<table>
<thead>
<tr>
<th>A) Organizational Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Parent Company Name (Will not be disclosed)</td>
</tr>
<tr>
<td>A2. Does your company have more than one location?</td>
</tr>
<tr>
<td>If yes, move to A3</td>
</tr>
<tr>
<td>If no, skip to A4</td>
</tr>
<tr>
<td>A3. Please select the location of your company headquarters</td>
</tr>
<tr>
<td>A4. What company location are you completing this survey for?</td>
</tr>
<tr>
<td>A5. Industry Sector</td>
</tr>
</tbody>
</table>

### A1. Parent Company Name (Will not be disclosed)
- **Yes**
  - Our objective is to understand workplace practices in multiple geographic locations. Please consider completing multiple surveys – one for each of your company’s facilities.
- **No**

### A2. Does your company have more than one location?
- If yes, move to A3
- If no, skip to A4

### A3. Please select the location of your company headquarters
- Drop down country list
- Postal code/zip code where applicable (fill in)

### A4. What company location are you completing this survey for?
- Agriculture + Food Production
- Biotech, Pharma + Diagnostics
- Business + Professional Services (Finance, Insurance, Legal, etc.)
- Construction
- Consumer Retail Service (Automotive, Cleaning Services, Hair Cutting, Nail Salon, Spas, etc.)
- Consumer Transportation (Airlines, Buses, Rental Cars, Taxis, Trains, etc.)
- Education (Pre-K to 12)
- Education (Colleges & Universities)
- Energy + Utilities
- Government and Quasi-Public
- Healthcare, Hospitals, and Clinics
- Healthcare Services (Dentists, Chiropractor, Imaging Centers, Physical Therapy, etc.)
- Hotels + Casinos
- Manufacturing
- Media + Entertainment
- Non-profit Organization
- Real Estate and Property Management
- Recreation (Gyms, Pools, Fitness Centers, etc.)
- Restaurants and Food Service
- Retail Food Stores (Grocery, etc.)

### A5. Industry Sector
| **A6. Number of employees and contractors at this physical location** | • Retail Stores (Malls, Clothing, Car Dealerships, etc.)  
• Technology and Software  
• Transport, Distribution, and Logistics  
• Other – please specify |
|---|---|
| **A7. What percent of the company’s employees and contractors are associated with this location?** | • 0-5  
• 6-25  
• 26-100  
• 101-250  
• 251-1000  
• 1001-5000  
• 5000 or more  
• Specify % |
| **A8. Do you require employees and contractors to wear masks when interacting with their colleagues at this location?** | • Yes  
• No |
| **A9. Are you providing any of the following to your employees or contractors? (Check all that apply)** | • Masks  
• Gloves  
• Hand sanitizer  
• Other forms of PPE  
• Improvements to individual work spaces  
• Work from home supply allowances (computer, desk, office chair, wi-fi, etc.)  
• Other – please specify |
### B) Pandemic Preparedness

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| B1. Did your organization have a disaster or emergency response plan in place in 2019? | • Yes  
  • No  
  • Not sure |
| B2. If yes, for what type of situations (check all that apply)?         | • Active shooter  
  • Civil unrest  
  • Epidemic / pandemic  
  • Fire  
  • Loss of power  
  • Natural disaster  
  • Other – please specify |
| B3. If yes, has this plan been useful for responding to the COVID-19 pandemic? | • Very useful  
  • Mostly useful  
  • Somewhat useful  
  • Not at all useful |
| B4. Does your organization have a disaster or emergency response plan in place today? | • Yes  
  • No  
  • Not sure |
| B5. If yes, for what type of situations (check all that apply)?         | • Active shooter  
  • Civil unrest  
  • Epidemic / pandemic  
  • Fire  
  • Loss of power  
  • Natural disaster  
  • Other – please specify |

### C) Pandemic Response

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| C1. Since the pandemic began, what permanent adjustments have you made to your workforce due to financial pressures or opportunities (check all that apply) | • Closure  
  • Reduction in workforce  
  • Hiring freeze  
  • Rescinding job offers  
  • Executive / management pay cuts  
  • Furloughs  
  • Reduced hours for hourly workers  
  • Reduced pay for non-management workers  
  • Reduced physical office space  
  • Changes in employee health benefits  
  • Allow employees to work from home  
  • Increased hiring  
  • Bonuses or other incentives  
  • Increased salary for hourly workers  
  • Increased salary for non-management workers  
  • None  
  • Other – please specify |
C2. Since the pandemic began, what **temporary** adjustments have you made to your workforce due to financial pressures or opportunities (check all that apply)

