

Daily survey

Day 1 - X17

Introduction

Filling out this survey should not take longer than *five minutes*. Please take some time to consider the ideas and guidelines.

Your data will be coded thus your *response is anonymous*. Data gathered will be used to generate a *communication heatmap*, visualizing roles and their interaction by color coding their relative intensity of communicating.

The heatmaps will be *hanged out* on whiteboards around *on daily basis*. One heatmap will try to visualize the last days interaction and another one will show aggregated data gathered over time.

Explanations

This survey tries to investigate *communication and collaboration intensity*, their *initiation* and *nature or reason*.

Intensity: Relate such aspects of communication as duration, information density, significance to your job tasks to their usual levels when in contact with a given role. Communication implies any kind of daily **work related** collaboration or interaction.

Initiated: Whether or not the communication was **mostly initiated** by you.

Nature: The **main reason** or type of communication. If several communications of different nature - **pick the one** with the most influence of your work throughout the day.

Legend

- ☐ A *scale* from low to high - please mark only one box.
- ☐ A *checkbox* representing a yes-no answer ticked being yes.
- B

Backlog work on planned sprint goals
Regarding daily work on the sprint backlog
(excludes unplanned interruptions)

U

Unexpected change or interruption
External or internal, technical or social, not intended
by planned sprint content
- D

Decision coordination
Progress towards sprint goal hindered by uncertainty or
coordination need caused by unclear responsibilities
- E

Exchange of missing knowledge
About task clarification or to optimize its execution and
result
- R

Resolving technical dependencies
Solely technical and blocking progress
- O

Other (please name)
Anything particular but unnamed above

A radio group -
please mark one.

PICNIC (XFT)							Please <i>do not</i> fill the rows for co-workers with who you did not collaborate	
Name	Communication intensity						Initiated by me	Dominant nature of communication
	Minimal	Usual			Extraordinary	Mark if yes!	Please mark only one!	Other (please name)
Magnus Södergren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Arif Aziz	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Carina Engström	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Krister Bergh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Lena Hagberg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Sara Guo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Jonas Myhrman	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>

OPOs							Please <i>do not</i> fill the rows for co-workers with who you did not collaborate	
Name	Communication intensity						Initiated by me	Dominant nature of communication
	Minimal	Usual			Extraordinary	Mark if yes!	Please mark only one!	Other (please name)
Monica Imberg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>

Section Managers							Please <i>do not</i> fill the rows for co-workers with who you did not collaborate	
Name	Communication intensity						Initiated by me	Dominant nature of communication
	Minimal	Usual			Extraordinary	Mark if yes!	Please mark only one!	Other (please name)
Henric Stenhoff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>

Department Managers			Please <i>do not</i> fill the rows for co-workers with who you did not collaborate				
Name	Communication intensity		Initiated by me	Dominant nature of communication			
	<i>Minimal</i>	<i>Usual</i>	<i>Extraordinary</i>	<i>Mark if yes!</i>	<i>Please mark only one!</i> <i>Other (please name)</i>		
Henric Stenhoff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>

Program Managers			Please <i>do not</i> fill the rows for co-workers with who you did not collaborate				
Name	Communication intensity		Initiated by me	Dominant nature of communication			
	<i>Minimal</i>	<i>Usual</i>	<i>Extraordinary</i>	<i>Mark if yes!</i>	<i>Please mark only one!</i> <i>Other (please name)</i>		
Johan Stormberger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Niklas Isaksson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>

Others			Please <i>do not</i> fill the rows for co-workers with who you did not collaborate				
Person & role	Communication intensity		Initiated by me	Dominant nature of communication			
Name:	<i>Minimal</i>	<i>Usual</i>	<i>Extraordinary</i>	<i>Mark if yes!</i>	<i>Please mark only one!</i> <i>Other (please name)</i>		
Role:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Name:							
Role:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Name:							
Role:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Name:							
Role:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Name:							
Role:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Name:							
Role:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Name:							
Role:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div><div>B</div><div>U</div><div>D</div><div>E</div><div>R</div><div>O</div></div>
Name:							
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