**Sample employee survey**

**Identify the needs of parents and caregivers in your workforce**

The following are sample questions we recommend using to understand your employees' needs, particularly working parents. Questions are grouped into four categories:

* Demographic & work information
* Caregiving & pediatric health
* Balancing career & family

Due to the personal nature of some questions, we suggest surveying employees anonymously so they're comfortable sharing honestly. This is just a sample, so we also recommend customizing, removing, or adding questions to be as relevant to your employee population as possible.

**SECTION 1: DEMOGRAPHIC AND WORK INFORMATION**

**Where are you located?**

1. City
2. State
3. Country

**How would you describe your family structure?**

1. Two parents
2. Single parent
3. Single parent with other live-in support *(e.g.* grandparents)
4. Other (please specify)

**Which best describes your typical work schedule with the company?**

1. Standard full-time *(e.g.* Mon-Fri, standard business hours)
2. Flexible full-time (e.g. 40 hours/week, with flexible hours)
3. Standard part-time (<40 hours per week, within standard business hours)
4. Flexible part-time (<40 hours per week, with flexible hours)
5. Full-time, currently on leave Part-time, currently on leave
6. Other (Please specify)

**How would you characterize your title or level within the organization?**

1. Analyst, Associate, or Specialist
2. Manager or Senior Manager
3. Director or Senior Director
4. Vice President or Senior Vice President
5. C-level (e.g. Chief X Officer)
6. N/A – Not currently working
7. Other (please specify)

**How long have you been with the company?**

1. Less than a year 1 - 2 years
2. 3 - 5 years
3. >5 years
4. N/A – not currently working

 *NOTE: Consider removing this section if you have one policy for all employees (e.g. all remote, all in-person).*

**Which of the following represents how you are currently working?**

1. I work from our company's physical place of work/ office I work fully remotely
2. I work a mix of remotely and at our company's physical office
3. I work in the field (e.g. field service, delivery driver)
4. I am currently on leave
5. Other (please specify)

**If we were to re-open the company's physical office(s), what would be your preference or plan?**

1. I would plan to return to the office
2. I would plan to continue to work remotely
3. I would plan to follow a hybrid schedule, splitting my time between the office and remote
4. I would continue to work in the field I'm not sure what I would do

**Are there specific challenges you anticipate in returning to a physical workplace? Select up to three.**

1. Difficulties coordinating teams across individualized schedules and locations for each team member
2. Juggling my own varied schedule day to day and week to week
3. Managing my direct reports and/or teams
4. Securing childcare or education for a child(ren)
5. Burnout from managing work and home responsibilities
6. Maintaining my health and safety in the office
7. Maintaining my health and safety during my commute
8. Other (please specify)

**SECTION 2: CAREGIVING & PEDIATRIC HEALTH**

**Please select all the answers that represent your caregiving situation:**

1. I do not have caregiving responsibilities and don't plan to for the foreseeable future
2. I do not currently have caregiving responsibilities and am expecting a child
3. I do not currently have caregiving responsibilities but am planning to start a family
4. I have caregiving responsibilities - I have at least 1 child who lives with me full time I have caregiving responsibilities - I have at least 1 child who does not live with me full time, but for whom I provide care part-time
5. I have caregiving responsibilities for a disabled, sick, or elderly loved one
6. Other (Please specify)

**If you are a parent or care for a child, which of the following age groups do your children fall into? Select all that apply:**

1. 0 - 6 months
2. 7 - 18 months
3. 19 - 30 months
4. 2.5 - 5 years old
5. 6 - 12 years old
6. 13 - 18 years old
7. 18+ years old
8. Not applicable

**If you care for a child(ren) under the age of 6 years, do you currently have childcare?**

1. Yes – I have consistent access to full time childcare
2. Part time – I have consistent access to childcare, but it doesn't cover all of my work hours
3. Part time – I have access to childcare, but its availability is inconsistent/unpredictable
4. No – my family is without childcare

**Prior to Covid-19, what was your childcare arrangement? Select all that apply**:

1. Full-time nanny
2. Share-care/ nanny-share
3. Au pair
4. In-home licensed family childcare or preschool
5. Co-op childcare or preschool
6. Center-based childcare/ preschool
7. Employer-sponsored on-site childcare or preschool
8. Child(ren) attended elementary or high school during the day
9. Child(ren) attended school and after-care or afterschool programs
10. Part-time babysitter/ nanny
11. Childcare provided by my partner, co-parent, or a relative
12. N/A – I did not a have childcare arrangement
13. Other (please specify)