- Closure
- Reduction in workforce
- Hiring freeze
- Rescinding job offers
- Executive / management pay cuts
- Furloughs
- Reduced hours for hourly workers
- Reduced pay for non-management workers
- Reduced physical office space
- Changes in employee health benefits
- Allow employees to work from home
- Increased hiring
- Bonuses or other incentives
- Increased salary for hourly workers
- Increased salary for non-management workers
- None
- Other – please specify

C3. Have you required your workforce at this location to work from home as a result of the COVID-19 pandemic?

If No, then move to C11

- Yes
  - When did you begin asking workers to stay home (mm/yyyy)
- No, they are already remote
- No, they have remained on site

C4. What was the **highest** percentage of your workforce for this location working from home at any point during the pandemic?

- Specify %

C5. As of August 1, 2021, what was the **current** percentage of your workforce at this location that are working from home?

- Specify %

C6. Have your workers returned to an on-site work environment?

If yes, On what date did you begin to bring your workers back? then skip to C9
If no, continue to C7

- Yes – All workers returned
- Yes – Partial return of workers
  - a. If partial, what %
- No

C7. When do you expect to ask your workforce to return to an on-site work environment?

- The next month
- The next three months
- The next six months
- Longer than six months
- Never
- Not sure

C8. What milestones need to occur in order for you to return your workforce physically to this location? (Check all that apply)

- When all of our workforce is vaccinated
- When a majority of our workforce is vaccinated
- When we have testing protocols in place
- When we have planned safety measures in place
- When government or health agency allows
- Decreasing cases in the community
- Predetermined time
- Other (please specify)
C9. Considering the overall response from your workforce, what is their opinion on physically returning to the workplace?

- They wanted to return earlier than possible
- They want to return immediately
- They want to return eventually but not yet
- They are reluctant to return
- They do not want to return
- No feedback

C10. What are the concerns of your workers about returning? (Check all that apply)

- Childcare
- Transportation to facility
- Safety at facility
- Personal health / Higher risk for infection
- They do not have concerns about returning
- Other – please specify

C11. Before we begin asking you about viral (active infection) testing, antibody (previous infection) testing, and vaccinations, we want to know what measures you have put in place today to prevent the spread of COVID-19 within your workplace (Check all that apply)

- Requiring masks for employees
- Making masks available for visitors to the location
- Increased sanitation and cleaning of facility
- Good health declaration/symptom tracker for employees and contractors
- Good health declaration/symptom tracker for visitors
- Physical distancing of workers
- Physical partitions to protect employees and contractors
- Scheduling workers in shifts
- Reduction in number of onsite workers
- More hand wash stations
- Availability of hand sanitizers
- COVID safety training
- Improved ventilation
- Temperature checks for employees and contractors
- Temperature checks for visitors
- Other – please specify
- None of the above
<table>
<thead>
<tr>
<th>D Testing Logistics – Viral, Antibody, and Surveillance Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D1. Are you doing any COVID-19 individual employee testing for your workers?</strong> If yes, skip to D4.</td>
</tr>
<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
</tr>
</tbody>
</table>

| **D2. Why have you decided not to use testing at your organization? (check all that apply)** |
| - Too costly |
| - Too complicated to implement |
| - We cannot obtain a sufficient number of tests |
| - Worried about liability |
| - Worried about employee privacy |
| - Don’t believe it will help reduce infections |
| - Don’t believe our employees will comply |
| - Concern about test accuracy |
| - Concern about time to obtain test results |
| - Lack of knowledge related to information or options |
| - Other (please specify) |

| **D3. What are your plans in the future regarding individual employee testing?** Once completed – skip to section E |
| - We plan to test in the future using viral tests for active infections |
| - We plan to test in the future using antibody tests for past infections |
| - We plan to test in the future using both viral and antibody tests |
| - We are not testing workers, and we do not plan to start testing |
| - We have not decided about testing at this time |

| **D4. Are you testing your workers for active COVID-19 infection using viral tests? (e.g. PCR or antigen)** If no, skip to D17 |
| - Yes – PCR or other molecular test |
| - Yes – Antigen |
| - Yes – Both PCR and Antigen |
| - Yes – Unsure the type of test |
| - No |

| **D5. Please describe your plan for testing your workforce for COVID-19 (check all that apply)** |
| - When employees exhibit symptoms |
| - When requested by employees |
| - Random testing is performed on the entire workforce |
| - Random testing is only performed on the unvaccinated workforce |
| - Routine testing for entire workforce |
| - Routine testing a portion of the workforce |
| - Other (please specify) |

