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?

| Not at all likely | | | | (Plea | se choose | e one) | | | l | Extremely likely | |
|----------------------|------------|---|---|-------|-----------|--------|---|---|---|---------------------|--|
| 0 | \bigcirc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

| | | 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



- 12. What is your job category?
 - o CNA/NA
 - o RN
 - o LPN
 - o Food Service
 - \circ Activities
 - Social Services
 - o Therapy/Rehab
 - Housekeeping/Laundry/Maintenance
 - o Administration
 - o Other
- 13. Which shift do you normally work?
 - o Days
 - o Evenings
 - o Nights
 - o 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!