## Pandemic Programming

Thank you for participating in our study on the effects of the COVID-19 pandemic on software development. The purpose of this study is to understand how working from home during this crisis is affecting your wellbeing and productivity.

You should only take this survey if you are a software professional who began working from home because of the COVID-19 pandemic.

The survey will take about 20 minutes. There is no payment or prize for participating, but if we receive at least 130 responses, we will donate 500 USD to an open source project chosen by respondents.

Please be patient with the questions. This situation is complicated so we need a lot of information. Some questions come from instruments used by the World Health Organization and hospitals. If they don't quite fit your experience in software development, please just answer them as best you can. Please answer as many questions as possible. If you don't want to answer a question, you can skip it and move on to the next one.

Thanks again for your help!

\* Required

1.	You should only complete this survey if you meet all of the conditions below.  (Participants from all countries and organizations are welcome.) *		
	Check all that apply.		
	☐ I have read the consent form: <a href="https://bit.ly/3dExsaz">https://bit.ly/3dExsaz</a> (PDF) ☐ I agree to participate ☐ I am a software professional (programmer, designer, software)	project manager, etc.)	
V	/here you are Working	(you can't skip this question)	

2.	Please choose the option that best describes you. *					
	Mark only one oval.					
	Before the pandemic, I was working at the office.	Now I am working from home.				
	I've been working at the office the whole time.					
	I've been working remotely the whole time.					
	Before the pandemic I was working remotely. No	w I'm working at the office.				
С	OVID-19 Status					
3.	Please select all that apply.					
	Check all that apply.					
	I have tested positive for COVID-19					
	Someone else in my home has tested positive for COVID-19					
	A member of my family has tested positive for COV					
	A close friend of mine has tested positive for COVI					
	I am currently or was recently quarantined (ordered)  None of the above	i not to leave nome for any reason)				
4.	Choose the option that best describes you.					
	Mark only one oval.					
	I am not leaving home at all, for any reason.					
	I am leaving home only for essential tasks (e.g. groceries, medical care, exercise)					
	I am leaving home regularly for work or pleasure. I am keeping my distance from others.					
	I am leaving home regularly. I am NOT keeping m	y distance from others.				
Re	esiliency	Please react to the following statements.				

Are you fea	rful that	<b></b>				
Mark only on	e oval pei	r row.				
				Yes	Maybe/Unsure	No
you are in	fected wi	th COVID-19				
you will di	e from C	OVID-19				
a close fa	mily men	nber will die from				
Right now o						
	Yes	Maybe/Unsure	No			
fearful						
helpless						
horrified						
Please answ Mark only on		following questic	ons.	Yes	Maybe/Unsure	No
=		ou will run out of nor the next 2-3 mon	_			
Do you usua	ally recov	er quickly after an				

saster Preparedness ar	nd Ergonomi	cs				
Please react to the following	owing state	ments.				
Mark only one oval per rov	V.					
	Agree completely	Agree quite a bit	Agree somewhat	Agree a little bit	Do not agree at all	Don' know no opinio
I discuss with others the information I get on the COVID-19 pandemic.						
I have an emergency supply kit.						
I have a plan if I get symptoms of COVID- 19.						
I am complying with government recommendations regarding the COVID-19 pandemic.						
I know people who will help me if I have to self-isolate.						

8. How many different prescription medications are you on?

10.	Please indicate the extent to which you agree with each of the following questions
	about your workspace at home.

Mark only one oval per row.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
My home working environment is free of distractions						
The noise level of my home workspace is acceptable						
The temperature of my home workspace environment is acceptable						
The lighting in my home workspace is acceptable						
My chair is comfortable						
My home workspace has good ergonomics						

Organizational Support

11. Below is a series of statements about how your organization might support you while you are working from home. For each item, first, if your company is doing it, please check the "true" box; if not, leave it blank. (Please also select "true" if your organization doesn't have to reassure you of something because it is obvious.) Second, if you think it is helping or would help, check the "helpful" box; if not leave it blank.

Check all that apply.

	Statement is true	Is or would be helpful
I can (or could) take equipment (e.g. monitors) home from my workplace		
My organization will buy new equipment we need to work from home		
My organization will pay for software we need to work from home		
My organization will pay for some or all of my internet charges		
My organization has reassured me that I will keep my job		
My organization has reassured me that I will continue to be paid		
My organization has reassured me that I can take time off if I'm sick or need to care for dependents		
My organization has reassured me that they understand if my work performance suffers		
My team is continuing to have regular meetings (e.g. via video chat)		
My team is avoiding synchronous communication (e.g. video chat)		
My organization is encouraging staff to touch base regularly with each other		
My team is having virtual social events (e.g. via video chat)		

