## **Telework Patient Access Pre-Pilot Survey**



The following survey was designed to assess your expectations concerning the telework program. Individual responses are confidential and will be used for statistical purpose only.

Connecting Disconnected Data™

Name	Work phone number  Home office number		
Supervisor			
Name of program	Other		
Office location			
Environmental/Infrastructure parking i	mpacts:		
How do you presently get to work?	·		
How do you presently get to work?  Drive alone Days per week	Vanpool Days per week		
How do you presently get to work?  Drive alone Days per week  Carpool Days per week	Vanpool Days per week Walk Days per week		
How do you presently get to work?  Drive alone Days per week  Carpool Days per week	Vanpool Days per week Walk Days per week Bicycle Days per week		
How do you presently get to work?  Drive alone Days per week  Carpool Days per week  Bus Days per week	Vanpool Days per week  Walk Days per week  Bicycle Days per week  Days per week		
How do you presently get to work?  Drive alone Days per week  Carpool Days per week  Bus Days per week  Other explain:  How far is it from your home to work (one)  What is the approximate cost per month of	Vanpool Days per week Walk Days per week Bicycle Days per week Days per week way)? Miles		
How do you presently get to work?  Drive alone Days per week  Carpool Days per week  Bus Days per week  Other explain:	Vanpool Days per week Walk Days per week Bicycle Days per week Days per week way)? Miles		
How do you presently get to work?  Drive alone Days per week  Carpool Days per week  Bus Days per week  Other explain:  How far is it from your home to work (one)  What is the approximate cost per month of	Vanpool Days per week Walk Days per week Bicycle Days per week Days per week way)? Miles of your travel to and from work?		

	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:						
	Do you anticipate personally instance Yes, because No Other:						
5.	5. Personal Concerns:  Do you already feel like your personal life is affecting your professional career?  Yes (If so, how?)  No  Does the idea of working from home make you feel uneasy or uncomfortable about getting your work finished on time?						
Not at all A little A lo							

3. Scheduled Work Hours:

	Are you concerned about how, or if, the relationship might change between you are your supervisor after you begin teleworking?						
			_	A lot			
	Other:						
6.	Work Efficiency:						
	How do you think working from home will impact your ability to serve the custome						
	Very Positively	PositivelyNot	at all Negatively	Very Negatively			
	How much do you think	teleworking will i	mpact the quality of yo	our work?			
	Very Positively	PositivelyNot	at all Negatively	Very Negatively			
	How much do you think effectiveness?	teleworking will a	affect your productivity	/personal			
	Very Positively	PositivelyNot	at all Negatively	Very Negatively			
	During the pilot, how do time?	o you think telewo	orking will change the v	vay you manage your			
	Very Positively	PositivelyNot	at all Negatively	Very Negatively			
Close	<b>:</b> :						
Additi	onal thoughts or comme	ents:					
	k you for your time and o sents an important part						
	bution: Please return thi	•	•				
than_	(Dat	to	/No:	or Location			
	(Dat	e)	(Name	or Location)			