[AGENCY] TEMPLATE

Pre-Occupancy Employee Survey

Start of Block: Intro

End of Block: Intro

This workplace survey will ask a series of questions about the type of work you do, where it's accomplished, what's important to you, and to what degree your needs are currently being met. When answering the questions, please refer to the time before any stay-at-home orders were issued. The survey takes about 20 minutes to complete and should be completed in one session. Please use your desktop computer when filling this out as it will be easier to provide adequate information. When responding to this study, think about how you do your work on a typical day. If you are acting in a position, please answer the questions for your permanent position and not your acting role. All responses to this survey will remain anonymous and will be aggregated into larger groups. Any specific comments you contribute will be grouped anonymously with others. Questions about this survey can be sent to GSA at workplace@gsa.gov

Start of Block: Section 1: Background Information

SECTION 1: BACKGROUND INFORMATION

AGENCY ORGANIZATION TIERING HERE

1. Which type of position do you hold at your organization?
○ Federal full-time (1)
O Federal part-time (2)
O Contract full-time (3)
O Contract part-time (4)
O Seasonal full-time (5)
O Seasonal part-time (6)
O Volunteer (7)
2. How would you categorize your job function?
▼ Administrative Assistant / Clerical (1) Other (2)

kind of individual workspace do you primarily use?
An enclosed single-person office (1)
O An enclosed multi-person office (2)
A workstation or cubicle where all dividers are high enough that most people cannot see over when standing (3)
A workstation or cubicle with some dividers that most people cannot see over when seated (8)
A workstation or cubicle with some dividers that most people can see over when seated (9)
Open workspace with no partitions (6)
Other (7)
4. Approximately how many years have you worked in this building?
C Less than 1 year (1)
○ 1 – 2 years (2)
3 - 5 years (3)
More than 5 years (4)

5. Approximately how long have you worked in your present workspace?
O Less than 3 months (1)
○ 4 – 6 months (2)
○ 7 – 12 months (3)
O More than 1 year (4)
End of Block: Section 1: Background Information
Start of Block: Section 2: How you do your work
SECTION 2: HOW YOU DO YOUR WORK
In this section, your primary work location refers to the location to which you are assigned to by your organization (your duty station). Your responses must equal total time identified for each question.
6. How many hours (on average) do you work in a typical work week? (total pay period hours divided by number of weeks in pay period, e.g. 80 hrs/pp divided by 2 wks = 40 hrs/wk)
*

these locations? Your total time must equal 100%.
At your desk in your primary work location: (1) Away from your desk in your primary work location (such as in another workstation, meeting room, break area, etc.): (2) Working at home: (3) At other locations away from your primary work location (such as visiting client locations, project sites, attending conferences/training, working in a coffee shop): (4) Total:
*
8. Of the hours that you spend in your primary work location (from question above), what percentage of your time do you typically spend conducting the following activities? Collaborating by face-to-face interaction (such as meeting with colleagues, supervisory work, customer service, etc.):
9. Please describe the other activities that you accomplish at your desk:
End of Block: Section 2: How you do your work

Start of Block: Section 3: Teleworking & Mobile Work Preferences

SECTION 3: TELEWORKING & MOBILE WORK PREFERENCES

How many workdays per pay period (2 weeks) do you currently telework (work away from primary work location)?
O 0 (1)
O 1 (2)
O 2 (3)
O 3 (4)
O 4 (5)
O 5 (6)
O 6 (7)
O 7 (8)
O 8 (9)
O 9 (10)
O 10 (11)

or may not affect your a	Does not affect my ability to telework (1)	Somewhat affects my ability to telework (2)	Significantly affects my ability to telework (3)
Core hour restrictions (1)	0	0	0
Information technology (IT) tools and infrastructure (2)	0		0
Electronic vs. paper files (3)	0		0,
Employee/supervisor perceptions (4)	0		0
Culture and office etiquette (5)	0		0
12a. Do you share a de	sk with others (hoteling,	hot-desking) on a regular	· basis?
O Yes (1)		,	
O No (2)			
Display This Question:			

