

Workplace Technology Survey Template

All questions are optional. Select one answer for each choice question.

Write your answers to the open questions in the space provided.

Think about the workplace tools you used during the past month. Focus on work tasks and avoid passwords, customer details, or confidential content. Use the normal support channel for an active issue. All questions are optional.

1. Which tool or system most affects your day-to-day work?

2. How easy was it to access the tools you needed?

- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Neither easy nor difficult
- ☐ Somewhat easy
- ☐ Very easy
- ☐ Not applicable

3. How often did a tool problem interrupt your work?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable

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4. How confident were you in using the tools for your main tasks?

- ☐ Not at all confident
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident
- ☐ Not applicable

5. How useful was the guidance available when you needed help?

- ☐ Not at all useful
- ☐ Slightly useful
- ☐ Moderately useful
- ☐ Very useful
- ☐ Extremely useful
- ☐ I did not seek guidance

6. Which task was harder than it needed to be because of the tools?

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All questions are optional. Select one answer for each choice question.

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7. What one technology change or explanation would help you most?
