

Daily survey

Day 3 - X12

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	
	<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>
Magnus Södergren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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	
	<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>
Monica Imberg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<div>B</div> <div>U</div> <div>D</div> <div>E</div> <div>R</div> <div>O</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	
	<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="radio"/>	<input type="checkbox"/>	<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"/>	<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:							
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>