<<Facility_Full>>

DUE DATE: <<RETURN_DATE>>

Instructions: Please blacken the circle that best corresponds to how you would rate this facility in the following areas. Blacken only one circle for each statement. If a statement does not apply, leave the circles blank.

Employee Satisfaction Survey INCORRECT: ∅⊗ ♠ CORRECT: ●

OVERALL RECOMMENDATION 1. Where 0 is the least likely and 10 is the most likely, how likely are you to recommend this organization as a place to work? 0 1 2 3 5 6 7 9 10 8 \bigcirc Not at (Please choose one) Extremely all likely likely

		NO	YES SOMEWHAT	VES MOSTLY	YES DEFINITELY
		140	TEO OOMEWHAT	TEO MOOTET	TEO DEI INTEET
2.	Does this work environment inspire you to do your best work?	0	0	0	0
3.	At work, are you able to do what you do best every day?	0	0	0	0
4.	Do you have great relationships with the people you work with?	0	0	0	0
5.	Do the people you work with treat each other with respect?	0	0	0	0
6.	Do you have the equipment you need to provide high quality care?	0	0	0	0
7.	Does the person to whom you report create opportunities for your professional growth?	0	0	0	0
8.	Is there high quality communication among the people you work with?	0	0	0	0
9.	Does this organization value its employees?	0	0	0	0
10.	Do you have the training you need to	0	0	\circ	0

PLEASE ANSWER QUESTIONS ON REVERSE SIDE

<<Barcode>>

<<Sort Position>>



<<Facility_Full>>

11. Is there anything else you would like to say about your experience with this organization?				

Please mail the survey using the pre-addressed, postage-paid envelope enclosed. **THANK YOU!**

