

XYZ HHA

Employee Satisfaction Survey

Circle One: Home Health Aide LPN RN Therapy Office/Clerical Administration/Management

Rate the areas below by marking the category that is closest to correct about your job.

Categories	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
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Your Job

Opportunities to use your skills and abilities					
Opportunities for interesting, challenging work					
Recognition for work well done					
Amount of responsibility given to you					
Pay in relation to job duties					

Patient Care

Your daily work load					
Effectiveness of team approach					
Effectiveness of team leaders					
Rotation of areas					
Daily scheduling process					
Accessibility of medical supplies					
distribution of medical supplies					
number of miles driven each day					
frequency of after hours visits					
compensation for after hours visits					

Communication

Opportunities to talk with administration					
Responses from administration					
Amount and quality of information received re: daily personal performance					
Amount and quality of information received re: annual evaluation and salary review					

Categories	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Amount and quality of information received re: changes in personnel policies					
Amount and quality of information received re: Medicare regulations-changes and effect on your job					
Amount and quality of information received re: agency financial issues					
Response from administration re: suggestions/concerns					
Amount and quality of information received re: employee benefits (vacation, sick leave, mileage reimbursement, educational opportunities, health insurance, retirement plan)					
Working Conditions and Benefits					
Physical working conditions within your work area					
Mileage reimbursement					
Number of Agency in-services					
Quality of Agency in-services					
Number of educational opportunities outside the Agency					
Quality of educational opportunities outside the Agency					
Employee suggestion/concerns procedure					
On Call System					
Scheduling procedure					
Pager system					
Backup system					
Timeframe for being on call (length)					
Compensation for accepting "call"					
Available of other staff to make visits					

Would you be interested in additional health insurance coverage for dental/vision/disability?

Yes No

Would you be interested if the premiums for this additional coverage were your responsibility?

Yes No

Do you feel that an employee Suggestion Box would be beneficial for the Agency?

Yes No

Additional Comments:

Signature (optional)

Date