

# Employee Feedback Form

(name of hospital)

We want to hear from you. Your answers to the following questions will be an important part of an organizational review being completed for (name of hospital). Please take a few minutes to complete this survey and return it in the enclosed postage paid envelope today. The information you provide will be anonymous.


**Please check where you are primarily employed:**

Hospital     Nursing Home     Home Health Agency     Physician Clinic

**Please check if you are part-time or full-time:**

Part-time     Full-time

Describe your level of agreement/ disagreement with each of the following statements by filling in one circle for each statement.

	Strongly Disagree				Strongly Agree
1) I contribute to the planning process at this facility	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2) I contribute to the facility's plan and mission	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3) I would like to be involved in the planning process for this facility	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4) I have confidence in this facility's leadership	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5) Communications from management are frequent enough	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6) I can trust what I am told by management	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7) I am provided enough information by this facility to do my job well	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8) As much ongoing training as I need is provided by this facility	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9) My initial training provided by this facility was adequate	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Fill in one circle for each statement

Strongly Disagree  Strongly Agree

- 10) I am proud to work for this facility  1  2  3  4  5
- 11) I like the type of work I do  1  2  3  4  5
- 12) I would recommend this facility to my family and friends  1  2  3  4  5
- 13) If I do very good work I can count on making more money  1  2  3  4  5
- 14) I feel part of a team working toward shared goals  1  2  3  4  5
- 15) I am given enough recognition by management for work that's well done  1  2  3  4  5
- 16) My supervisor gives me adequate support  1  2  3  4  5
- 17) My supervisor treats me fairly  1  2  3  4  5
- 18) My supervisor tells me when I do my work well  1  2  3  4  5

19) How would you describe the level of your overall job satisfaction with your work at this facility?  
Fill in one circle for your response.

- Very Dissatisfied    Somewhat Dissatisfied    Neutral    Somewhat Satisfied    Very Satisfied

20) Please enter any comments you wish to share in the space below.