<p>| <strong>D6. How frequently are you performing / enabling viral testing on average for your workforce?</strong> |
| - Daily |
| - Once a week |
| - Once a month |
| - Twice a month |
| - Only when symptomatic |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| D7. Does vaccination of your workforce change your current testing plans? | • One time only  
• Other – please specify |
| D8. What are your future plans for viral testing?                        | • Yes, we will no longer require testing of employees who are vaccinated  
• Yes, we will still require testing of vaccinated employees but less frequently than unvaccinated employees  
• No change |
| D9. Is your viral testing mandatory?                                     | • We plan to increase testing  
• We plan to maintain testing at its current levels  
• We plan to reduce testing  
• We plan to stop testing  
• We will decide once we know vaccination rates  
• Not sure |
| If no or not sure, skip to D11                                           | • Yes  
• No  
• Only for select groups  
  - What groups specifically? (free response)  
• Not sure |
| D10. What percent of workers are you testing for active infection?       | • Specify % |
| D11. What are the consequences for lack of compliance regarding company testing requirements? (Check all that apply) | • No consequences  
• 10-14 day quarantine at home  
• Restrict access to physical site until remedied  
• Disciplinary action up to termination  
• Change of work responsibilities  
• There are no company testing requirements  
• Other (please specify) |
| D12. Where are your workers being tested? (Check all that apply)         | • Retail pharmacy  
• Local / regional hospital  
• Health testing laboratory  
• Academic or university site  
• On site at our facility  
• At home and sent to a lab for results  
• At home with a fully comprehensive at home test that provides results immediately to employee  
• Other – please specify |
| (if at home and sent to lab option is selected, move to D13; otherwise skip to D14 for all other selected options) | |
| D13. Which method would you prefer for receiving at home COVID-19 test results? | • Delivered in bulk to the organization  
• Delivered directly to the employee  
• Unsure |
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>D14. Who administers the viral tests to your workers? (Check all that apply)</td>
<td>- Internal / company medical workers</td>
</tr>
<tr>
<td></td>
<td>- Employees of pharmacy, hospital, or lab</td>
</tr>
<tr>
<td></td>
<td>- Third party contractors hired for this task</td>
</tr>
<tr>
<td></td>
<td>- Local Public Health Authorities</td>
</tr>
<tr>
<td></td>
<td>- Self-administered with telemedicine supervision</td>
</tr>
<tr>
<td></td>
<td>- Self-administered with no supervision</td>
</tr>
<tr>
<td></td>
<td>- Other – please specify</td>
</tr>
<tr>
<td>D15. As of today, what percentage of your workers have tested positive in viral tests cumulatively over time?</td>
<td>- Specify %</td>
</tr>
<tr>
<td>D16. What was the most important factor for you in choosing a test provider?</td>
<td>- Tests were available</td>
</tr>
<tr>
<td></td>
<td>- Quality of tests</td>
</tr>
<tr>
<td></td>
<td>- Test result turnaround time</td>
</tr>
<tr>
<td></td>
<td>- Government recommended</td>
</tr>
<tr>
<td></td>
<td>- Colleague recommended</td>
</tr>
<tr>
<td></td>
<td>- Price</td>
</tr>
<tr>
<td></td>
<td>- Other (please specify)</td>
</tr>
<tr>
<td>D17. Are you testing your workers for previous COVID-19 infection using antibody / serology tests?</td>
<td>- Yes</td>
</tr>
<tr>
<td></td>
<td>- No</td>
</tr>
<tr>
<td>If no, skip to section D26</td>
<td></td>
</tr>
<tr>
<td>D18. How frequently are you performing / enabling antibody / serology testing for your workforce?</td>
<td>- One time only</td>
</tr>
<tr>
<td></td>
<td>- Once a month</td>
</tr>
<tr>
<td></td>
<td>- Once a week</td>
</tr>
<tr>
<td></td>
<td>- Twice a month</td>
</tr>
<tr>
<td></td>
<td>- Other – please specify</td>
</tr>
<tr>
<td>D19. What are your future plans for antibody / serology testing?</td>
<td>- We plan to increase testing</td>
</tr>
<tr>
<td></td>
<td>- We plan to maintain testing at its current levels</td>
</tr>
<tr>
<td></td>
<td>- We plan to reduce testing</td>
</tr>
<tr>
<td></td>
<td>- We plan to stop testing</td>
</tr>
<tr>
<td></td>
<td>- We will decide once we know vaccination rates</td>
</tr>
<tr>
<td></td>
<td>- Not sure</td>
</tr>
<tr>
<td>D20. Is your antibody (past infection) testing mandatory?</td>
<td>- Yes</td>
</tr>
<tr>
<td></td>
<td>- No</td>
</tr>
<tr>
<td>If no or not sure, skip to D22.</td>
<td>- Only for select groups</td>
</tr>
<tr>
<td></td>
<td>- What groups specifically? (free response)</td>
</tr>
<tr>
<td></td>
<td>- Not sure</td>
</tr>
<tr>
<td>D21. What percent of workers are you testing for antibodies?</td>
<td>- Specify %</td>
</tr>
<tr>
<td>D22. What are the consequences for lack of compliance regarding company testing requirements? (check all that apply)</td>
<td>- No consequences</td>
</tr>
<tr>
<td></td>
<td>- 10-14 day quarantine at home</td>
</tr>
<tr>
<td></td>
<td>- Restrict access to physical site until remedied</td>
</tr>
<tr>
<td></td>
<td>- Disciplinary action up to termination</td>
</tr>
<tr>
<td></td>
<td>- Change of work responsibilities</td>
</tr>
</tbody>
</table>
| D23. Where are your workers being tested for antibodies? (Check all that apply) | • Other (please specify)  
| | • There are no company testing requirements  
| | • Retail pharmacy  
| | • Local / regional hospital  
| | • Health testing laboratory  
| | • Academic or university site  
| | • On site at our facility  
| | • At home  
| | • Other – please specify  

