**Work-Life Strategy Implementation: Work-life Survey**

*Questions from this template survey may be customised according to the organisation’s objectives as well as to incorporate relevant suggestions from focus group discussions.*

*This template may be administered as an anonymous online survey.*

Dear colleagues,

The Work-Life Strategy Committee is developing an effective work-life strategy to enhance our work environment and address work-life needs of staff.  We hope to partner you and management to create a more engaged workforce, with higher levels of motivation and productivity to deliver our organisation’s mission.

This survey focuses on work-life initiatives such as flexible work arrangements (FWAs), enhanced leave benefits and employee support schemes. Some of these were suggestions brought up in earlier focus group discussions conducted with some staff across the organisation. The decision to implement any suggestions will be taken only after careful consideration of their feasibility.

To help us in developing a work-life strategy suited to the needs of our organisation and staff, we invite you to participate in this survey and provide feedback on the various work-life initiatives.

The survey will take about 15 minutes to complete.

Your feedback is important.  The information you provide will be kept confidential and no individual information will be included in the survey report.  We look forward to receiving your valuable feedback.

Thank You.

Work-Life Strategy Committee

(Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Please complete this survey by answering all the questions. Where applicable, please indicate your choice by inserting a tick.**

**Section I: GENERAL**

1) Gender

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick one** |
| A | Male |  |
| B | Female |  |

2) Age

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick one** |
| A | 18-24 years old |  |
| B | 25-35 years old |  |
| C | 36-50 years old |  |
| D | 51-64 years old |  |
| E | 65 & above years old |  |

3) Marital Status

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick one** |
| A | Single *(includes divorced & widowed)* |  |
| B | Married  |  |

4) Do you have care-giving responsibilities for:

|  |  |  |
| --- | --- | --- |
|  |  | **For options A-F, please indicate the number of people below.**  |
| A | Child less than 3 years old  |  |
| B | Child aged 3 to 6 years old  |  |
| C | Child aged 7 through 12 years old  |  |
| D | Child aged 13 through 16 years old |  |
| E | Adult or child with long term illness, disability, or special needs |  |
| F | Elderly relatives |  |
| G | Others (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  |  |
| H | I do not have any care-giving responsibilities currently |  |

5) Thinking about the people that you have identified in Q4 above, who are their main caregivers?

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick all that apply.** |
| A | Grandparents / Relatives |  |
| B | Domestic helper |  |
| C | Babysitter |  |
| D | Childcare / student care services |  |
| E | Myself / or my spouse |  |
| F | This question is not applicable to me |  |

6) What is your main mode of transport to and from work?

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick one** |
| A | MRT / Bus |  |
| B | Taxi |  |
| C | Private vehicle (e.g., car / motorcycle) |  |
| D | Other modes of transportation e.g. cycling / walking |  |

7) What is your total duration for travel to and from work (two-way)?

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick one** |
| A | Less than 30 mins |  |
| B | Between 30 - 60mins |  |
| C | Between 60 - 120mins |  |
| D | More than 120 mins |  |

**SECTION II: FLEXIBLE WORK ARRANGEMENTS**

8) Thinking about your current work-life needs,indicate which of the following **FWA(s)** would be relevant and useful to you**. ‘5’ indicates FWAs that would be very useful**, while ‘1’ indicates FWAs that are not at all useful.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *(Note: These are examples, and should be customised to the organisation’s needs)* | **Very useful****(5)** | **Slightly useful****(4)** | **Neutral****(3)** | **Not that useful****(2)** | **Not at all useful****(1)** |
| A | Staggered time (e.g., starting work earlier / later and ending work at an earlier / later time) |  |  |  |  |  |
| B | Telecommuting |  |  |  |  |  |
| C | Part-time work |  |  |  |  |  |
| D | Flexi-hours (Varying hours worked each day, including weekend or late-night work but total hours worked per week remain constant)  |  |  |  |  |  |
| E | Compressed work week (i.e., regular full-time work hours completed in fewer days per week) |  |  |  |  |  |

9) If the organisation implements FWAs, are there any reasons that would discourage you from using them?

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick all that apply** |
| A | Nature of work and operational needs |  |
| B | Insufficient childcare arrangements |  |
| C | Lack of support from supervisor  |  |
| D | Lack of support from fellow colleagues |  |
| E | Lack of IT infrastructure support (e.g., IT equipment, internet access) |  |
| F | Office setting is more conducive for my work |  |
| G | Others (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

10) In your opinion, how important are these factors for FWAs to be successfully implemented in our organisation?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very important(5) | (4) | Neutral(3) | (2) | Not at all important(1) |
| A | Senior Management Support |  |  |  |  |  |
| B | Supportive supervisors  |  |  |  |  |  |
| C | Supportive colleagues |  |  |  |  |  |
| D | Clear policies and guidelines on FWAs |  |  |  |  |  |
| E | Fair distribution of workload for employees |  |  |  |  |  |
| F | Sufficient manpower resources |  |  |  |  |  |
| G | Clearly defined goals and measurement for performance appraisals  |  |  |  |  |  |
| H | Supervisors who are empowered and have the knowledge to manage employees who are on FWAs. |  |  |  |  |  |
| I | A common understanding and interpretation of the available FWAs for the entire organisation.  |  |  |  |  |  |
| J | Others (please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**SECTION III: ENHANCED LEAVE BENEFITS**

