

# Employee Satisfaction Survey

Individual's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

1. Do you enjoy your job?  
 Agree  Undecided  Disagree
2. My work makes me feel good about myself.  
 Agree  Undecided  Disagree
3. I have the supports necessary to do my job.  
 Agree  Undecided  Disagree
4. I have the accommodations needed to do my job.  
 Agree  Undecided  Disagree
5. My job makes good use of my skills and abilities.  
 Agree  Undecided  Disagree
6. When a problem comes up at work, I know who to ask.  
 Agree  Undecided  Disagree
7. In my job I have the opportunity for advancement.  
 Agree  Undecided  Disagree
8. I understand my job duties.  
 Agree  Undecided  Disagree
9. I feel appreciated on my job.  
 Agree  Undecided  Disagree

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Select **“YES”** or **“NO”** in response to the statements below:

- YES  NO Do you have regular transportation problems? \_\_\_\_\_
- YES  NO Do you have difficulty getting to work on time? \_\_\_\_\_
- YES  NO Do you get along with your supervisor and co-workers? \_\_\_\_\_
- YES  NO Do you get upset when your supervisor or co-workers give you instructions and/or corrections? \_\_\_\_\_
- YES  NO Do you worry that you might lose your job? \_\_\_\_\_

Additional comments:

- YES  NO The EC has verified that the responses on this form are the individual's.

EC Name: \_\_\_\_\_ Date: \_\_\_\_\_