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

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

Please add any comments or concerns you have below:

|  |
| --- |
|  |

Optional:

|  |  |
| --- | --- |
| Employee Name: | Dept.: |