you worked/taken?** |  |
| **Please use for any other comments/detail you wish to give** |  |

**.END OF FORM.**