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!