| D24. Who administers the antibody tests to your workers? | • Internal / company medical workers  
| | • Employees of pharmacy, hospital, or lab  
| | • Third party contractors hired for this task  
| | • Local Public Health Authorities  
| | • Self-administered  
| | • Other – please specify  

| D25. As of today, what percentage of your workers have tested positive for antibodies cumulatively over time? | • Specify %  
| | • Yes  
| | - Air quality monitoring  
| | - Wastewater monitoring  
| | - Both air quality and wastewater monitoring  
| | - Unsure  
| | • No  
| D26. Are you performing environmental / surveillance testing for COVID-19? |
### E) COVID-19 Vaccination

**E1. Please select your company’s current policy regarding COVID-19 vaccination.**

- Require all employees to be vaccinated against COVID-19
- Require some employees to be vaccinated against COVID-19
- Encourage but not require employees to be vaccinated against COVID-19
- We don’t plan to encourage or require our employees to be vaccinated against COVID-19
- We don’t have a policy developed at this time

**E2. Were incentives offered to encourage employees to be vaccinated against COVID-19?**

If no, skip to E4

- Yes
- No

**E3. What types of incentives were offered or provided to encourage employees to be vaccinated against COVID-19?** (check all that apply)

- Additional paid time off
- Cash
- Contribution to health spending accounts
- Entered into a lottery or raffle for a prize
- Employee can return to the physical workspace
- Gifts (gift cards, food vouchers, etc.)
- No longer require employee to submit daily health screening
- No longer require employee to be tested regularly for COVID-19
- No longer require employee to wear a mask
- Provide free onsite or near-site vaccine administration
- Other (please specify)

**E4. Would you allow COVID-19 vaccinations to be administered to your employees at your facility if supplies were available?**

- Yes
- No
- Not applicable

**E5. Do you plan to change any mitigation measures (e.g. mask policy, room capacity limits, etc.) at your facility once broad vaccination has been achieved?**

- Yes
- No
- Not applicable

**E6. Do you currently encourage employees to demonstrate proof of vaccination against COVID-19?**

- Yes
- No
### E7. Do you currently require employees to demonstrate proof of vaccination against COVID-19? (if no, skip to F)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

### E8. What are the consequences for lack of compliance regarding being vaccinated against COVID-19? (check all that apply)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>No consequences</td>
</tr>
<tr>
<td>Not allowed to return to the physical work environment</td>
</tr>
<tr>
<td>Disciplinary action up to termination</td>
</tr>
<tr>
<td>Change of Work Responsibilities</td>
</tr>
<tr>
<td>Require participation in mandatory testing</td>
</tr>
<tr>
<td>Require employee to wear a face mask</td>
</tr>
<tr>
<td>Other – please specify</td>
</tr>
</tbody>
</table>

### F) Contact Tracing

**F1** Have you put in place any measures that could be described as contact tracing (tracking those with positive results and their contacts)?

