Staff Morale Survey

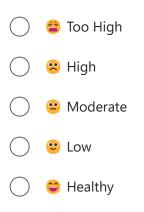
* Required

* This form will record your name, please fill your name.

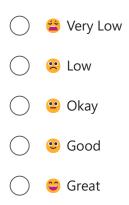
1. What was your high this week?

2. What was your low this week?

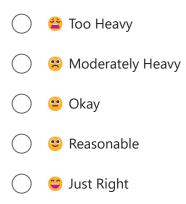
3. How was your stress level? *



4. How was your morale? *



5. How was your workload? *



6. Has someone on staff shown you appreciation this week?

\bigcirc	Yes
\bigcirc	No

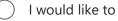
7. Have you shown someone else on appreciation this week?



8. Anything else?

9. Please share one thing you were grateful for this week.

10. Buddy System



I would like to request a buddy check-in

11. Please share ideas for micro-learnings at future staff meetings.