For most of the day, I work with an open video or audio call to some or all of my team.		
My organization is sending food to staff working from home		
My organization is providing activities to occupy staff member's children		
My organization is providing at-home exercise programs		
My organization is encouraging staff to use this time for professional training		
My team has good work-from-home infrastructure (e.g. source control, VPN, remote desktop, file sharing)		
My team is peer reviewing commits, change requests or pull requests (peer code review)		
My team uses a build system to automate compilation and testing		
My organization is improving documentation of its processes (e.g. how code changes are approved)		
Someone is keeping high priority work ready and our backlog organized		
rtional Wellbeing	Please react	to the following statement

2.	Thinking of the 4 wee	eks (28 d	ays) prior	to when you	ı began worki	ing from h	nome
	Mark only one oval per r	OW.					
		All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
	I felt cheerful and in good spirits						
	I felt calm and relaxed						
	I felt active and vigorous						
	I woke up feeling fresh and rested						
	My daily life was filled with things that interest me						

## Since I began working at home due to the COVID-19 pandemic... 13.

Mark only one oval per row.

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerfu and in good spirits	ıl					
I have felt calm and relaxed						
I have felt active and vigorous						
I wake up feeling fresh and rested						
My daily life has been filled with things that interest me						
ductivity	days) prior to	when you be	-	ou spent working n home. Select th xperience.		

Prod and Performance Before the Pandemic

## 14. In the 4 weeks before you began working from home...

Mark only one oval per row.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
How often was your performance higher than most workers on your job?					
How often was your performance lower than most workers on your job?					
How often did you do no work at times when you were supposed to be working?					
How often did you find yourself not working as carefully as you should?					
How often was the quality of your work lower than it should have been?					
How often did you not concentrate enough on your work?					
How often did concern about the COVID-19 pandemic limit the kind or amount of work you could do?					

15.	How would you compare your overall job performance with the performance of most other workers who have a similar type of job during the 4 weeks (28 days) prior to when you began working from home?							
	Mark only one	oval.						
	You were	e a lot better than other workers						
	You were somewhat better than other workers							
	You were a little better than other workers							
	You were about average							
	You were	e a little worse than other workers						
	You were	e somewhat worse than other workers						
	You were	e a lot worse than other worker						
		This block of guestians is about the time since you began working at home due to						
Pro an	oductivity d	This block of questions is about the time since you began working at home due to the COVID-19 pandemic. Select the one response for each question that comes						
Pe	rformance Home	closest to your experience.						

## 16. Since you began working from home...

Mark only one oval per row.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
How often was your performance higher than most workers on your job?					
How often was your performance lower than most workers on your job?					
How often did you do no work at times when you were supposed to be working?					
How often did you find yourself not working as carefully as you should?					
How often was the quality of your work lower than it should have been?					
How often did you not concentrate enough on your work?					
How often did concern about the COVID-19 pandemic limit the kind or amount of work you could do?					

17.	•	ce with	the per	forma	nce of	most o	•		-	ur overall job ave a similar t	
	Mark only o	ne oval.									
	O You w	ere a lot	better th	nan oth	er work	ers					
	O You w	ere some	ewhat be	etter th	an othe	r worker	'S				
	O You w	ere a littl	e better	than of	ther wo	rkers					
	O You w	ere abou	t averag	je							
	O You w	ere a littl	e worse	than o	ther wo	rkers					
	O You w	ere some	ewhat w	orse th	an othe	r worke	rs				
	O You w	ere a lot	worse tl	han oth	er work	er					
	erall ductivity	your jo	ob and 10	) is the p	erforma	nce of a	top work	er:		ne could have at	
10.	yours?	yourut	ic the d	oddi pi	51101111	arice o	111030	WOIRC	13 111 4 ]	ob sirriidi to	
	Mark only on	e oval.									
	1	2	3	4	5	6	7	8	9	10	
19.	How would  Mark only on		e your	usual j	ob per	formar	nce ove	er the p	ast yea	ar or two?	
	1	2	3	4	5	6	7	8	9	10	

		/ would began \	-	=							u worked si
	Mark	only one	e oval.								
		1	2	3	4	5	6	7	8	9	10
0	Whi	oles and	e follov	_		cribes	your ro	ole?			
		k all that	t apply.								
		Analyst Product	Dasiana	r							
		Product	•		ger						
		Quality A	_		_						
		Software	Develop	oer							
	Othe	r:							_		
		ı many y elopmei		f profe	ssional	exper	ience d	do you	have w	orking	in software
	How	many y	years of	f profe	ssional	exper	ience d	do you	have w	orking/	from home

24.	My primary job is:
	Mark only one oval.
	Full time Part time Other:
25.	How many people live in your home, including you?
26.	How many of the people who live with you are children under the age of 12?
27.	How old are you (in years)?  Mark only one oval.
	Less than 20 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+

