Exit questionnaire

Employee: _____

Date: _____

Circle the answer that best represents your experience or opinion using the following scale.

1 = Agree
2 = Somewhat agree
3 = Not sure
4 = Somewhat disagree
5 = Disagree

1. Overall, this practice is a great place to work.
1 2 3 4 5

2. The policies and procedures are appropriate and logical.
1 2 3 4 5

3. The facility and work areas are in good condition.
1 2 3 4 5

4. I received good benefits.
1 2 3 4 5

5. My co-workers treated me with fairness and respect.
1 2 3 4 5

6. The practice manager and owner are interested in hearing employees' ideas and comments.
1 2 3 4 5

7. I was paid fairly for the work I did.
1 2 3 4 5

8. I understood what I needed to do to increase my pay.
1 2 3 4 5

9. I received adequate initial training to do my job.
1 2 3 4 5

10. I received adequate continuing education.
1 2 3 4 5

11. I understood the responsibilities of my position.
1 2 3 4 5

12. I understood the performance standards I was expected to meet.
1 2 3 4 5

13. I felt clued in to what was going on in the practice and knew about changes that would influence my job.
1 2 3 4 5

14. The practice manager and owner were consistently willing to listen to my problems and answer my questions.
1 2 3 4 5

15. I was recognized for my contributions to the practice.
1 2 3 4 5

16. The employee teamwork and cooperation were good.
1 2 3 4 5

17. The practice provided an appropriate level of care.
1 2 3 4 5

18. The practice provided a good level of service to clients.
1 2 3 4 5

Please answer the following:

19. Would you recommend the practice to potential employees?
❍ Yes ❍ No

20. What additional training would you have liked to receive?

_____

_____

21. What did you find most rewarding about your work?

_____

_____

22. What did you find least rewarding about your work?

_____

_____

23. What would you change about working in this practice that would make working here easier?

_____

_____

24. How can the practice team improve the care and service it provides to patients and clients?

_____

_____

25. Under what conditions would you have stayed?

_____

_____

26. What would you do differently if you owned this practice?

_____

_____

27. Is there any other information you'd like to share?

_____

_____

Thank you for your feedback. Please place this form in the envelope provided and return it to your manager.