

Employee Engagement Survey #1

Please complete the following questions about your experience working at our practice. Circle the most appropriate provided answer and use the blank spaces or the back of the page to add any details. Thank you for your honest feedback!

1. Do you feel valued/rewarded for the work that you do? Please be specific.

Always Most of the time Sometimes Almost Never Never

Comments: _____

2. What suggestions do you have to improve patient care?

Comments: _____

3. Do you feel that you go beyond what is expected of you to make our clients happy? List examples if you would like.

Always Most of the time Sometimes Almost Never Never

Comments: _____

4. When there is an issue with communication, do you feel that you have the tools or help to have direct communication?

Always Most of the time Sometimes Almost Never Never

Comments: _____

5. What suggestions do you have that could improve communication or teamwork across departments?

Comments: _____

6. Please describe how you feel about change at work and how you deal with it?

Comments: _____

7. Are able to recognize and manage the things that cause you stress at work?

Always Most of the time Sometimes Almost Never Never

Comments: _____



8. When there is something wrong, do seek assistance or support? Why or why not.

Always Most of the time Sometimes Almost Never Never

Comments: _____

9. Do you find your work personally satisfying?

Always Most of the time Sometimes Almost Never Never

Comments: _____

10. Overall, how satisfied are you with your position at the practice? Why?

Always Most of the time Sometimes Almost Never Never

Comments: _____

Employee Engagement Survey #2

Please complete the following questions about your experience working at our practice. Circle the most appropriate provided answer and use the blank spaces or the back of the page to add any details. Thank you for your honest feedback!

1. What do you view as our #1 issue as an organization? What solutions do you suggest?

Comments: _____

2. When was the last time you told a coworker you appreciated them and what was their response?

Comments: _____

3. Do you feel as though you have the proper tools to enable you to do your job effectively?
If not, please indicate what you feel you need.

- Always Most of the time Sometimes Almost Never Never

Comments: _____

4. Do you look up to, or are you inspired by co-workers at the practice? If so, please indicate who and why.

Always Most of the time Sometimes Almost Never Never

Comments: _____

5. What can you contribute to our company culture that may be underutilized? (i.e., what strengths or talents do you possess that aren't being used?)

Comments: _____

6. What is one thing you feel we need to work on to improve our client service?

Comments: _____

7. Share one way we could improve internal communication.

Comments: _____

8. Do you feel your workload is manageable?

Always Most of the time Sometimes Almost Never Never

Comments: _____

9. Overall, do you feel well and whole (emotionally, physically, etc.)?

Always Most of the time Sometimes Almost Never Never

Comments: _____

10. Do you feel our organization contributes positively to the health and wellness of our team? Why or why not?

Always Most of the time Sometimes Almost Never Never

Comments: _____



Employee Engagement Survey #3

Please complete the following questions about your experience working at our practice. Circle the most appropriate provided answer and use the blank spaces or the back of the page to add any details. Thank you for your honest feedback!

1. What would help you to be more productive and provide higher quality service?

Comments: _____

2. What does your management team (or supervisor) do to keep your morale high?

Comments: _____

3. What has been said or done by a peer or supervisor that motivated you in the past or would motivate you in the future?

Comments: _____

4. List two things we could do to make work more fun.

Comments: _____



5. List one strength of our team, one weakness that our team struggles with, and a solution to improve this weakness.

Strength: _____

Weakness: _____

Solution: _____

6. When a client is dissatisfied, do you feel that you can correct the problem to their satisfaction? Please provide details.

Comments: _____

7. What suggestions do you have that would improve workflow?

Comments: _____

8. Do you recognize the impact of your home and work environment on your health?

Always Most of the time Sometimes Almost Never Never

Comments: _____



9. How often do you feel emotionally drained?

Always

Most of the time

Sometimes

Almost Never

Never

Comments: _____

10. Overall, how do you feel about your health and wellness?

Comments: _____

