# **Employee Check-In Questionnaire**

**Introduction**

Thank you for participating in this check-in survey. Your responses will help us better understand your work experience, well-being, and overall satisfaction. All feedback is valued and will be used to shape improvements in our workplace.

## **Section 1: Overall Satisfaction**

**Question 1:** On a scale of 1 (very dissatisfied) to 10 (very satisfied), how would you rate your current satisfaction with your job?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Question 2:** On a scale of 1 (poor) to 10 (excellent), how would you rate our overall workplace environment (e.g., physical space, team culture)?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Question 3:** On a scale of 1 (no balance at all) to 10 (excellent balance), how balanced do you feel between work responsibilities and personal life?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

## **Section 2: Alignment with Organizational Goals and Values Rationale**

**Question 1:** On a scale from 1 (not aligned at all) to 10 (strongly aligned), how well do you feel your daily responsibilities and tasks support the broader mission of the company?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Question 2:** On a scale from 1 (not confident at all) to 10 (extremely confident), how confident are you that our organization’s decisions and policies reflect its stated values?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Question 3:** On a scale from 1 (no alignment) to 10 (complete alignment), how closely do you feel your personal values match the organization’s stated values?

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

## **Section 3: Growth and Development**

**Question 1:** On a scale from 1 (not aligned) to 10 (fully aligned), how closely do you feel your current role aligns with your long-term career goals?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Question 2:** On a scale from 1 (inadequate) to 10 (excellent), how do you rate the availability of training, mentorship, or development programs offered by our organization?

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Question 3:** On a scale from 1 (no clarity) to 10 (complete clarity), how clearly do you understand the steps required to advance within the company?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

## **Section 4: Multiple-Choice Questions**

**Question 1:** Which aspect of our mission or values do you believe is best reflected in our day-to-day work?

* A. Commitment to customer satisfaction
* B. Employee empowerment
* C. Innovation and growth
* D. Integrity and ethical practice

**Question 2:** Which statement best describes your perspective on current management?

* A. Managers provide clear direction and regular feedback.
* B. Managers provide clear direction but could offer more feedback.
* C. Managers provide feedback but could communicate goals more clearly.
* D. Managers could improve both goal setting and feedback.

**Question 3:** Which of the following best describes your manager’s style of communication?

* A. Regular, constructive check-ins
* B. Intermittent feedback, mainly when problems arise
* C. Occasional feedback with limited guidance
* D. Very little direct feedback or communication

**Question 4:** Which of the following resources do you find most helpful for your personal well-being at work? (Select all that apply.)

* A. Flexible scheduling
* B. Wellness programs (e.g., gym membership, mental health sessions)
* C. Professional development workshops
* D. Paid time off / vacation policies
* E. Mentoring or coaching

**Question 5:** Which of the following resources or support systems do you believe need the most improvement?

* A. Technology/hardware
* B. Software and systems training
* C. Workspace ergonomics
* D. Mental health or wellness support

**Question 6:** Which types of development programs would you find most beneficial?

* A. Formal training courses
* B. Mentorship or coaching programs
* C. Conferences or workshops
* D. Tuition reimbursement for further education

**Question 7:** Where do you see the greatest need for improved collaboration tools or processes?

* A. Project management tools
* B. Team-building activities
* C. Cross-departmental alignment meetings
* D. Clearer task delegation or responsibilities

**Question 8:** How often do you feel comfortable participating in formal check-ins or pulse surveys?

* A. Monthly
* B. Quarterly
* C. Twice a year
* D. Once a year

## **Section 5: Open-Ended Responses**

**1. Challenges & Obstacles:**

What is one challenge you’re currently facing in your role that you haven’t shared yet?

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**2. Professional Growth**

How could leadership better support your professional growth?

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**3. Enhancing Daily Experience**

In what ways can our organization improve your daily experience at work?

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**4. Additional Suggestions or Comments**

Please share any additional thoughts, suggestions, or criticisms that you believe could help us improve:

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## **Employee Signature And Date**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_