If Do you share a desk with others (hoteling, hot-desking) on a regular basis? = Yes

12b. Please rat	e your satisfaction	on with the follow	ing aspects of d	esk-sharing:	
	Extremely dissatisfied (30)	Somewhat dissatisfied (31)	Neither satisfied nor dissatisfied (32)	Somewhat satisfied (33)	Extremely satisfied (34)
Sharing workspace (1)	0	0	0	0	0
Making reservations for your workspace (2)	0	0	0		0
Use of non- reservable or touchdown workspace (3)	0	0	0	0	0
Functionality of the workspace (4)	0			0	0

14. Please explain why:
End of Block: Section 3: Teleworking & Mobile Work Preferences
Start of Block: Section 4: Interaction with your co-workers
SECTION 4: INTERACTION WITH YOUR CO-WORKERS
15. Generally speaking, how often do you interact with your co-workers in your immediate organizational unit?
Oaily or several times a day (1)
2-4 times a week (2)
Once a week (3)
A couple times a month (4)
Less than once a month (5)
16. Evaluate the following factors regarding communication and collaboration within your immediate organization:

17. How important is it for your work?

·	Not at all important (11)	Slightly important (12)	Moderately important (13)	Very important (14)	Extremely important (15)
In-person, face-to-face communication (1)	0	0	0	0	0
Technology enabled communication (3)	0	0	0		, 0
Rapid sharing of information within your immediate organization (2)	0	0	0	0	0
Locating others when you need to work with them (4)	0			0	0
Awareness of what others in your organization are working on (8)				0	0

19. How well is	this activity being Not well at all (11)	supported? Slightly well (12)	Moderately well (13)	Very well (14)	Extremely well (15)
In-person, face-to-face communication (1)	0	0	0		0
Technology enabled communication (3)	0	0	0	0	0
Rapid sharing of information within your immediate organization (2)	0			0	0
Locating others when you need to work with them (4)		0	0	0	0
Awareness of what others in your organization are working on (8)	0	0	0	0	0
End of Block:	Section 4: Intera	ction with your	co-workers		

20. Generally speaking, how often do you interact, in person, with colleagues from other groups in your agency who are not in your immediate organizational unit?
O daily or several times a day (1)
2-4 times per week (2)
Once a week (3)
a couple times a month (4)
O less than once a month (5)
21. Generally speaking, how often do you interact with people outside of your agency?
O daily or several times a day (1)
2-4 times per week (2)
Once a week (3)
a couple times a month (4)
less than once a month (5)
End of Block: Section 5: Interaction with other organizations
Start of Block: Section 6: Quality of your individual work space
SECTION 6: QUALITY OF YOUR INDIVIDUAL WORK SPACE
22. Please evaluate the following factors regarding your individual work space:

23. How important is it for your work?

·	Not at all important (11)	Slightly important (12)	Moderately important (13)	Very important (14)	Extremely important (15)
Sufficient desk surface for working with paper (1)	0	0	0	0	0
Sufficient file and book storage (2)	\circ	0	0	0	0
Ability to use your computer and review paperwork at your desk, at the same time (3)		0			0
Ability to work with other people at your desk (4)	0			0	0
Ability to concentrate for 1 or more hours without interruption (5)			0		0

24. How important is it for your work?

	Not at all important (11)	Slightly important (12)	Moderately important (13)	Very important (14)	Extremely important (15)
Ability to have a private conversation (6)	0	0	0	0	0
Access to a window view when you are seated at your desk (7)	0	0	0		0
Accessibility of paper files (8)	0	0	0	0	0
Accessibility of electronic files (9)	0	(0	0	0
Ability to choose your individual workspace (10)					0
(8) Accessibility of electronic files (9) Ability to choose your individual workspace					

