# Access to Technology and Tools

1. From 1 to 5 how much your role in the company is affected by use of technology?

- [ ] 1

- [ ] 2

- [ ] 3

- [ ] 4

- [ ] 5

2. How long have you been with the company?

- [ ] Less than 1 year

- [ ] 1-3 years

- [ ] 3-5 years

- [ ] 5-10 years

- [ ] More than 10 years

3. Are technology tools you daily use:

- [ ] Primarily required by my Role

- [ ] Some required by my Role and then common Tools (Internet, Office, Networking, Mailing...)

- [ ] Primarily common Tools (Internet, Office, Networking, Mailing...)

4. Do you have access to the necessary hardware (computers, laptops, mobile devices) required for your job?

- [ ] Yes

- [ ] No

- [ ] Partially

5. Are the software and applications provided by the company sufficient for your job tasks?

- [ ] Yes

- [ ] No

- [ ] Somewhat

6. You perceive your company could invest more in tools and technologies?

- [ ] Agree

- [ ] Disagree

- [ ] Somewhat agree

- [ ] Somewhat disagree

7. Is the availability of tools and technology required for your job fully accessible when you work out of the office?

- [ ] Yes

- [ ] No

- [ ] Partially

8. On a scale of 1 to 10, how satisfied are you with the technical support provided by the company? (1 being very dissatisfied, 10 being very satisfied)

- [ ] 1

- [ ] 2

- [ ] 3

- [ ] 4

- [ ] 5

- [ ] 6

- [ ] 7

- [ ] 8

- [ ] 9

- [ ] 10

9. Is there any improvement you would you suggest to enhance access to technology and tools outside of the company?

- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. How can the company better support employees in utilizing technology to improve their workflow?

- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Any additional comments or feedback regarding access to technology and tools?

- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_