



## County of Monterey COVID-19 Worksite Survey

### Welcome to the County of Monterey COVID-19 Worksite Survey!

This is an **anonymous** and voluntary survey conducted by the Human Resources Department and the Health Department's Employee Wellness Program.

Your responses to all 12 questions below should take less than 5 minutes. Please submit by Tuesday, May 25th, 2021.

The feedback gathered will help assist the County in identifying resources and guidelines for departments to utilize when the time comes for more employees to return to the worksite, in accordance with State guidelines and Cal OSHA requirements.

**Please return completed surveys by May 25th, 2021 to Catherine Crusade, Employee Engagement Manager at the Human Resources Department, Government Center**

If you have any questions, please Contact Catherine Crusade at [crusadecm@co.monterey.ca.us](mailto:crusadecm@co.monterey.ca.us) or 916-580-9795.

Question Number	Survey Questions
1	<p><b>Have you been working at your worksite since the local declared emergency in March 2020?</b></p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Hybrid: both worksite and remote         </p>
2	<p><b>If you have been working at your worksite, how comfortable have you been with the COVID-19 safety precautions in place at your worksite?</b></p> <p> <input type="checkbox"/> Very comfortable  <input type="checkbox"/> Somewhat comfortable  <input type="checkbox"/> Neither comfortable nor uncomfortable  <input type="checkbox"/> Somewhat uncomfortable  <input type="checkbox"/> Very uncomfortable  <input type="checkbox"/> Does not apply. I have been working remotely         </p>
3	<p><b>Which of the following are potential concerns you may have about being in your worksite when the time comes for employees to return to the workplace? Please select your top three concerns.</b></p> <p> <input type="checkbox"/> I do not have concerns  <input type="checkbox"/> Organizing childcare  <input type="checkbox"/> Getting exposed to the coronavirus at the worksite  <input type="checkbox"/> Impact on productivity  <input type="checkbox"/> Impact on morale  <input type="checkbox"/> Leaving family members at home who need assistance  <input type="checkbox"/> Potential increase in spread of coronavirus  <input type="checkbox"/> Face to face interaction with employees and customers  <input type="checkbox"/> Something else (Please specify in the space below):         </p> <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>
4	<p><b>If you've been working remotely, what will be your preferred work modality when it is time to return to your worksite?</b></p> <p> <input type="checkbox"/> Work from home part-time  <input type="checkbox"/> Work from home full-time  <input type="checkbox"/> Work at the worksite full-time  <input type="checkbox"/> Does not apply. I have been at the worksite.         </p>
5	<p><b>How comfortable are you with working at your worksite when the time comes for all employees to return to the workplace?</b></p> <p> <input type="checkbox"/> Very comfortable  <input type="checkbox"/> Somewhat comfortable  <input type="checkbox"/> Neither comfortable nor uncomfortable  <input type="checkbox"/> Somewhat uncomfortable  <input type="checkbox"/> Very uncomfortable         </p>

6	<p><b>How satisfied are you with the communication you have received from your department during COVID-19?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Very satisfied</li> <li><input type="checkbox"/> Somewhat satisfied</li> <li><input type="checkbox"/> Neither satisfied nor dissatisfied</li> <li><input type="checkbox"/> Somewhat dissatisfied</li> <li><input type="checkbox"/> Very dissatisfied</li> </ul> <p>Please feel free to comment in the space below:</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>
7	<p><b>Have you been fully vaccinated (it has been more than two weeks since your last dose) against COVID-19?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Prefer not to disclose</li> </ul>
8	<p><b>If you have <i>not</i> received a complete COVID-19 vaccine, do you plan to receive the vaccine?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> I have not decided</li> <li><input type="checkbox"/> Prefer not to disclose</li> <li><input type="checkbox"/> Not applicable, as I have been fully vaccinated</li> </ul>
9	<p><b>How comfortable are you being in the worksite with someone who may not be fully vaccinated?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Very comfortable</li> <li><input type="checkbox"/> Somewhat comfortable</li> <li><input type="checkbox"/> Neither comfortable nor uncomfortable</li> <li><input type="checkbox"/> Somewhat uncomfortable</li> <li><input type="checkbox"/> Very uncomfortable</li> </ul>

10	<p><b>What Wellness activities/courses would be most valuable to you as the County returns to higher staffing levels at worksites?</b> <b>(select all answers that apply):</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Aging</li><li><input type="checkbox"/> Allergy and Asthma</li><li><input type="checkbox"/> Chronic Pain</li><li><input type="checkbox"/> Prevention and Management of Chronic Health Conditions (Diabetes, Hypertension, etc.)</li><li><input type="checkbox"/> Financial Health</li><li><input type="checkbox"/> Online-Live Group Fitness Classes</li><li><input type="checkbox"/> Onsite Group Fitness Classes</li><li><input type="checkbox"/> Onsite Walking Programs</li><li><input type="checkbox"/> Mind-Body/Meditation</li><li><input type="checkbox"/> Mental Wellness</li><li><input type="checkbox"/> Healthy Food Preparation</li><li><input type="checkbox"/> Nutrition/Healthy Eating</li><li><input type="checkbox"/> Weight Management</li><li><input type="checkbox"/> Parenting</li><li><input type="checkbox"/> Pregnancy/Lactation</li><li><input type="checkbox"/> Stress Management</li><li><input type="checkbox"/> Health of Our Older Parents</li><li><input type="checkbox"/> Tobacco Cessation</li><li><input type="checkbox"/> Something else (Please specify in the space below):</li></ul> <div></div>
11	<p><b>Do you have any comments or recommendations? Please specify in the space below.</b></p> <div></div>

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**Which department do you work for?****(optional)**

- ☐ Prefer not to disclose
- ☐ Agricultural Commissioner
- ☐ Assessor-County Clerk-Recorder
- ☐ Auditor Controller
- ☐ Board of Supervisors' Offices/Civil Rights Office/Clerk of the Board/Cooperative Extension/Elections
- ☐ Child Support Services
- ☐ County Administrative Office
- ☐ County Counsel
- ☐ District Attorney
- ☐ Emergency Communication/911
- ☐ Health
- ☐ Housing and Community Development
- ☐ Human Resources
- ☐ Information Technology
- ☐ Library
- ☐ Natividad
- ☐ Probation
- ☐ Public Work, Facilities, and Parks
- ☐ Public Defender
- ☐ Sheriff-Coroner
- ☐ Social Services
- ☐ Treasurer-Tax Collector
- ☐ Water Resources Agency

Thank you for taking time to complete the County of Monterey COVID-19 Worksite Survey!  
**YOUR FEEDBACK MATTERS.**