

Employee Survey Questionnaire Form

Basic Details:

Full Name: _____

Designation: _____

Survey Date: _____

Questionnaire Table:

Question	Yes	No	Comments
Do you feel motivated at work?	<input type="checkbox"/>	<input type="checkbox"/>	
Are your responsibilities clear?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have adequate resources to work?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you satisfied with the leadership?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you recommend this organization?	<input type="checkbox"/>	<input type="checkbox"/>	

Suggestions for Improvement:

1. _____
2. _____
3. _____

Your Overall Rating:

Rating Scale (1 to 5)

1	2	3	4	5
(Poor)		(Average)		(Excellent)

Overall Satisfaction

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Signature: _____

Date: _____