

E3WORK PROJECT

WESTERN IQ Ltd.

**Telework Questionnaire for Employees**

Please fill the following questionnaire and send it to.....

**A. Identification**

Name/Surname (optional): ..... , Age: .....

Family status: Male  Female  ; Married  Not married

What is your actual position inside your company? \_\_\_\_\_

What is the position of your direct superior? \_\_\_\_\_

Did you discussed with your superior about telework?  YES  NO  
If YES, is he in favour of the idea?  YES  NO

Your address: City.....

**B. Type of telework**

Do you work or intend to work as teleworker in the next 12 months  Yes  No

If yes, please answer at the following questions:

The days you would like to work in telework system.

Monday  Tuesday  Wednesday  Thursday  Friday

**C. Nature of your activities susceptible to be made by telework**

In witch of the above categories does fit your type of work?

- a) Preparatory activities  YES  NO
- b) Execution  YES  NO
- c) Administration  YES  NO
- d) Organizing (professional meetings, consulting, etc)  YES  NO
- e) Development (e.g. products)  YES  NO
- f) Others \_\_\_\_\_

The nature of work implies:

- a) Simple repetitive tasks  YES  NO
- b) To face unexpected/ unfamiliar situations  YES  NO
- c) Continuous development of my knowledge and skills  YES  NO
- d) I have a complete autonomy in organizing my own activity  YES  NO

**What are the advantages you could gain from telework?**

- |                                       |                          |     |                          |    |
|---------------------------------------|--------------------------|-----|--------------------------|----|
| a) <i>Saving time</i>                 | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b) <i>Less fatigue</i>                | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c) <i>Less stress</i>                 | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d) <i>Better employing conditions</i> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| e) <i>Better life balance</i>         | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| f) <i>Others</i>                      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

**What are the disadvantages you could gain from telework?**

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| a) <i>Isolation from colleagues</i>                                      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b) <i>Isolation from management</i>                                      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c) <i>Lack of technical support and assistance from the organisation</i> | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d) <i>Lack of separation between work and home responsibilities</i>      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| e) <i>Others</i>   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Type of telework you prefer:

- |                 |                          |     |                          |    |
|-----------------|--------------------------|-----|--------------------------|----|
| Home            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Mobile          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Telework centre | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**D. Communications and hardware / software requirements**

**What type of Internet link could you access now or in the next 12 months?**

**Please use:** x for YES

- |  | At home                  | elsewhere (e.g. telework centre) |
|--|--------------------------|----------------------------------|
| a) <i>Telephone line 24 h /24 h</i>                        | <input type="checkbox"/> | <input type="checkbox"/>         |
| b) <i>dial-up</i>  | <input type="checkbox"/> | <input type="checkbox"/>         |
| c) <i>Mobile phone</i>                                     | <input type="checkbox"/> | <input type="checkbox"/>         |
| d) <i>Others (ISDN / ADSL, Broadband connection, GPRS)</i> | <input type="checkbox"/> | <input type="checkbox"/>         |

**What is the type of connection that you could use more often? (a-d)**

**How many hours per month should you use the Internet?** \_\_\_\_\_ Hours/month

**What types of equipment do you have now or could you have in the next 12 months?**

- |                     |                          |     |                          |    |
|---------------------|--------------------------|-----|--------------------------|----|
| PC                  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Modem               | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Mobile Phone        | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Internet connection | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

**What type of software do you have now or could you have in the next 12 months?**

Windows	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Word	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Excel	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PowerPoint	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Outlook	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Internet Explorer	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**E. Home working conditions**

Number of children living with you: \_\_\_\_\_ children

Other people living with you: \_\_\_\_\_ persons

Number of rooms in your home (apartment) \_\_\_\_\_

<b>Space at home</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
a) A room		<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Space in one room		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Daily necessary time for commuting home-enterprise \_\_\_\_\_ Hours \_\_\_\_\_ Min.

Do you believe that your home conditions fit to teleworking?  YES  NO

**If you would have the possibility to work in telework system, would you fully accept to return to your actual status, if this system will prove inconclusive for:**

You	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Colleagues	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Name ..... Signature ..... Date.....