

COVID-19 Employee Return-to-Work Survey

As [Company name] begins to welcome our employees back to the workplace, we'd like to better understand your thoughts and concerns surrounding the COVID-19 pandemic and [Company name]'s efforts to keep you safe.

We would appreciate it if you would take the time to complete this anonymous survey by [enter date]. If you would like a personal response to your individual comments, please enter your name and department at the end of the survey, and a representative from HR will contact you directly.

General Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel confident [Company name] leadership can bring me back to work safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe appropriate safety protocols will be in place when I return to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the safety protocols being implemented to prevent COVID-19 infections at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the importance of screening employees for symptoms of COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no fear of being infected with the coronavirus while at work because of my own health conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no fear that I will carry the virus home to family members and infect them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no fear of contracting the virus from co-workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no fear of contracting the virus from customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe my job would be negatively impacted if I tested positive for COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe traveling to and from work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I will have adequate access to child care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe traveling for work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about my job security.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about the financial stability of [Company name].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about the local or U.S. economy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Add others relevant to your workplace]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which safety measures do you want to see in the workplace?	Yes	No	Unsure
Required masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optional masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face shields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer-provided masks or face shields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand sanitizer stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional hand washing areas/stands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoe covers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposable gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily disinfection of work areas/common areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical-distancing protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staggered shifts/breaks/days in office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily employee health screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer testing for COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased telecommuting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Detailed protocols for handling workplace exposures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited business travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitor health screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not allowing visitors/clients in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plexiglass barriers between co-workers/customers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>[Add others relevant to your workplace]</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any comments or concerns you have below:

Optional:

Employee Name:	Dept.:
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