11) Please choose the **top 3 reasons** for taking time-off that are most applicable to you.

|  |  |  |
| --- | --- | --- |
|  |  | Please tick your **top 3 reasons** |
| A | Taking a family member for a medical appointment  |  |
| B | Seeking medical consultation or health check-up for self |  |
| C | Attending child's school event/activity |  |
| D | Handling personal errands/ domestic matters |  |
| E | Attending courses for personal development (not work-related) |  |
| F | Others (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

12) Thinking about your current work-life needs,indicate which of the following **enhanced leave benefits** would be relevant and useful to you. **‘5’ indicates leave benefits that would be very useful**, while ‘1’ indicates leave benefits that are not at all useful.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *(Note: These are examples, and should be customised to the organisation’s needs)* | **Very useful** **(5)** | **Slightly useful** **(4)** | **Neutral****(3)** | **Not that useful****(2)** | **Not at all useful****(1)** |
| A | Birthday leave |  |  |  |  |  |
| B | Study/exam leave |  |  |  |  |  |
| C | Voluntary service leave (time-off for community service) |  |  |  |  |  |
| D | Marriage leave |  |  |  |  |  |
| E | Sabbatical leave (unpaid) |  |  |  |  |  |

13)If the organisation implements enhanced leave benefits, are there any reasons that would discourage you from using them?

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick all that apply** |
| A | Nature of work and operational needs |  |
| B | Insufficient childcare arrangements |  |
| C | Lack of support from supervisor  |  |
| D | Lack of support from fellow colleagues |  |
| E | Lack of IT infrastructure support (e.g., IT equipment, internet access) |  |
| F | Others (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

14) In your opinion, how important are these factors for enhanced leave benefits to be successfully implemented in our organisation?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very important(1) | (2) | Neutral(3) | (4) | Not at all important(5) |
| A | Senior Management Support |  |  |  |  |  |
| B | Supportive supervisors  |  |  |  |  |  |
| C | Supportive colleagues |  |  |  |  |  |
| D | Clear policies and guidelines on the enhanced leave benefits |  |  |  |  |  |
| E | Fair distribution of workload for employees |  |  |  |  |  |
| F | Sufficient manpower resources |  |  |  |  |  |
| G | Clearly defined goals and measurement for performance appraisals  |  |  |  |  |  |
| H | A common understanding and interpretation of the available enhanced leave benefits for the entire organisation.  |  |  |  |  |  |
| I | Others (please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**SECTION IV: EMPLOYEE SUPPORT SCHEMES**

15) Thinking about your current work-life needs,indicate which of the following **employee support schemes** would be relevant and useful to you. ‘**5’ indicates employee support schemes that would be very useful**, while ‘1’ indicates those that are not at all useful.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *(Note: These are examples, and should be customised to the organisation’s needs)* | **Very useful****(5)** | **Slightly useful****(4)** | **Neutral****(3)** | **Not that useful****(2)** | **Not at all useful****(1)** |
| A | Dental benefits |  |  |  |  |  |
| B | TCM medical coverage |  |  |  |  |  |
| C | Nursing/Lactation room equipped with fridge & steriliser |  |  |  |  |  |
| D | Health & wellness facilities (e.g., gym) |  |  |  |  |  |
| E | Employee Assistance Programmes (e.g., counselling) |  |  |  |  |  |

16) If the organisation implements employee support schemes are there any reasons that would discourage you from using them?

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick all that apply** |
| A | Nature of work and operational needs |  |
| B | Lack of support from supervisor  |  |
| C | Lack of support from fellow colleagues |  |
| D | Others (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

17)In your opinion, how important are these factors for employee support schemes to be successfully implemented in our organisation?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very important(1) | (2) | Neutral(3) | (4) | Not at all important(5) |
| A | Senior Management Support |  |  |  |  |  |
| B | Supportive supervisors  |  |  |  |  |  |
| C | Supportive colleagues |  |  |  |  |  |
| D | Clear policies and guidelines on the employee support schemes |  |  |  |  |  |
| E | Fair distribution of workload for employees |  |  |  |  |  |
| F | Sufficient manpower resources |  |  |  |  |  |
| G | Clearly defined goals and measurement for performance appraisals  |  |  |  |  |  |
| H | A common understanding and interpretation of the available employee support schemes for the entire organisation.  |  |  |  |  |  |
| I | Others (please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

18) How conducive is your current work environment (e.g., in terms of clear policies, management support, ease/comfort in discussing work-life issues with supervisors) in enabling staff to manage work and personal/family responsibilities?

|  |  |  |
| --- | --- | --- |
|  | **Rating** | **Please tick one option.**  |
| A | Very conducive |  |
| B | Somewhat conducive |  |
| C | Neutral |  |
| D | Somewhat not conducive |  |
| E | Not at all conducive  |  |

19) Please share any other comments/suggestions you have about enhancing work-life harmony in your current work environment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank You for Your Participation!**