

Telework Patient Access Post-Pilot Survey



Connecting Disconnected Data™

The following survey was designed to assess your expectations concerning the (Organization) home agent program. Individual responses are confidential and will be used for statistical purposes only.

1. Demographics (contact information):

Name

Work phone number

Supervisor

I've now been teleworking for _____
Month(s)

Name of program

Other

Office location

2. Environmental/Infrastructure parking impacts:

How do you presently get to work?

Drive alone _____ Days per week

Vanpool _____ Days per week

Carpool _____ Days per week

Walk _____ Days per week

Bus _____ Days per week

Bicycle _____ Days per week

Other explain: _____ Days per week

How far is it from your home to work (one way)? _____ Miles

What is the approximate cost per month of your travel to and from work?

\$ _____ Per month

Other: _____

3. Scheduled Work Hours:

What is your normal start time at work? _____ a.m. – p.m. (circle one)

How much time per week do you anticipate needing to be in the traditional office?

_____ Hours _____ Day(s)

Other: _____

4. Status of Home Setup:

Indicate the office furniture and equipment you currently have and plan to use for work.

(Check all that apply)

- ___ Desk ___ Desk lamp ___ Fax machine
- ___ Ergonomic chair ___ Separate phone line ___ Printer
- ___ High-Speed Internet ___ Quite work location

Other: _____

Did you personally experience any additional costs due to the telework pilot?

___ Yes (If so, what?) _____

___ No

Other: _____

5. Professional Impacts:

Did the idea of teleworking make you uneasy or uncomfortable about doing your job well?

___ Not at all

___ A little How? _____

___ A lot How? _____

How much did the relationship between you and your supervisor change after you began teleworking?

___ Not at all

___ A little How? _____

___ A lot How? _____

How much do you think teleworking affected the quality of your work?

- ___ Not at all
- ___ A little How? _____
- ___ A lot How? _____

Does teleworking have an effect on your productivity?

- ___ Not at all
- ___ A little How? _____
- ___ A lot How? _____

During the pilot, do you think teleworking helped you better manage the time you spent working?

- ___ Not at all
- ___ A little How? _____
- ___ A lot How? _____

While you worked at home did you experience?

- ___ More distractions than in the office
- ___ Fewer distractions than in the office
- ___ Approximately the same amount of distraction as in the traditional

Was it easier to do your job at home than in the office?

- ___ Yes Why? _____
- ___ No Why? _____
- ___ About the same

One the day(s) you worked at home approximately how many times did you contact the office?

- ___ By Phone
- ___ By E-Mail
- Other _____

6. Personal Impacts:

Would you say your attitude toward telework is?

- ___ Positive ___ Negative ___ Neither

Since you began working from home, has your attitude toward your job:

Improved

Remains unchanged

Declined

Describe (changes only) _____

Would you recommend teleworking to other employees?

Yes

No

Not sure

(Why, if yes or no response) _____

Would having the option of telework affect your future career choices?

Yes

No

Not sure

(Why, if yes or no response) _____

Did your schedule change during the pilot?

Yes

No

Not sure

(Why, if yes or no response) _____

While teleworking were you able to keep your work and personal life separate?

Yes

No

Not sure

Did teleworking help you work at your personal "peak" times?

___ Yes

___ No

___ Not sure

(Why, if yes or no response) _____

What other computer software, hardware and/or office furniture would enable you to work more efficiently at home?

Close:

Additional thoughts or comments:

Thank you for your time and cooperation in completing this questionnaire. Your information represents an important part of this home agent pilot evaluation process.

Distribution: Please return this questionnaire in the enclosed envelope no later

than _____ to _____
(Date) (Name or Location)