

# Telework Patient Access Pre-Pilot Survey



Connecting Disconnected Data™

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.

## 1. Demographics (contact information):

Name

\_\_\_\_\_

Work phone number

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Home office number

\_\_\_\_\_

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: \_\_\_\_\_

Do you anticipate personally installing a second line during the pilot?

Yes, because \_\_\_\_\_

No

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 lot

