

Work - life balance questionnaire

Leave your name off this form. We only ever count answers in groups, and we will tell you what we learned and what we are changing.

Team _____

Date _____

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
1 My hours leave enough time for life outside work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2 I rarely miss things I care about because of work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3 Most days I finish work with energy to spare.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4 I can put work out of my mind after hours.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5 Things outside work rarely get in the way of my job.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6 Personal worries rarely follow me into work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7 I can change when or where I work if I need to.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8 I can take an hour or two off for personal matters.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9 My manager respects my life outside work.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10 Flexible working is not held against anyone here.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11 Overall, how well do work and the rest of your life fit together?					
☐ Very well ☐ Well ☐ Not very well ☐ Not at all well					

12 What one change would give you a better balance?

Thank you. Your answers are anonymous.

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Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Hours, leave and time off

13 How many hours did you work last week, counting work at home?

☐ Under 30 ☐ 30 to 39 ☐ 40 to 44 ☐ 45 to 49 ☐ 50 or more

14 How many of your last four weekends included some work?

☐ None ☐ One ☐ Two ☐ Three ☐ All four

15 How much of last year's paid leave did you take?

☐ All of it ☐ Most ☐ About half ☐ Under half ☐ None

16 What makes it hard to take time off? (tick all that apply)

☐ Workload ☐ No cover ☐ Guilt ☐ Timing ☐ Cost ☐ Nothing

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
17 I can take leave at times that suit my life.	☐	☐	☐	☐	☐

Flexible working

18 Which of these have you used in the last 12 months? (tick all that apply)

☐ Flexi-time ☐ Home working ☐ Compressed hours ☐ Part time ☐ Term time ☐ None

19 Which would you use if they were offered? (tick all that apply)

☐ Four-day week ☐ Compressed hours ☐ Flexi-time ☐ Home working ☐ Part time ☐ None

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
20 I know which flexible options I can ask for.	☐	☐	☐	☐	☐

21 In the last year, did you ask to change your hours or place of work?

☐ Yes, agreed ☐ Yes, partly ☐ Yes, refused ☐ No

After-hours contact

22 Are you expected to reply to messages outside your hours?

☐ Never ☐ Emergencies only ☐ Sometimes ☐ Usually

Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

After-hours contact (continued)

23 On a normal evening, how often do you check work messages?

☐ Not at all ☐ Once ☐ A few times ☐ Many times

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
24 My team agrees on when messages can wait.	1	2	3	4	5

Caring responsibilities

25 Do you look after anyone outside work? (tick all that apply)

☐ Young children ☐ Older children ☐ An older relative ☐ Someone ill or disabled ☐ No one

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
26 I can fit caring duties around my working hours.	1	2	3	4	5

27 Last month, did caring make you late, leave early or miss work?

☐ No ☐ Once ☐ 2 or 3 times ☐ More often

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
28 I know what leave I can take in a family emergency.	1	2	3	4	5

What work gives and takes

29 What gets squeezed first when work runs over? (tick all that apply)

☐ Sleep ☐ Exercise ☐ Family time ☐ Friends ☐ Hobbies ☐ Chores ☐ Nothing

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
30 My job gives me skills that help me at home.	1	2	3	4	5

31 What I do outside work makes me better at my job.	1	2	3	4	5
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32 Has your balance made you think about leaving this job?

☐ No ☐ Now and then ☐ Yes, seriously

About you (optional)

33 Where do you do most of your work?

☐ On site ☐ Hybrid ☐ Remote ☐ Prefer not to say

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

About you (optional) (continued)

34 When do you usually work?

☐ Regular days ☐ Shifts or rota ☐ It varies ☐ Prefer not to say

35 Is managing a team part of your job?

☐ Yes ☐ No ☐ Prefer not to say

Thank you. Your answers are anonymous.

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