

CL_No. 2: Questionnaire for Future Teleworkers

Name: _____

Business unit: _____

1. *Domestic situation/workroom*

Do you have a separate workroom available at home?

Yes, size: ca. _____ m²

No, the work area would be set-up in

Below, please prepare a plan of your workroom/ work area showing room dimensions as well as position of windows and doors.

Is cabling of the workroom/ work area (ISDN connection) possible?

Yes

No

2. ***Other members of the household***

How many people live in your household? _____

How many children do you live with?

No children

One child, age: _____

Two children, ages: _____ and _____

Three and more children, ages: _____

Do people needing care live in your household?

No

Yes, give details:

How would you ensure care for your child/children or other dependant during your home working hours?

3. ***Work experience***

Length of experience

in your profession? Since _____

in this organisation? Since _____

in your current department? Since _____

4. ***Working hours***

Are you working full time?

Yes

No, working hours per week: _____ hours

If No, would you like to continue with your current working hours for telework?

Yes

No, preferred working hours per week: _____ hours

5. ***Organisation of telework***

In principle would you be prepared to give up your allocated desk in the office, ie to share the office workplace with other teleworkers?

Yes

No

6. **Timetabling of telework**

For telework to be successful a suitable distribution of working hours between office and teleworkplace are of great importance.

For full time staff

A number of conceivable distribution models are listed below. Please indicate for each of them whether you would prefer, accept or refuse it. .

| | <i>I would ...</i> | <i>prefer</i> | <i>accept</i> | <i>refuse</i> |
|--|--------------------|--------------------------|--------------------------|--------------------------|
| a) exclusively at home | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 1 day in the office - 4 days at home | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) 2 Days in the office - 3 Days at home | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 3 Days in the office - 2 Days at home | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) 4 Days in the office - 1 day at home | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) tandem model: 2 teleworkers share the office workplace, every second day is spent at home | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) phase model: changing number of working days at home, depending on current business requirement | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For part time workers

Which distribution model would you prefer? _____

7. **Personal details**

How old are you?

- up to 30 31-35 36-40 41-45 over 45

What is the distance between your home and the office?

in kilometres: _____

travel time: _____