28.	What is your gender?
	Mark only one oval.
	Female
	Male
	Non-binary / third gender
	Other:

29.	In what country do you live?
	Mark only one oval.
	Afghanistan
	Akrotiri
	Albania
	Algeria
	American Samoa
	Andorra
	Angola
	Anguilla
	Antarctica
	Antigua and Barbuda
	Argentina
	Armenia
	Aruba
	Ashmore and Cartier Islands
	Australia
	Austria
	Azerbaijan
	Bahamas, The
	Bahrain
	Bangladesh
	Barbados
	Bassas da India
	Belarus
	Belgium
	Belize
	Benin
	Bermuda
	Bhutan
	Bolivia

Bosnia and Herzegovina

Botswana
Bouvet Island
Brazil
British Indian Ocean Territory
British Virgin Islands
Brunei
Bulgaria
Burkina Faso
Burma
Burundi
Cambodia
Cameroon
Canada
Cape Verde
Cayman Islands
Central African Republic
Chad
Chile
China
Christmas Island
Clipperton Island
Cocos (Keeling) Islands
Colombia
Comoros
Congo, Democratic Republic of the
Congo, Republic of the
Cook Islands
Coral Sea Islands
Costa Rica
Cote d'Ivoire
Croatia
Cuba
Cyprus

Czech Republic
Denmark
Dhekelia
Djibouti
Dominica
Oominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Europa Island
Falkland Islands (Islas Malvinas)
Faroe Islands
Fiji
Finland
France
French Guiana
French Polynesia
French Southern and Antarctic Lands
Gabon
Gambia, The
Gaza Strip
Georgia
Germany
Ghana
Gibraltar
Glorioso Islands
Greece
Greenland
Grenada

Guadeloupe	
Guam	
Guatemala	
Guernsey	
Guinea	
Guinea-Bissau	
Guyana	
— Haiti	
Heard Island and McDonald Islands	
Holy See (Vatican City)	
Honduras	
Hong Kong	
Hungary	
Iceland	
India	
Indonesia	
Iran	
Iraq	
Ireland	
Sle of Man	
Israel	
Italy	
Jamaica	
Jan Mayen	
Japan	
Jersey	
Jordan	
Juan de Nova Island	
Kazakhstan	
Kenya	
Kiribati	
Korea, North	
Korea, South	

Kuwait
Kyrgyzstan
Laos
Latvia
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
Macau
Macedonia
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Martinique
Mauritania
Mauritius
Mayotte
Mexico
Micronesia, Federated States of
Moldova
Monaco
Mongolia
Montserrat
Morocco
Mozambique
Namibia

Nauru
Navassa Island
Nepal
Netherlands
Netherlands Antilles
New Caledonia
New Zealand
Nicaragua
Niger
Nigeria
Niue
Norfolk Island
Northern Mariana Islands
Norway
Oman
Pakistan
Palestine
Palau
Panama
Papua New Guinea
Paracel Islands
Paraguay
Peru
Philippines
Pitcairn Islands
Poland
Portugal
Puerto Rico
Qatar
Reunion
Romania
Russia
Rwanda

	Saint Helena
	Saint Kitts and Nevis
	Saint Lucia
	Saint Pierre and Miquelon
	Saint Vincent and the Grenadines
	Samoa
	San Marino
	Sao Tome and Principe
	Saudi Arabia
	Senegal
	Serbia and Montenegro
	Seychelles
	Sierra Leone
	Singapore
	Slovakia
	Slovenia
	Solomon Islands
$\subset$	Somalia
	South Africa
	South Georgia and the South Sandwich Islands
	Spain
	Spratly Islands
	Sri Lanka
	Sudan
	Suriname
	Svalbard
	Swaziland
	Sweden
	Switzerland
	Syria
	Taiwan
	Tajikistan
	Tanzania

Thailand
Timor-Leste
Togo
Tokelau
Tonga
Trinidad and Tobago
Tromelin Island
Tunisia
Turkey
Turkmenistan
Turks and Caicos Islands
Tuvalu
Uganda
Ukraine
United Arab Emirates
United Kingdom
United States
Uruguay
Uzbekistan
Vanuatu
Venezuela
Vietnam
Virgin Islands
Wake Island
Wallis and Futuna
West Bank
Western Sahara
Yemen
Zambia
Zimbabwe

30.	What is the highest level of education you have completed?	
	Mark only one oval.	
	PhD or equivalent	
	Masters degree or equivalent	
	Undergraduate degree or equivalent	
	Some post-secondary education	
	No post-secondary education	
31.	How many employees does your whole organization (not your team) have?	
	Mark only one oval.	
	0 to 9	
	10 to 99	
	100 to 999	
	1000 to 9999	
	10,000 to 99,999	
	100,000 or more	
32.	Do you have a disability (or disabilities) that affects your work?	
	Mark only one oval.	
	Yes	
	No	
	Maybe	
	Prefer not to answer	
0	on Doon anger	
Open Responses		

Has your	employer done anything that made working from home more difficu
	anything else you want to tell us about how the COVID-19 pandemic h I you or your team?
affected	
affected	you or your team?

37.	What open source project or organization should we donate to?

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