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 4 8 \bigcirc Ο \bigcirc Ο Ο \bigcirc Ο \bigcirc \bigcirc \bigcirc Ο Not at (Please choose one) Extremely all likely likely

		NO	YES SOMEWHAT	YES MOSTLY	YES DEFINITELY
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 do your job effectively?	0	0	0	0
11.	Overall, would you recommend this facility as a place to work?	0	0	0	0

PLEASE ANSWER QUESTIONS ON REVERSE SIDE

<<Barcode>>



12. 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!



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Form C <<Facility_ID>> </Survey_Run_ID>>