**What is your current childcare arrangement? Select all that apply:**

1. Full-time nanny
2. Share-care/ nanny-share
3. Au pair
4. In-home licensed family childcare or preschool
5. Co-op childcare or preschool
6. Center-based childcare/ preschool
7. Employer-sponsored on-site childcare or preschool
8. Child(ren) attended elementary or high school during the day
9. Child(ren) attended school and after-care or afterschool programs
10. Part-time babysitter/ nanny
11. Childcare provided by my partner, co-parent, or a relative
12. N/A – I did not a have childcare arrangement
13. Other (please specify)

**Which of the following actions have you taken to secure childcare? Select all that apply:**

1. None of the following apply
2. I moved to part-time capacity at work I changed my hours at work
3. My partner/spouse moved to part-time capacity at work
4. I took a leave of absence from work to care for my child(ren)
5. My partner/spouse took a leave of absence from work to care for my child(ren)
6. My partner/spouse left their job to take care of our child(ren)
7. Hired an au pair
8. Hired a nanny
9. Switched to a new childcare center or licensed in-home childcare
10. Formed a sharecare or microschool with trusted friends or neighbors
11. I have moved or am considering moving to be closer to family for support
12. Family is visiting or moved to help with childcare
13. N/A – I do not have a childcare arrangement
14. Other (please specify)

**If you have a child(ren) aged 6 - 12 years old, what has been the impact of Covid-19 on their school(s)? Please check all that apply if you have more than one child:**

1. School(s) closed (moved to remote learning) and has since re-opened for in-person learning
2. School(s) closed (moved to remote learning) and has a plan for returning to in-person learning
3. School(s) closed (moved to remote learning) and is continuing to offer remote learning with no plan yet set for return to physical school
4. I/we started homeschooling and plan to continue homeschooling once school(s) return to in-person learning
5. I/we started homeschooling but plan to return to in-person schooling once available
6. I/we homeschooled before Covid-19 and plan to continue homeschooling
7. Other (please specify)

**Do any of the following impact your child(ren)? Select all that apply.**

1. Congenital conditions (e.g. heart defects, genetic disorders)
2. Childhood chronic illness (e.g. asthma, Type 1 diabetes, epilepsy)
3. Childhood obesity
4. Adverse childhood events (death of parent, divorce, parent with substance use, housing or food insecurity)
5. Pediatric mental health and behavioral issues (e.g. anxiety, ADHD, etc) Childhood cancers or terminal illnesses
6. Sensory or speech impairments (e.g. deafness, blindness)
7. Neurodivergent conditions (e.g. Autism Spectrum Disorders, Tourette's)
8. None of the above apply
9. Other (please specify)

**SECTION 3: BALANCING CAREER & FAMILY**

**If you have a co-parent, how would you describe the division of caregiving and education responsibilities?**

1. My partner and I split caregiving & education responsibilities 50/50
2. I manage >50% of the caregiving & education responsibilities while my partner helps out
3. I am nearly 100% responsible for all of our caregiving & education responsibilities
4. My partner manages >50% of the caregiving & education responsibilities while I help out
5. My partner is nearly 100% responsible for all of our caregiving & education responsibilities
6. N/A – I do not have a co-parent parent

**What are your greatest challenges in life and work currently? Select up to three top challenges:**

1. Balancing work and family responsibilities
2. Dynamics with my manager
3. Dynamics with colleagues or teammates
4. Coordinating household responsibilities with my partner
5. Needing more time for work responsibilities
6. Emotional wellness or mental health
7. Logistics of organizing childcare/ education options for my child(ren)
8. Help with homework for my child(ren)
9. Health and safety concerns
10. Caregiving responsibilities for a child(ren)
11. Caregiving responsibilities for an adult relative
12. No issues with work and family
13. Other (please specify)

**In an average week, how many days do you feel stressed about balancing work and family responsibilities?**

1. Every day or almost every day
2. Most days – about 2-3 days per week
3. Some days – about 1-2 days per week
4. Almost never – less than 1 day per week
5. Never

**Anything else you’d like to share as we continue to explore different ways to support our employees?**