

# Evaluation survey for remote working



To help you get an idea of how your remote working policy is performing and whether it suits your business and employees, it is important to evaluate from time to time. We have created an evaluation survey where you can pick from the questions provided and adapt it to your business and work situation.

**Do you have what you need to be able to perform your work tasks?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you think that the information and communication channels available are sufficient and working?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Are there set routines for a workday?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you have regular contact with other colleagues during the day?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you feel that you can carry out your work and collaborate with colleagues effectively?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Can you carry out your work with customers and external contacts effectively?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you have the digital tools you need to collaborate, participate in video conferencing and get your work done?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Are you able to collaborate with your colleagues easily and effectively?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you have someone who can act as a sounding board for your ideas?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you have the opportunity to take breaks, such as for movement, rest and reflection between digital meetings?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Is there a clear distinction between work and rest?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Does your workload feel well balanced?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you have regular follow ups with your boss?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**At your follow ups, do you find that you can discuss your experiences of working remotely?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Have you received a work plan for both the short and long term?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Have you received sufficient information or training on how to work to avoid physical and mental health problems?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you feel that your work environment provides good enough ergonomics?**

- ☐ Yes
- ☐ No
- ☐ Not relevant

**Do you feel that you have the necessary tools you need to be able to perform your job well?**

- ☐ Yes
- ☐ No
- ☐ Not relevant