

12. What is your job category?

- CNA/NA
- RN
- LPN
- Food Service
- Activities
- Social Services
- Therapy/Rehab
- Housekeeping/Laundry/Maintenance
- Administration
- Other

13. Which shift do you normally work?

- Days
- Evenings
- Nights
- Rotating

14. 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!**