

Daily survey

Day 1 - X0

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 *do not* 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	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</div>	
Arif Aziz	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</div>	
Carina Engström	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</div>	
Krister Bergh	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</div>	
Lena Hagberg	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</div>	
Sara Guo	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</div>	
Jonas Myhrman	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</div>	

OPOs

Please *do not* 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	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</div>	

Section Managers

Please *do not* 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	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....

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"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....
Niklas Isaksson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....

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"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....
Name:									
Role:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....
Name:									
Role:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....
Name:									
Role:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....
Name:									
Role:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....
Name:									
Role:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....
Name:									
Role:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....
Name:									
Role:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/> B <input type="radio"/> U <input type="radio"/> D <input type="radio"/> E <input type="radio"/> R <input type="radio"/> O	.....