

## Vaccination - Return to Office - Caregiving Responsibilities

This survey is to give you an opportunity to provide your feedback as it relates to the COVID-19 vaccine, returning to the office at 1300 I St., N.W., Suite 1200 East, Washington, DC, 20005, and your child care/caregiving responsibilities. The value of this survey depends on your thoughtfulness and honesty. Your individual responses will be anonymous and the results of the survey will be considered as we finalize decisions regarding returning to the office. Thank you in advance for your participation! Please submit your feedback by COB, Friday, April 9, 2021. ☞ 0

### VACCINATION ☞ 0

1. Have you received the COVID-19 vaccine, either the first and/or second dose? ☞ 0

Yes

No

2. Do you plan to receive the COVID-19 vaccine once it becomes available to you? ☞ 0

Yes

No, I have a medical reason for not receiving the COVID-19 vaccine

No, I have a religious objection for not receiving the COVID-19 vaccine

Other, please elaborate:


3. Would an incentive offered by APTA change your mind? ☞ 0

No

Yes If so, what type:


4. Do you have any additional comments/concerns regarding vaccinations? ☞ 0

## RETURNING TO THE OFFICE 0


5. Based on what we know right now, how comfortable are you returning to the office within the next several months?  0

- Very Comfortable
- Somewhat Comfortable
- Neutral
- Somewhat uncomfortable
- Very uncomfortable

Comments:

6. Which of the following are concerns you have about returning to work in the office? (select all that apply)  0

- Coronavirus exposure
- Commuting to work and exposure risk
- Adequate safety procedures at work
- Leaving family members at home who need assistance
- Managing childcare
- Reduction/loss of flexibility with current work from home arrangement
- Not being able to return to the office due to health reasons
- Other (please specify)

7. Which safety measures do you want to see in the workplace?  0

	Yes	No	Unsure
Required masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optional masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face shields (optional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand sanitizer stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposable gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily disinfection of work areas/common areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical-distancing protocols	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting communal spaces (e.g. employee lounge, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staggered shifts/breaks/days in office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily employee health screening questionnaire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased teleworking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Detailed protocols for handling workplace exposures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited business travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitor health screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting visitors in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting the number of staff in the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. What is your work preference when the office is open? 🗨️ 0

- Return to the office 5 days a week.
- Return to the office in a hybrid capacity. For example: Work 3 days remotely and 2 days in the office, etc....
- Other (please specify)

9. Once the office reopens, what mode of transportation will you likely take? 🗨️ 0

- Public Transit
- Bike
- Walk
- Drive and park
- Someone drives you to the office
- Other (please specify)

10. Is this a different mode from prior to the pandemic? 🗨️ 0

- No
- If yes, please explain.

11. Do you foresee any commuting challenges that we need to be aware of? 🗨️ 0

12. Do you consider yourself at risk? Would it potentially impact when you are able to return to the office or your frequency working in the office? 🗨️ 0

**CAREGIVING** 🗨️ 0

13. Do you have vulnerable dependents at home (caregiving responsibilities for a child or other family member) that may impact your returning to the office? 🗨️ 0

No

Yes, please explain:

14. Do you have any additional comments/concerns regarding your caregiving responsibilities? 🗨️ 0


### **OVERALL COMMENTS** 🗨️ 0

15. As we have worked remotely for one year, what has worked well? 🗨️ 0

16. As we have worked remotely for one year, what were some of your challenges? 🗨️ 0

17. What overall concerns would you like to share regarding returning to the office? 🗨️ 0

18. What suggestions do you have to make our return to the office more successful? What would make you feel comfortable? 🗨️ 0

19. What additional comments or feedback would you like to share?  0