25. Please evaluate the following factors regarding your individual work space:					
26. How well is	it performing? Not well at all (11)	Slightly well (12)	Moderately well (13)	Very well (14)	Extremely well (15)
Sufficient desk surface for working with paper (1)	0	0	0		0
Sufficient file and book storage (2)	0	\circ	0.1	0	0
Ability to use your computer and review paperwork at your desk, at the same time (3)	0				0
Ability to work with other people at your desk (4)		0	0	0	0
Ability to concentrate for 1 or more hours without interruption (5)	0	0	0		0

27. How well is it performing?

	Not well at all (11)	Slightly well (12)	Moderately well (13)	Very well (14)	Extremely well (15)
Ability to have a private conversation (6)	0	0	0	0	0
Access to a window view when you are seated at your desk (7)	0	0	0		0
Accessibility of paper files (8)	0	\circ	0	0	0
Accessibility of electronic files (9)	0	0	0	0	\circ
Ability to choose your individual workspace (10)	0		0	0	0

28. Please rate your satisfaction with the following items: Neither Somewhat Extremely Extremely Somewhat satisfied nor dissatisfied dissatisfied satisfied (18) satisfied (19) dissatisfied (21) (22)(20)The comfort of your office furnishings (chair, desk, computer, equipment, etc) (1) The availability of enclosed meeting spaces (4) The availability of open meeting spaces (5) The individual work space choices (6) End of Block: Section 6: Quality of your individual work space Start of Block: Section 7: Document Use SECTION 7: DOCUMENT USE

29. On average, how frequently do you use the following paper-based resources at your desk?

	Every day (1)	Few days a week (2)	Few days a month (3)	Rarely (4)	Never (5)
Large- volume, paper-based materials (e.g. reference or law books, regulations, binders) (1)	0	0	0		0
Information that can only be accessed while in the primary work location (e.g. personnel records, sensitive documents or records) (2)	0	0	0		0
Oversized documents (e.g. maps, posters, architectural or engineering drawings) (3)			0		

30. How frequently do you use the following paper-based resources \underline{away} from your \underline{desk} , such as in a library or conference room?

	Every day (1)	Few days a week (2)	Few days a month (3)	Rarely (4)	Never (5)
Large- volume, paper-based materials (e.g. reference or law books, regulations, binders) (1)	0	0	0		
Information that can only be accessed while in the primary work location (e.g. personnel records, sensitive documents or records) (2)	0				0
Oversized documents (e.g. maps, posters, architectural or engineering drawings) (3)				0	

of them do you	· ·		ateriais) at your o	езк, арргохіпа	ely now much
O Most of r	ny stored docun	nents (1)			
O Some of	my stored docu	ments (2)			
O A few of	my stored docu	ments (3)			
O None of	my stored docur	ments (4)			
End of Block: S	Section 7: Docu	ıment Ilse			
			support spaces		
SECTION 8: US 32. Please evalue location:			T SPACES	es in your prima	ry work
33. How importa	nt is it to your w Not at all important (11)	vork? Slightly important (12)	Moderately important (13)	Very important (14)	Extremely important (15)
2-4 person meeting room (1) 5-8 person	0	0	0	0	0
meeting room (2)	0	\circ	\circ	\circ	\bigcirc
9-15 person meeting room (3)	0	0	0	0	0
15+ person meeting room (4)	0	0	0	0	0
Page Break —					

34. How importan	-				
	Not at all important (11)	Slightly important (12)	Moderately important (13)	Very important (14)	Extremely important (15)
Space to participate in video teleconferences (7)	0	0	0		0
Space for activities that require focused concentration, such as writing reports (8)	0	0		0	0
Taking work phone calls that your coworkers should not hear (9)	0	0		0	0
Talking on a speaker phone (10)			0	\circ	\circ

