

How **SAFE** do you feel from being infected with the **COVID-19** virus?

Company: _____ Date: _____

Department: _____ Name: *(optional)* _____

Please tell us how **SAFE** you feel **AT WORK** right now.



Completely Unsafe

1



Somewhat Unsafe

2



Not Sure

3



Somewhat Safe

4



Completely Safe

5

What is the **ONE THING** your company could do to make you **FEEL SAFER AT WORK**?

Please tell us how safe you feel **SHOPPING** and interacting in your community right now.



Completely Unsafe

1



Somewhat Unsafe

2



Not Sure

3



Somewhat Safe

4



Completely Safe

5

Please tell us how safe you feel **AT HOME** right now.



Completely Unsafe

1



Somewhat Unsafe

2



Not Sure

3



Somewhat Safe

4



Completely Safe

5

Please share any additional **COMMENTS** here: