

Sample SCORE Employee Survey

1. Part 1: Some questions about you

**General information
about you**

1. Age: _____ years

1. Sex: Male () Female ()

2. Role: Shop-floor/process worker () Supervisor () Manager ()
Administrative () Other: _____

Department / work unit: _____

3. How long have you worked for this enterprise? _____

4. Does the amount you are paid change if you or your production team produce more?

5. Are you a member of a trade union? Yes/No _____

**Over all the time you
have worked at this
enterprise:**

YES

NO

6. Have you received training on how to do your work tasks?

7. Have you received training on safety and health?

8. Have you been given an extra payment because targets have been surpassed?

Do you agree or disagree with the following statements?

YES

NO

9. Team work is promoted in this enterprise.

10. My opinions or ideas are valued by my superiors.

11. If I knew more about the business performance and plans, I would be more interested in my work.		
12. I want to stay with this company.		
13. As an employee, I participate in problem solving on work related matters.		

How satisfied and motivated are you

Put a circle around your choice. 1 is the lowest rating

14. How satisfied are you with your job?	1	2	3	4	5
15. How motivated are you to work hard?	1	2	3	4	5

○ For post-training survey only:

	YES	NO
16. Did you personally attend the SCORE classroom training for this Module?		
17. Are you or have you been a member of the EIT?		

2. Part 2: Some questions about your workplace

3. Some questions about the past 3 months

Have you done any of the following in the past 3 months:

	YES	NO
34. Discussed work-related problems or improvement ideas with co-workers		
35. Shared my ideas for improving efficiency with my superiors		
36. Had the chance to join an improvement or problem solving meeting with one or more superiors		

37. Used an internal communication system (e.g. in meetings or through a suggestion box) to share a suggestion with superiors		
38. Has your supervisor asked for your opinion on a work-related matter		
39. Have you been harassed and/or felt intimidated at the workplace?		

<i>On a scale of 1 to five (from very poor to excellent) how would you rate the following:</i>	Very Poor/very unsatisfactory	Poor	OK	Good	Excellent
18. The way raw goods are moved or stored					
19. The lighting at your workstation					
20. The temperature where you are working					
21. The quality of the air					
22. The levels of noise and vibration					
23. Your access to personal protective equipment					
24. The opportunity you have to take breaks during working time					
25. The amount you are paid including any allowances (including in-kind contributions)					
26. Your working schedule					
27. Your leave and sickness absence entitlement					
28. Your access to fresh drinking water					
29. Workplace toilets					
30. Changing rooms					
31. The place at work where you eat					
32. The number of hours you work					
33. Your job satisfaction					