35. How important is it to your work?

	Not at all important (11)	Slightly important (12)	Moderately important (13)	Very important (14)	Extremely important (15)
Space to heat or store food (e.g., kitchen facilities) (11)	0	0	0	0	0
Ability to display, store, and track group or project work (12)	0	0	0		
Space for impromptu or informal meetings (e.g., open meeting tables, unreserved meeting rooms, etc.) (13)	0			0	
Space for social interaction (e.g., break areas, corridors, lobbies) (14)			0		0
Space to be quiet, reflect, or restore mental energy (e.g., a Wellness or quiet space) (15)	0	0	0		0
Space to pause and chat while transitioning through spaces or	0	0	0	0	0

building (e.g., touchdown spaces in circulation or near meeting areas) (16)

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Please evaluate the following factors regarding support spaces in your primary work location:

into/out of the

36. How well is	it supporting your	work?			
	Not well at all (11)	Slightly well (12)	Moderately well (13)	Very well (14)	Extremely well (15)
2-4 person meeting room (1)	0	0		0	0
5-8 person meeting room (2)	0		0	0	\circ
9-15 person meeting room (3)		0	\circ	\circ	\circ
15+ person meeting room (4)		0	\circ	\circ	\circ

Please evaluate the following factors regarding support spaces in your primary work location: 37. How well is it supporting your work? Not well at all Very well Slightly well Moderately Extremely (14)well (15) well (13) (11) (12)Space to participate in video teleconferences (7) Space for activities that require focused concentration, such as writing reports (8) Taking work phone calls that your coworkers should not hear (9) Talking on a speaker phone (10)

38. How well is it supporting your work?

CO. FIOW WOIL IO	Not well at all (11)	Slightly well (12)	Moderately well (13)	Very well (14)	Extremely well (15)
Space to heat or store food (e.g., kitchen facilities) (11)	0	0	0	0	0
Ability to display, store, and track group or project work (12)	0	0	0		0
Space for impromptu or informal meetings (e.g., open meeting tables, unreserved meeting rooms, etc.) (13)	0			0	0
Space for social interaction (e.g., break areas, corridors, lobbies) (14)			0	0	0
Space to be quiet, reflect, or restore mental energy (e.g., a Wellness or quiet space) (15)			0	0	0
Space to pause and chat while transitioning through spaces or into/out of the	0	0	0	0	0

building (e.g., touchdown spaces in circulation or near meeting areas) (16)

End of Block: Section 8: Use and quality of support spaces
Start of Block: Section 9: Interaction with visitors
SECTION 9: INTERACTION WITH VISITORS
The following questions apply to external visitors from customers agencies, vendors, and other organizations that are not part of your organization.
39. Generally speaking, how often do you meet with external visitors in your building?
O Daily or several times a day (1)
2-4 times a week (2)
Once a week (3)
A couple times a month (4)
Less than once a month (5)
O Never (6)

Skip To: #41 If Generally speaking, how often do you meet with external visitors in your building? = Never

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40. Select the choose up to 2	most commonly-u locations.	sed locations w	here these mee	tings typically occ	cur. You may
My wor	kstation or private	e office (1)			
☐n a wo	rkstation or privat	e office of my co	olleague or supe	rvisor (2)	
n an er	nclosed meeting o	or conference ro	om (3)		
☐n an op	oen meeting or re	ception area (4)		
Other	(5)				
41. Excluding y typical meeting	our organization' 9?	s personnel, wh	at is the average	e size of the visiti	ng party for a
○ 1 – 4 vi	sitors (1)				
○ 5 – 8 vi	sitors (2)				
O 9 – 15 v	visitors (3)				
O More th	nan 15 visitors (4)		·		
42. Does your outside of your	work space enha	nce or inhibit yo	ur ability to mee	t with people visi	ting from
	Inhibits (1)	Somewhat inhibits (2)	Neutral (3)	Somewhat enhances (4)	Enhances (5)
(1)	0	0	0	0	0
End of Block:	Section 9: Intera	action with visi	tors		
Start of Block	: Section 10: Cu	rrent workplace	e performance		

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SECTION 10: CURRENT WORKPLACE PERFORMANCE The following questions will help generally identify your current workstation/office location in order to help analyze existing indoor environmental conditions in those areas/zones. For reference please see the diagram below. The following questions and level of information TBD for each project. 43. What floor is your current workstation/office located? 44. What building wing is your current workstation/office located? 45. [FLOOR PLAN ILLUSTRATION] (Optional: Not Required)

