

(Organization) Telecommute Program Survey

Thank you for taking the telecommute survey!

Through this survey (Organization) will collect data to help refine our telecommute program and understand its benefits for the organization, our employees, and the environment. This survey should take around 5-10 minutes to complete. Your time and effort are appreciated.

Employee Information

1. Have you received approval to telecommute?
 - a. Yes
 - b. No
2. First Name
 - a. _____
3. Last Name
 - a. _____
4. ID Number
 - a. _____
5. Job Title
 - a. _____
6. Department/Division
 - a. (Drop-Down List)
7. Work email address
 - a. _____
8. What kind of approval did you receive? (Note: there is no penalty for not using a formal approval process. We ask this question only for program evaluation purposes.)
 - a. Formal documented approval (i.e. telecommute application and agreement form)
 - b. Informal documented approval (i.e. approval via email)
 - c. Verbal approval
 - d. Other (please specify) _____
9. Where will you telecommute from?
 - a. Home
 - b. Other (please specify) _____

The following questions will help (Organization) evaluate the environmental impact of the Telecommuting Policy and Program.

10. What is the average number of days you plan to telecommute per month? (If you are on an occasional telecommuting arrangement, make an estimate)
 - a. _____
11. What city do you commute from?
 - a. (Drop-Down List)
 - b. Other (please specify) _____

12. Approximately how much total time each day do you typically spend commuting from home to work? (This includes to and from the office)
- less than 30 minutes
 - 30 minutes - 1 hour
 - 1 hour - 1.5 hours
 - 1.5 hours - 2 hours
 - 2 hours - 2.5 hours
 - 2.5 hours - 3 hours
 - 3 hours - 3.5 hours
 - 3.5 hours - 4 hours
 - More than 4 hours
13. Please indicate the exact number of miles between your home and your primary work location one way. This can be easily calculated using [Google Maps](#).
- _____
14. What is the primary mode of transportation you use to commute to work? In other words, which mode of transportation do you spend the most time on?
- Walk
 - Bike
 - Bus
 - Subway/Light Rail
 - Ferry
 - Car (individual)
 - Carpool
 - Other (please specify) _____
15. If, on an average day, you use more than one mode of transportation during your commute, please select all additional modes.
- Walk
 - Bike
 - Bus
 - Subway/Light Rail
 - Ferry
 - Car (individual)
 - Carpool
 - Other (please specify) _____
16. What is the start date of your telecommute agreement?
- (Date)
17. What is the estimated end date of your telecommute agreement?
- (Date)

If you would like to include demographic questions to understand the population of telecommuters at your organization, below is some suggested language.

18. What is your age?
- 18 or under

- b. 19 – 24
 - c. 25 – 34
 - d. 35 – 44
 - e. 45 – 54
 - f. 55 – 64
 - g. 65 – 74
 - h. 75 or over
19. How do you describe your gender identity? Select all that apply.
- a. Female
 - b. Male
 - c. Gender Non-binary
 - d. Transgender
 - e. Another gender (please specify): _____
20. What race and/or ethnicity do you identify with? Select all that apply.
- a. Asian and/or Pacific Islander
 - b. Black and/or African American
 - c. Hispanic and/or Latinx
 - d. Middle Eastern and/or North African
 - e. Native American
 - f. White
 - g. Another race or ethnicity (please specify): _____
21. Which of the following disabilities currently affect your daily life? Select all that apply.
- a. Blindness or vision impairment
 - b. Hearing impairment
 - c. Mobility disability (e.g. difficulty walking or climbing stairs)
 - d. Cognitive or mental impairment
 - e. Another disability or disabling health condition (specify): _____
 - f. None