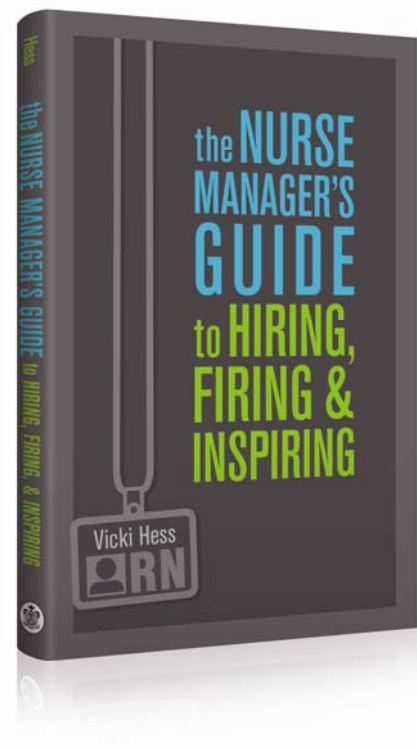
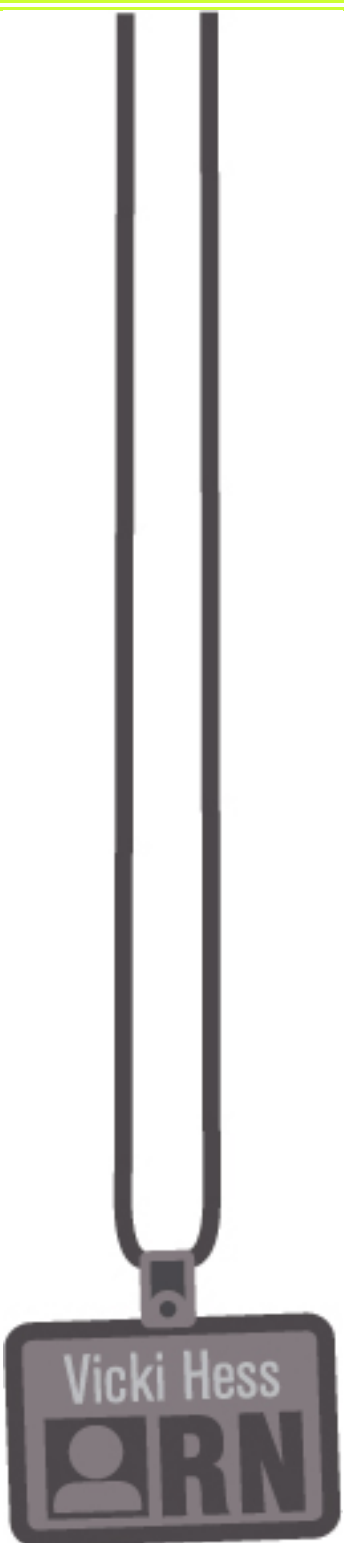


TIMESAVER TOOL

CHAPTER 11

TEAM SURVEY





WE WANT TO KNOW WHAT YOU THINK!

Please fill out this team survey. You are being asked to participate in this survey to help us **create the best possible workplace**. All responses are confidential. **Please read the questions carefully.**

Please **think about our team in general** (versus on one day) and circle the response that most closely matches your own, using the following scale. 5 = Strongly Agree, 1= Strongly Disagree. ***PLEASE INCLUDE COMMENTS!***

Question	Rating					COMMENTS PLEASE!
	5 = Strongly Agree	4	3	2	1 = Strongly Disagree	
1. I am an important part of a team at work.	5	4	3	2	1	
2. Managers facilitate effective teams for projects and workgroups.	5	4	3	2	1	
3. My co-workers are supportive and positive towards other team members.	5	4	3	2	1	
4. I trust the department's management team (Charge Nurses, Nurse Manager & Director).	5	4	3	2	1	
5. Work assignments are evenly distributed among the team members.	5	4	3	2	1	
6. My co-workers are committed to continued improvement within our department.	5	4	3	2	1	
7. Our team is working towards a common goal.	5	4	3	2	1	
8. When I'm with other team members, my opinions seem to count.	5	4	3	2	1	
9. In our department employees work together as a team.	5	4	3	2	1	
10. I feel positive about my daily work with team members.	5	4	3	2	1	
11. The management team is committed to continued improvement within the department.	5	4	3	2	1	

PLEASE TURN SURVEY OVER FOR A FEW ADDITIONAL QUESTIONS >>>>>>>>



1. What is the mission of our team?

2. What do you like best about your job?

3. What is causing you stress related to the team?

4. What **specific** ideas do you have to improve the team work in our area?

5. What are the team barriers that keep you from doing your job effectively?

6. What are the positive aspects of the team that you work on?

Comments:



CONTACT VICKI HESS, RN, MS, CSP, FOR MORE INFORMATION ABOUT KEYNOTE SPEECHES, TRAINING WORKSHOPS, CONSULTING AND PRODUCTS.

OFFICE: 410-560-7212

EMAIL: VICKI@VICKIHESS.COM

WEBSITE: WWW.NURSEKEYNOTESPEAKER.COM

MAIL: 9 PINWOOD FARM COURT
OWINGS MILLS, MD 21117

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