46. What building	ng zone is your c	urrent workstati	on/office located?	•	
\bigcirc					
\bigcirc					
\circ					
Page Break -					
47. How satisfie	ed are you with th	ne following asp	ects of your curre	nt office environ	ment?
	Extremely dissatisfied (13)	Somewhat dissatisfied (14)	Neither satisfied nor dissatisfied (15)	Somewhat satisfied (16)	Extremely satisfied (17)
Network Access (6)	0	0	0	0	\circ
Furniture comfort, adjustability (7)	0			0	0
Temperature control (8)		0	0	0	\circ
Views to the outdoors (10)			\circ	\circ	\circ

48. How satisfied are you with the following aspects of your current office environment?

	Extremely dissatisfied (13)	Somewhat dissatisfied (14)	Neither satisfied nor dissatisfied (15)	Somewhat satisfied (16)	Extremely satisfied (17)
Daylighting (1)	0	0	0	0	\circ
Electric lighting (2)	0	\circ	\circ		0
Lighting Control (4)	0	\circ	0		0
Acoustical Conditions (5)	0	\circ	0	0	0

49. How much do you agree or disagree with the following statements regarding air and temperature?

	Strongly agree (13)	Somewhat agree (14)	Neither agree nor disagree (15)	Somewhat disagree (16)	Strongly disagree (17)
The air in the open work areas I use often seems stuffy or has a stale smell.	0	0	0	0	0
When I first enter bookable (or reservable) meeting spaces, the air seems fresh. (2)	0	0			0
When I am using bookable (or reservable) meeting spaces, the air stays fresh and pleasant the entire time. (3)			0		

50. How much do you agree or disagree with the following statements regarding air and temperature?

temperature:	Strongly agree (13)	Somewhat agree (14)	Neither agree nor disagree (15)	Somewhat disagree (16)	Strongly disagree (17)
I feel the need to prop open doors to enclosed meeting spaces to alter the air flow (not temperature) in the room. (1)	0	0	0		0
I feel the need to prop open doors to enclosed meeting spaces to alter the temperature (not air flow) in the room. (2)	0	0	0		0
I have noticed cold or warm zones as I pass through the open work area. (3)			0	0	0
I notice a draft or unwanted air movement near my workstation/office. (4)		0	0	0	0
Page Break					

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51. How satisfied are you with the air quality?						
C Extremely satisfied (23)						
O Somewhat satisfied (24)						
O Neither satisfied nor dissatisfied (25)						
O Somewhat dissatisfied (2	26)					
O Extremely dissatisfied (2	27)					
Skip To #53 If How satisfied are you	ou with the air quality? = Neither sation ou with the air quality? = Somewhat so ou with the air quality? = Extremely so	atisfied				
52. Given your level of dissatisfaction with air quality, please identify any air quality issues you have routinely observed in your primary workspace or meeting/collaboration rooms. Check all that apply: Primary Workspace (1) Enclosed Meeting/						
шас арргу.	Primary Workspace (1)					
	Primary Workspace (1)	Enclosed Meeting/ Collaboration Rooms (2)				
Odor (1)	Primary Workspace (1)					
	Primary Workspace (1)					
Odor (1)	Primary Workspace (1)					
Odor (1) Stuffiness (4)	Primary Workspace (1)					
Odor (1) Stuffiness (4) Too dry (5)	Primary Workspace (1)					
Odor (1) Stuffiness (4) Too dry (5) Too humid (6)	Primary Workspace (1)					

54. Overall, is the current heating, ventilation, and cooling (HVAC) comfortable?
O Yes (1)
O No (2)
55. How satisfied are you with the temperature conditions?
Extremely satisfied (18)
O Somewhat satisfied (19)
Neither satisfied nor dissatisfied (20)
Somewhat dissatisfied (21)
Extremely dissatisfied (22)
Skip To: #57 If How satisfied are you with the temperature conditions? = Extremely satisfied Skip To: : #57 If How satisfied are you with the temperature conditions? = Somewhat satisfied

