

BQA Telework Project Teleworker Survey

Instructions: Save this file/document and complete the survey electronically in Word. Email completed survey to Chris Benesh by September 17, 2004. Please use the letter X to indicate your response to questions that use boxes. Use the Tab key to move forward in the document and Shift+Tab to move backward.

1. Name:

2. When you decided to telework, what were the positive aspects that attracted you? (Check all that apply)

- Decreased commuting time
- Less frequent interruptions
- Increased flexibility of work environment
- Decreased commuting costs
- Increased work productivity
- Less job stress
- Decreased leave usage
- Other (please identify)

3. Now that you have been teleworking, please indicate if you are pleased with the results for the above aspects.

- | | | |
|---|------------------------------|-----------------------------|
| Decreased commuting time | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Less frequent interruptions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Increased flexibility of work environment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Decreased commuting costs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Increased work productivity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Less job stress | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Decreased leave usage | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other (please identify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

4. How would you rate the following factors as a result of your telework experience?

	Decreased Substantially	Decreased	No Change	Increased	Increased Substantially
Work Productivity (quantity)	<input type="checkbox"/>				
Work Quality	<input type="checkbox"/>				
Timeliness of Work Completion	<input type="checkbox"/>				
Client Support/Customer Service	<input type="checkbox"/>				
Team/Peer Communication	<input type="checkbox"/>				
Quality of Life	<input type="checkbox"/>				
Use of Leave Time	<input type="checkbox"/>				
Job Satisfaction	<input type="checkbox"/>				
Organizational/Planning Skills	<input type="checkbox"/>				

Other (identify):

5. In what specific ways have you changed the way you do your job to facilitate teleworking?

6. Has the relationship with your supervisor changed as a result of teleworking? Yes No
If Yes, describe the change.

7. Has there been a change in the workload of either coworkers or support staff? Yes No
If Yes, what has changed?

8. Has there been a change in the amount of time needed to submit work products? (If there has been a change, please comment.)
 Improved Declined Remained the same

9. On days that you are teleworking, how would you rate your ability to:

	Decreased Substantially	Decreased	No Change	Increased	Increased Substantially
Reach supervisor when necessary	<input type="checkbox"/>				
Coordinate with coworkers	<input type="checkbox"/>				
Initiate new tasks/projects	<input type="checkbox"/>				
Follow-through on projects	<input type="checkbox"/>				
Access support staff	<input type="checkbox"/>				
Access to technical staff	<input type="checkbox"/>				
Comments (Please add comments, especially if ability has Decreased):					

10. Indicate the Ownership of equipment **And** Importance of equipment and programs, for task completion during days that you telework.

Equipment/Program	Ownership			Importance			
	State Owned	Personally Owned	Not Available	Not Important	Somewhat Important	Very Important	Not Applicable
Personal Computer	<input type="checkbox"/>						
Cell phone for voice communications	<input type="checkbox"/>						
Dedicated phone line for modem	<input type="checkbox"/>						
Fax Machine	<input type="checkbox"/>						
Answering machine/voice mail	<input type="checkbox"/>						
Printer	<input type="checkbox"/>						
Copier	<input type="checkbox"/>						
Other Equipment (specify):	<input type="checkbox"/>						
Access to DHFS network directories/files				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to GroupWise				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to ACO				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to APIS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to ACTS														
Access to FLCIS														
Other Programs (specify):														
Comments:														

11. How many pages per month do you print and what types of documents are printed?

12. What is the DHFS bar code on your state assigned laptop?

13a. What method was used to connect to the DHFS network? (Check all that apply.)

Dial-up/Modem Cable DSL Router

13b. Cable and DSL users, provide the name of your ISP and the service level (speed):

14. Did your connection speed work well for the programs and files you needed to access? Yes No

If No, which programs run slow with your access method? (Please include the method that was used to access the programs and for dial-up users specify if Citrix was used.)

15. On average, how long does it take you to log on to the DHFS network?

0-3 mins.	4-6 mins.	7-10 mins.	10-15 mins.	Over 15 mins.
<input type="checkbox"/>				

16. Did you encounter equipment or technical problems with initial startup? Yes No
If Yes, what problems occurred?

17. What equipment problems did you experience after initial startup and how were the problems resolved?

18. What effect do you think telework has on your unit/team?

19. How frequently was it necessary for you to be in the office and for what reasons/purposes did you need to go to the office?

20. How many days per month were you able to work at home instead of going to the office?

21. How many total miles per month do you save by teleworking?

<50	50-100	101-200	201-300	201-400	>400
<input type="checkbox"/>					

22. Do you feel you need more computer training? Yes No
If Yes, please check all that apply.

GroupWise	ACO	ACTS	APIS	Word	Network Connection
<input type="checkbox"/>					

Other (please identify):

23. Do you have job tasks that are not conducive for teleworking? Yes No

If Yes, please identify the job tasks.

24. If telework were implemented, would you apply to telework? Yes No

If No, why not?

25. Telework could be improved by:

26. Additional comments: