

T.C.I © 2003

T.C.I. Home Office KIT ©

PART #1: Questionnaire

PART #2: Measurement Kit

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T.C.I.© Home Office Design - Part 2 - Measurement Kit

Instructions:

- select ONLY ONE Choice - select ALL that apply.

- 1 The Home Office Design Kit - PART 1 HOW TO USE THIS KIT. This kit has been designed to help PWGSC telecommuters set-up a new home office, or improve on your existing space. Parts 1 and 2 of this kit MUST BE COMPLETED before line installation or formal approval to work remotely.

- 2 Home Office Design Kit -Part 1 Part 1 is the following questionnaire. Part 2 is a Measurement Guide. Part 1 can be completed in two ways: print a copy and answer by hand, or answer on your screen and print when complete. Please complete it, adding any information useful to the designer. If you need help, call Liliana Manaloche at 512-5970.

- 3 We need information on how to reach you. Please use the space below to clearly give us: Date: Your Name: Your Phone # at work: Your email: Name of Reporting Manager:

4 Are you currently working from a space in your home, or is this a first time set-up for you?

- Already have a basic office setup at home, desk, file, storage
- Have a desk to work at, but no file or storage.
- Have no set-up at all
- Other: Describe _____

5 In this first section, we require information about your job type and your home office workspace.

6 What unit do you work for: e.g. GTIS, OAS, etc.?

7 What is your basic "job description", e.g. what do you do?

8 Which of the following comes closest to describing the core tasks you will be doing from your home office?

- Repetitive heads down work
- Up and down from the desk work
- In office, but also out, for on the road work
- Other: Describe: _____

9 Which of the following best describes how you will work when at home office? If none fits, create your own.

- A lot of heads down work at the computer, some phone work
- A balance between computer and phone work
- A lot of phone work, less at the computer work
- A lot of out on the road work
- A balance between on the road, in the office work
- A lot of in the office, some on the road work
- Other: _____

10 Where in your home do you intend to locate your home office?

- Spare bedroom
- Basement
- Master bedroom
- Family room (other than basement)
- Living room or dining room
- Undecided
- Other: _____

11 If you are undecided, or are using another room not listed, what should the designer know in order to help you with your choice or setup?

12 Will someone in your household have to be moved from their current space to accommodate your home office?

- No
- Yes
- If yes, explain _____

13 Will your home office be used for another purpose in addition to home office use?

- Dedicated room, only for home work
- Multi-purpose, for other activities
- Other: Describe: _____

14 If your home office will be a multi-purpose room, what other activities and or furniture will have to be accommodated within the space?

15 Which part in the house will the office be situated?

- Front of home
- Middle of home
- Back of home

16 Which rooms will be beside your office?

- None
- A bedroom or bathroom
- A den, LR or DR
- Kitchen
- Basement
- Other: _____

17 Which room will be above your office?

- None
- A bedroom or bathroom
- A den, LR or DR
- Kitchen
- Basement
- Other: _____

18 Which room will be below your office?

- None
- A bedroom or bathroom
- A den, LR or DR
- Kitchen
- Basement
- Other: _____

19 Will you have access to natural light in the space you have chosen?

- Yes, lots
- Yes, some
- No, none

20 Are there any sources of noise near or in your space which could be a problem when you are on the phone or just working?

- Yes
- No
- If yes, clarify. _____

21 Is there an air conditioner (window or sleeve unit) in the room you will be working?

- Yes
- No
- Not now, but may buy one.

22 What is the typical temperature in the space you have chosen?

- Fine
- Can be cool
- Can be hot

23 How many hours do you expect you will actually be spending in your home office once you are telecommuting?

- 10 hours week
- 15 hours week
- 20 hours week
- 30 hours week
- 40 hours week

24 Using the time you estimate spending in your home office in the last question, and based on how you do your job at the office, break down that time into how much time you think you will spend at the following tasks?

- | | |
|--|---|
| <input type="text"/> At computer | <input type="text"/> On computer & phone at same time |
| <input type="text"/> Reading, thinking | <input type="text"/> Other |
| <input type="text"/> On phone | |

25 What kind of computer will you be using to do your primary home work ?

- Desktop, with monitor set-up
- Notebook alone
- Notebook with sep. monitor
- Notebook with docking station
- Notebook with docking station and separate monitor
- Other: describe _____

26 Please indicate just what furniture and equipment you already have for a home office set-up. Check as many as apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Desk | <input type="checkbox"/> Printer stand | <input type="checkbox"/> Overhead light |
| <input type="checkbox"/> Computer workstation | <input type="checkbox"/> Fax | <input type="checkbox"/> Shelves for storage |
| <input type="checkbox"/> Chair | <input type="checkbox"/> Monitor | <input type="checkbox"/> Scanner |
| <input type="checkbox"/> Articulated keyboard tray | <input type="checkbox"/> Docking station | <input type="checkbox"/> Docking station |
| <input type="checkbox"/> Desktop computer | <input type="checkbox"/> File cabinet | <input type="checkbox"/> |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Copier | <input type="checkbox"/> |
| <input type="checkbox"/> Printer | <input type="checkbox"/> Desk lamp | |

27 Now, review the same list again and indicate what you will be getting to add to your home office, in the nature of furniture of equipment. Check as many as apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Desk | <input type="checkbox"/> Printer stand | <input type="checkbox"/> Overhead light |
| <input type="checkbox"/> Computer workstation | <input type="checkbox"/> Fax | <input type="checkbox"/> Shelves for storage |
| <input type="checkbox"/> Chair | <input type="checkbox"/> Monitor | <input type="checkbox"/> Scanner |
| <input type="checkbox"/> Articulated keyboard tray | <input type="checkbox"/> Docking station | <input type="checkbox"/> Docking station |
| <input type="checkbox"/> Desktop computer | <input type="checkbox"/> File cabinet | <input type="checkbox"/> |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Copier | <input type="checkbox"/> |
| <input type="checkbox"/> Printer | <input type="checkbox"/> Desk lamp | |

28 Is there a piece of furniture you are using at head office or one that is in your branch that might be available to you for your home office?

- No
- Yes
- Yes, describe _____

29 In this section, we need some information about you and your family circumstances.

30 How many adults live in your home?

- Just me 2 3 4 or more

31 How many children are living at home?

- None 1 2 3 or more

32 Does your spouse or partner work from home?

- No spouse or partner
- Yes, partner works from home
- No partner does not work from home

33 If you do have a spouse or partner who works from home, do they have a separate home office?

- No, we will share a home office
- We will have separate home offices
- Other: _____

34 Are you?

- Male
- Female

35 Are you?

- Right-handed
- Left handed

36 How tall are you?

- under 5 feet
- 5 - 1/2 feet
- 5 - 3/4 feet
- 6 feet
- 6 - 1/4 feet

37 Do you have any disabilities or injuries which would be relevant to the set-up of your home office?

- No
- Yes
- If yes, describe if relevant _____

38 Do you wear glasses for computer work or reading?

- Yes
- No

39 When you are at your computer, which side do you lay your work?

- Right side
- Left side
- Both sides

40 Are there any comments or special circumstances you would like to add which would be useful to the designer, to help you set-up your home office?

41 You have now completed PART 1 of your Home Office Design Kit. Please make sure you answered all the questions. Make yourself a copy of this information, if you wish to retain one for your files, and proceed to PART 2, your Measurement Kit.

T.C.I.© Home Office Design - Part 2 - Measurement Kit

The purpose of **PART 2 – The Measurement Kit**, is to help you supply the designer with a layout of the space in which you will be working.

For this task, you will need:

- 1 to 1½ hours
- 1 grid sheet for draft (included)
- 1 grid sheet for final submission (included)
- a helper
- a measuring tape
- a pencil & ruler

To complete your layout, follow these simple steps.

- 1 square = 1 foot or 2 squares = 1 foot (large room)**
- Use the icon symbols page included to indicate what you are drawing.**

- Measure the length of each of the walls in the room. Note them as you go and include any protrusions like radiators or built-ins.

- Measure and note the height of the ceiling.

- Measure and note the width of the room.

- Draw the outline of your space on your draft sheet, using the icon symbol for walls included in your kit. Any exterior walls that are not windowed should also be marked.

- Indicate the NORTH facing of your office with an arrow.

- Next, measure the height from floor along with length and width of all windows. Indicate the height of the bottom sill, e.g. the height of the windowsill from the floor.

- Then measure any exit doors, closet doors and any other openings like a hallway. Insure that you can indicate just where they are located on each wall as well as how big they are. In the case of doors, indicate how they open, either side to side, or into or out of the room.

- Draw all your openings and their orientations onto your draft grid.

- Next, measure all the furniture you intend to keep in the room, and indicate location on the draft grid. Measure height, width, depth and length. *Desk or work surface measurements, including HEIGHT are most important

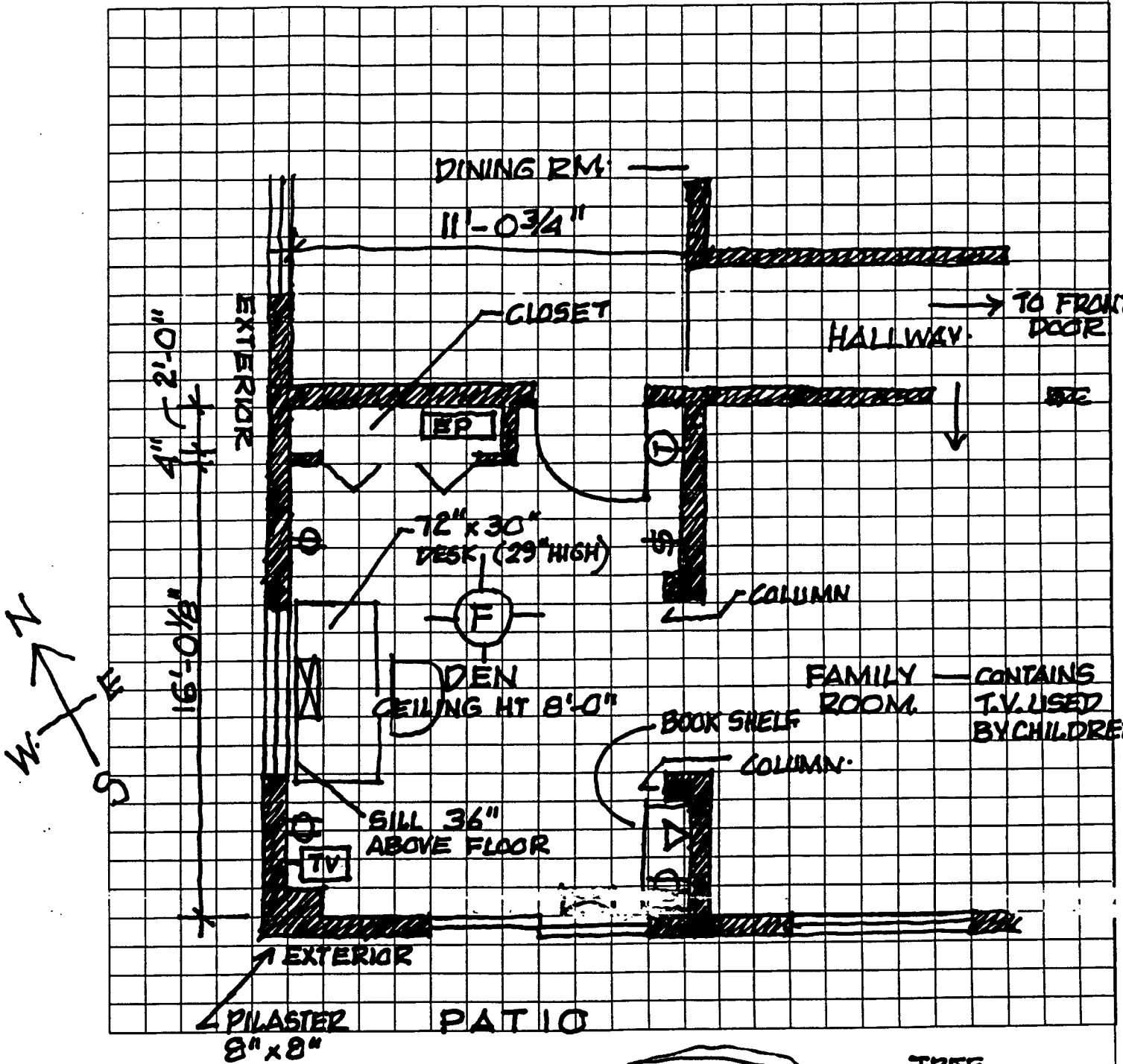
- Using the icons included in your kit, or if an icon is not available, simply write in the item, to indicate the exact location of the following:

Electrical Plug Outlets	Cable Jacks
Light Switches	Circuit Breakers
Temperature Control Switches	Air Conditioning or Sleeve Unit
Phone Jacks	Ceiling Fan

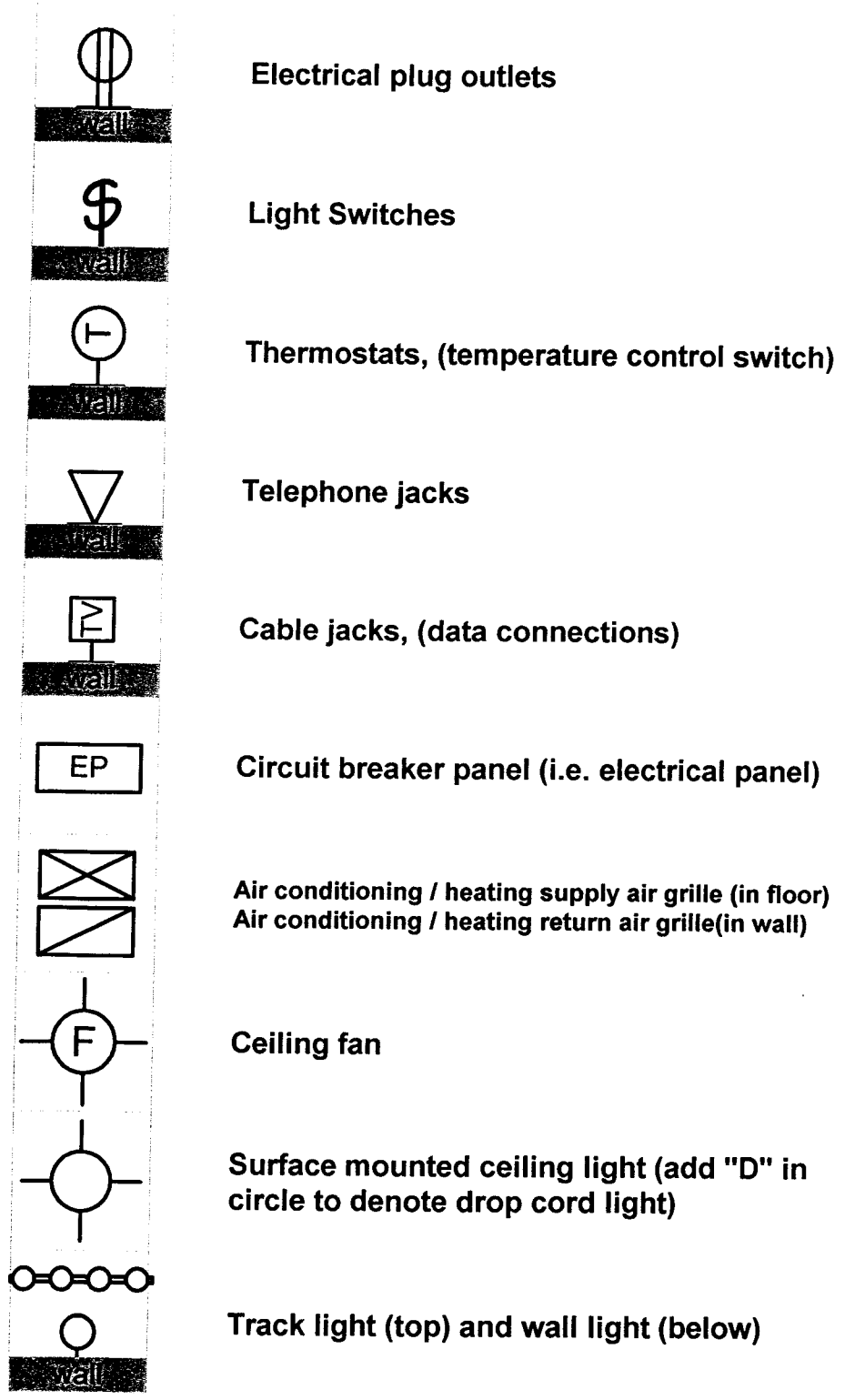
- Carefully transfer your draft work onto your submission sheet grid.
- Return PART 1 AND PART 2 of the kit to: CAD Designer name at # for assessment.
- The completed CAD design will be returned to you, to help you set up your office.

T.C.I. © Home Office Design - Part 2 Measurement Kit

Home Office Design - Part 2 Measurement Kit
Draft Grid



NOTES : WALLS-PAINTED
CEILING-STUCCO
FLOOR-WOOD
AGE OF HOME - 25 YRS.
ROOM RECEIVES LATE AFTERNOON SUN. **SAMPLE.**



Room Layout Icons (services and connections)

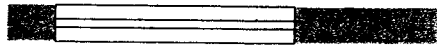


Exterior

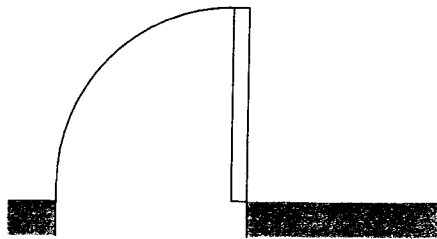
Solid wall (use "exterior" to denote outside walls)



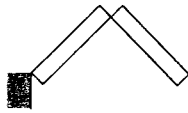
Opening in solid wall



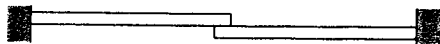
Window in solid wall



Door in solid wall, (be sure to indicate if it swings into or out of room)



Bi-fold door in solid wall



Sliding patio door in solid wall



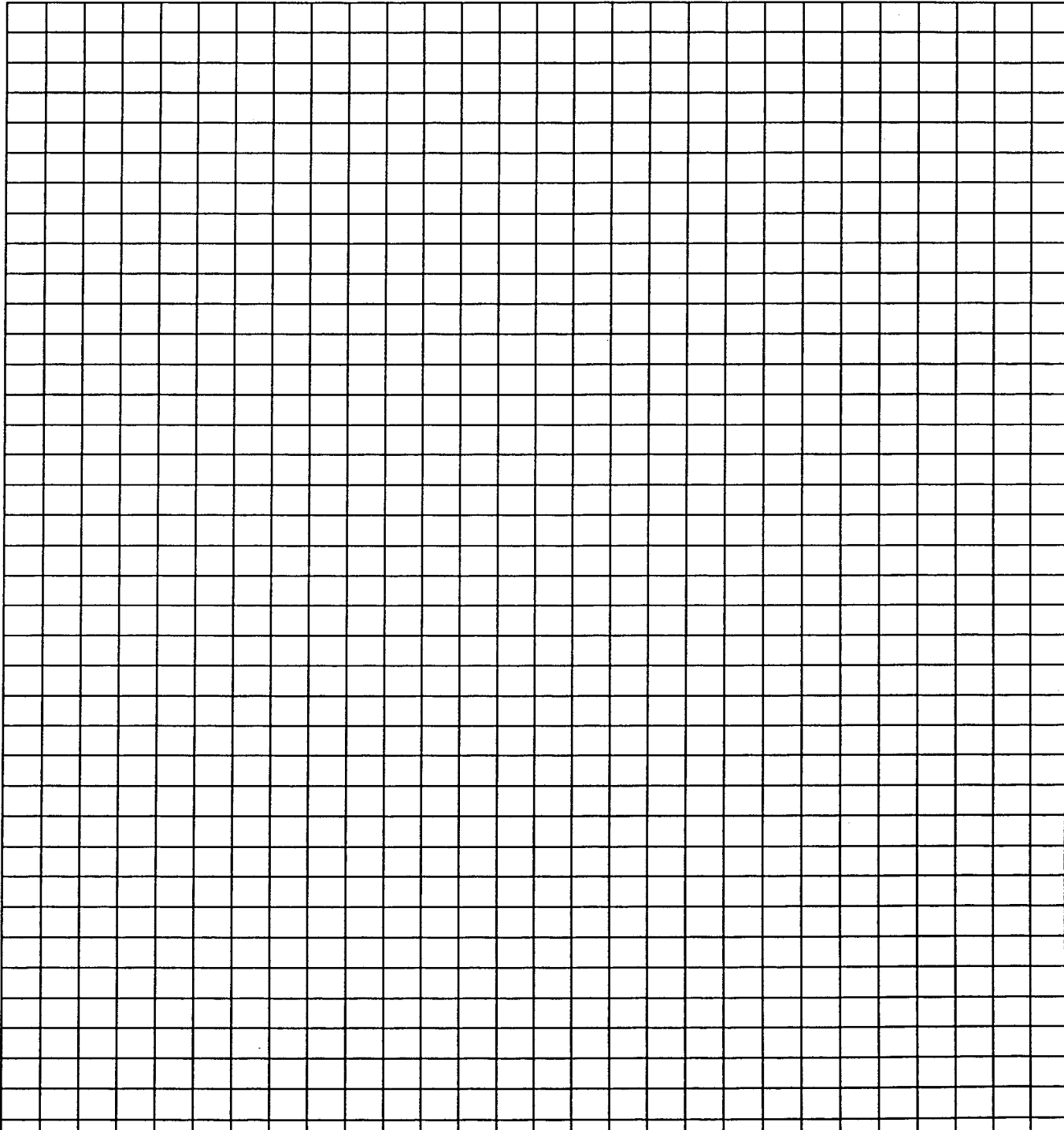
Pilaster along solid wall



Pilaster on corner of room

Room Layout Icons (room outline)

Home Office Design - Part 2 Measurement Kit
Draft Grid (use this to draft)



Home Office Design - Part 2 Measurement Kit
Submission Grid (use this to submit)