Skip To: #57 If How satisfied are you with the temperature conditions? = Neither satisfied nor dissatisfied

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56. Given your level of dissatisfaction with temperature conditions, please specify your level of comfort for each season. (Select N/A if you do not work during that season or have not worked during that season yet).

during that season	Too Cold (1)	Neutral (2)	Too Warm (3)	N/A (4)			
Spring (1)	0	0	0	\circ			
Summer (2)	0	\circ	0	\circ			
Autumn (3)	0	\circ		0			
Winter (4)	0	0		0			
57. Please identify any additional air quality issues you have routinely observed in your primary workspace or meeting/collaboration rooms:							

	Not enough air flow (stuffy) (1)	Neutral (2)	Too much air flow (drafty) (3)
Spring (1)	0	\circ	0
Summer (2)	0	0	0
Autumn (3)	\circ	0	
Winter (4)		0	0
59. The noise from the	e HVAC system is:		
O Too loud (1)			
O Too frequent (2)		
O Not noticable	(3)		
O No opinion (4)			
60. Do you have other	comments about the HVAC	??	
Page Break ———			

61. How much do you agree or disagree with the following statements regarding lighting? Neither Strongly Somewhat Somewhat Strongly agree nor disagree agree (12) agree (11) disagree disagree (14) (15)(13)I do not experience glare or reflected light coming off my work surface. (1) I do not experience glare or reflected light in my eyes through the windows of the workspace (such as from a nearby building). (2) I can control nearby blinds or window shades when I feel the need to alter the amount of sunlight at my workstation/office. (3)It is easy for me to look toward a window from my workstation/office and judge the time of day or weather outside. (4) 62. What is the approximate distance to exterior windows from your workspace?

▼ 0 feet (1) ... 80 feet (9)

63. Approximately how often are the blinds closed so you can't see outside the window?
O Never (1)
Rarely (2)
O Sometimes (3)
Often (4)
O Always (5)
64. Do you have task lighting at your primary desk? O Yes (4)
O No (5)
Skip To: #66 If Do you have task lighting at your primary desk? = No
65. On a typical work day, approximately how many hours a day is your task lighting on?
▼ 0 hours (1) 10 hours (25)
Page Break

66. How would you rate the lighting in your workspace for each of the following tasks? Mark all that apply.

шасарріу.	Too dim (1)	Just right (2)	Too bright (3)	Does not apply (4)			
Paper tasks (reading, writing, filing) (1)	0	0	0	0			
Reading a computer screen (2)	0	0		0			
Keyboard typing (3)	\circ	0	0	0			
Face-to-face conversations (4)	0		0	0			
67. Overall, is the current lighting in your workspace comfortable?							
O Yes (4)							
O No (5)							

68. Please identify any electric lighting issues you have routinely observed in your primary workspace or meeting/collaboration rooms. Check all that apply:

	Primary Workspace (1)	Enclosed Meeting/Collaboration Rooms (4)
Too dim (1)	0	0
Too bright (4)	\circ	
Too much glare or contrast (5)	0	
Automatic lighting turns off, on, or dims when not desired (6)	0	
Flickering (7)	0	0
Undesirable light color (too cold/blue, too warm/orange, etc.) (8)		
69. Please identify any additional primary workspace or meeting/o		ve routinely observed in your
Page Break ———————		

71. How much do you a	agree or disagree with	the following statements	regarding acoustics?

	Always (18)	Most of the time (19)	About half the time (20)	Sometimes (21)	Never (22)
I can overhear others' phone calls (1)	0	0	0	0	0
I am distracted by nearby face- to-face conversations (2)	0	0	0	0	
I can hear and make out words from conversations in nearby focus or breakout rooms (3)		0	0		0
I am distracted by mechanical noises from building systems (such as HVAC or elevators) (4)				0	

72. How much do	vou agree or dis	agree with the	following statem	ents regarding	acquistics?
12. HOW HILLOH GO	you agree or dis	agree with the	TOTIOWING Statem	ienio regarding	accusiics:

	Always (18)	Most of the time (19)	About half the time (20)	Sometimes (21)	Never (22)
I use headphones with music or white noise to block out other noises in my workspace (1)	0	0	0		0
I use headphones, with or without sound coming through them, to signal that I don't want to be disturbed (2)	0	0			
I have trouble finding a spot to take a phone call without being overheard or being disturbed by others (3)				0	

73. Is your office chair adjustable?
O Yes (23)
O No (24)
Skip To: #75 If Is your office chair adjustable? = No
74. Do you feel that you know how to adjust it for the best working position?
○ Yes (28)
O No (29)
75. Do you have sufficient access to adjustable height desks?
75. Do you have sufficient access to adjustable neight desks?
○ Yes (5)
O No (6)
Skip To: #77 If Do you have sufficient access to adjustable height desks? = No
76. Do you feel that you know how to adjust it for the best working position?
Yes (28)
O No (29)
Page Break

77. Indicate how strongly you agree or disagree with the following statements about your current workplace.

	Strongly disagree (11)	Somewhat disagree (12)	Neither agree nor disagree (13)	Somewhat agree (14)	Strongly agree (15)
The workplace heightens my awareness of the organization and its mission. (1)	0	0	0		0
The workplace makes me proud to be part of the organization.	0	0			0
The workplace makes me feel like I am part of a community.				0	0
The workplace energizes me. (4)		0	0	0	0

78. Indicate how strongly you agree or disagree with the following statements about your current workplace.

	Strongly disagree (11)	Somewhat disagree (12)	Neither agree nor disagree (13)	Somewhat agree (14)	Strongly agree (15)
The workplace supports health and well being. (5)	0	0	0		0
I am proud to show this office to visitors. (6)	0	0		0	

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79. To what extent does your current workplace inhibit or support ...

	Significantly inhibits (1)	Somewhat inhibits (2)	Neither inhibits nor supports (3)	Somewhat supports (4)	Significantly supports (5)
your individual productivity?	0	0	0	0	0
your ability to work effectively with others? (2)	0	0	0		0
your team's productivity? (3)	0	0		0	0

80. Indicate how strongly you agree or disagree with the following statements about communication within your current workplace.

	Strongly disagree (11)	Somewhat disagree (12)	Neither agree nor disagree (13)	Somewhat agree (14)	Strongly agree (15)
I learn a lot by overhearing others talk. (1)	0	0	0	0	0
I know what is going on in the organization. (2)	0	0	0		
I often stop by others' workspaces to have brief conversations. (3)	0	0		0	0
Interrupting others is ok if you need to get quick feedback. (4)	0			0	0

81. Indicate how strongly you agree or disagree with the following statements about communication within your current workplace.

	Strongly disagree (11)	Somewhat disagree (12)	Neither agree nor disagree (13)	Somewhat agree (14)	Strongly agree (15)
I enjoy having conversations with co- workers around the office. (5)	0	0	0		0
I prefer to communicate by email rather than face-to-face.	0	0		0	0
I avoid having conversations at some locations in the office because I am worried I will distract someone. (7)	0			0	0
I avoid having conversations at some locations in the office because I am worried I will be overheard. (8)		0		0	0
There are some amenities in the office (either work or break areas) that I feel are too far from my workstation. (9)				0	0

	rmance or job satisfaction if they were available?				
3. Overall, hov	v would you rate	the performanc	ee of		
	Extremely bad (11)	Somewhat bad (12)	Neither good nor bad (13)	Somewhat good (14)	Extremely good (15)
your workspace (furniture, layout, spaces, amenities, etc)? (1)	0		0	0	0
your technology (computer, phone, network access, scheduling software, IT upport, etc.?		0			
your rganization's telework policy? (3)	0	0	0	0	0