- Yes
- No
- Unsure

If no or unsure – move to section G

**F2. What requirements does a worker who tested positive need to meet to return to the workplace? (Check all that apply)**

- One negative viral test
- Two negative viral tests
- No symptoms for a week
- 10-14 day quarantine at home
- No requirements / employee’s judgement
- Other – please specify

### G) Future of Work

**G1. Currently, what are your top three concerns for your organization? (rank top three)**

- COVID-19 death rate increases substantially
- COVID-19 rebounding in the US
- COVID-19 rebounding outside of the US
- COVID-19 vaccines lose effectiveness
- COVID-19 variant not able to be detected by current tests
- COVID-19 variant (Delta or other) continues to infect many more people
- Global unrest
- Inflation
- Labor shortage
- Lack of childcare for employees with children
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2. Do you intend to allow your employees to work from home full-time through 2021?</td>
<td>Yes, No, Not applicable</td>
</tr>
<tr>
<td>G3. Have employees resigned from the organization due to COVID-19 workplace policies (e.g. vaccination, testing, remote work, etc.) or lack thereof?</td>
<td>Yes, No, Unsure</td>
</tr>
<tr>
<td>If No or Unsure, skip to G5</td>
<td></td>
</tr>
<tr>
<td>G4. Please select the related COVID-19 workplace policies that resulted in employees leaving the organization (check all that apply)</td>
<td>No masking policy, No remote work policy, No testing policy, No vaccination policy, Non-restrictive masking policy, Non-restrictive testing policy, Non-restrictive vaccination policy, Overly restrictive masking policy, Overly restrictive remote work policy, Overly restrictive testing policy, Overly restrictive vaccination policy, Other (please specify)</td>
</tr>
<tr>
<td>G5. Have employees been terminated from the organization due to COVID-19 workplace policies (e.g. vaccination, testing, remote work, etc.)?</td>
<td>Yes, No, Unsure</td>
</tr>
<tr>
<td>If No or Unsure, skip to G7</td>
<td></td>
</tr>
<tr>
<td>G6. Please select the related COVID-19 workplace policies that resulted in employees being terminated from the organization (check all that apply)</td>
<td>Masking policy, Remote work policy, Testing policy, Vaccination policy, Other (please specify)</td>
</tr>
<tr>
<td>G7. Post-pandemic, do you intend to offer more flexible or expanded work from home policies for your employees?</td>
<td>Yes, No, Not applicable</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>G8. What best describes your anticipated work environment in the future?</td>
<td>- Virtual&lt;br&gt;- Physical&lt;br&gt;- Hybrid (combination of virtual and physical)</td>
</tr>
<tr>
<td>G9. Have you reduced or removed any of your COVID-19 workplace safety precautions (testing, remote work, masking, etc.)?</td>
<td>- Yes&lt;br&gt;- No</td>
</tr>
<tr>
<td>If no, skip to G11</td>
<td></td>
</tr>
<tr>
<td>G10. What trigger points would cause you to reinstate the workplace safety precautions (increased testing, returning home, wearing masks, etc.) that you reduced or removed? (check all that apply)</td>
<td>- An increase in employees testing positive for COVID-19&lt;br&gt;- COVID-19 variant (Delta or other) emerges that is resistant to currently available vaccines&lt;br&gt;- New ordinances from local, state, or national government&lt;br&gt;- We don’t anticipate reinstating our workplace safety precautions</td>
</tr>
<tr>
<td>G11. Do you believe employees should be in the office at least 20 hours per week?</td>
<td>- Yes&lt;br&gt;- No</td>
</tr>
<tr>
<td>If yes, move to G12</td>
<td></td>
</tr>
<tr>
<td>G12. What is the main reason why you think employees should be in the office at least 20 hours per week?</td>
<td>- Allows for social connections to be created and maintained with colleagues&lt;br&gt;- Allows for spontaneous idea sharing and problem solving&lt;br&gt;- Contributes to creating and defining company culture&lt;br&gt;- Develops social skills needed when interacting with clients&lt;br&gt;- Encourages teambuilding&lt;br&gt;- Ensures employee productivity&lt;br&gt;- Ensure use of facility&lt;br&gt;- Ensures proper training and mentoring of new employees&lt;br&gt;- Provides ability to monitor employee performance</td>
</tr>
<tr>
<td>G13. What best describes your future plans for your physical workspace?</td>
<td>- No longer offer a physical workspace&lt;br&gt;- Downsize&lt;br&gt;- Keep as is&lt;br&gt;- Increase size of physical workspace</td>
</tr>
<tr>
<td>Show only if physical/hybrid checked in G8</td>
<td></td>
</tr>
</tbody>
</table>
G14. What is the most challenging issue your company is facing in regards to returning employees to the physical work environment?

Show only if physical/hybrid checked in G8

- Expense of COVID testing
- Lack of available COVID testing
- Lack of available COVID vaccines
- Employees not wanting to return to in-person work
- Safety of employees is difficult to achieve
- Lack of available childcare for employees due to obstacles like school closures
- Lack of work due to loss in revenue or clients
- Cost of making workspace safe for employees
- Other employers offering work-at-home options
- Not applicable

---

**H) Employee Wellbeing**

Instructions: If you do not formally measure employee engagement, productivity, morale, burnout, or mental health concerns – please provide your perception of your workforce for each.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. How has <strong>employee engagement</strong> changed during the pandemic compared to pre-pandemic employee engagement?</td>
<td>Increased significantly</td>
</tr>
<tr>
<td>H2. How has <strong>employee productivity</strong> changed during the pandemic compared to pre-pandemic employee productivity?</td>
<td>Increased significantly</td>
</tr>
<tr>
<td>H3. How has <strong>employee morale</strong> changed during the pandemic compared to pre-pandemic employee morale?</td>
<td>Increased significantly</td>
</tr>
<tr>
<td>H4. How has <strong>employee burnout</strong> changed during the pandemic compared to pre-pandemic employee burnout?</td>
<td>Increased significantly</td>
</tr>
<tr>
<td>H5. How have <strong>employee mental health concerns</strong> changed during the pandemic compared to pre-pandemic mental health concerns?</td>
<td>Increased significantly</td>
</tr>
</tbody>
</table>
### H6. Due to the pandemic, employee mental health wellbeing has become a top priority for our company?

- Yes
- No

### H7. Since the pandemic began, has there been an increase in the use of available company resources related to mental health?

- Yes
- No
- Not applicable

If no or not applicable, move to section I

### H8. What aspects of employee mental health are a priority and what kinds of programs have been implemented that you have found to be successful or highly utilized?

Open form

---

### I) Financial Impact

*(Just a few more questions remain)*

#### I1. Not including testing or vaccination, what one-time costs have you incurred? (Check all that apply)

- Facility upgrades (other than ventilation)
- Ventilation system upgrades
- Plexiglass barriers
- Masks
- Gloves
- Hand sanitizer
- Cleaning supplies
- Other forms of PPE
- Technological resources (hardware, software, apps, hotspots, etc)
- Marketing/Communication
- Consultation for risk management
- Other – please specify
- None of the above

#### I2. Compared to a year ago, what percent increase in your monthly operating costs will be COVID-19 related – excluding testing and vaccination?

- Specify %
### J) Building a Community (This is the last section)

| J1. What is your primary role for your organization? | • Senior Management/Owner  
| | • Risk Management  
| | • Human Resource  
| | • Operations  
| | • Other (specify)  

| J2. Are you interested in any of the following:  
| - Joining our Commons Community of Practice in order to receive updates on our progress, findings, and invitations to events related to our COVID-19 efforts  
| - Receiving invitations to participate in future surveys for the COVID-19 Workplace Commons  
| - Sharing your experiences and practices on returning workers safely to the physical workplace through our Commons Community of Practice | • Yes  
| | – Please visit Get Involved to complete the required information and opt-in to the options of interest to you.  
| | • No  

---

By clicking “SUBMIT”, I understand that the information provided on this form will be shared with the **COVID-19 Workplace Commons: Keeping Workers Well** team at Arizona State University in order to develop an anonymized, interactive data platform to be shared publicly.

Below is your individual reference number for this survey. Please record and keep it for your reference. If you plan to take future surveys for this initiative, we will ask you for this reference number.