



Job Satisfaction Survey

| | YES | NO |
|--|-----|----|
| 1. I look forward to going to work on Monday morning. | | |
| 2. I feel positive and up most of the time I am working. | | |
| 3. I have energy at the end of each work day to attend to the people I care about. | | |
| 4. I have energy at the end of the day to engage in personal interests. | | |
| 5. I have the time and energy in my life to read books that interest me. | | |
| 6. Most interactions at work are positive. | | |
| 7. I have good friends at work. | | |
| 8. I feel valued and affirmed at work. | | |
| 9. I feel recognized and appreciated at work. | | |
| 10. Work is a real plus in my life. | | |
| 11. I'm engaged in meaningful work. | | |
| 12. I feel free to be who I am at work. | | |
| 13. I feel free to do things the way I like at work. | | |
| 14. My values fit with the organizational values. | | |
| 15. I am aligned with the organizational mission. | | |
| 16. I trust our leadership team. | | |
| 17. I respect the work of my peers. | | |
| 18. I have opportunities to learn what I want to learn. | | |
| 19. I feel involved in decisions that affect our organizational community. | | |
| 20. Creativity and innovation are supported. | | |
| 21. I feel informed about what's going on. | | |
| 22. I know what is expected of me at work. | | |

Please note: This screening tool is valid for adults. It is not a diagnostic instrument. You are encouraged to share your results with your Best Care EAP counselor or with a physician or health care provider. Methodist Health System dba Best Care EAP, disclaims any liability, loss or risk incurred as a consequence, directly or indirectly, from the use and application of this screen.



BEST CARE

EMPLOYEE ASSISTANCE PROGRAM

| | YES | NO |
|--|-----|----|
| 23. I have the materials and equipment that I need in order to do my work right. | | |
| 24. I have the opportunity to do what I do best every day at work. | | |
| 25. My manager cares about me as a person. | | |
| 26. I know someone at work who encourages my development. | | |
| 27. My opinions count. | | |
| 28. My coworkers are committed to doing quality work. | | |
| 29. My manager reviews my progress. | | |
| 30. I am fairly compensated. | | |

Scoring

Give yourself two points for each statement you answered positively. Use the following scale to evaluate your job.

- 50-60 points:** Great Job
- 40-49 points:** Good Job
- 30-39 points:** OK Job
- 20-29 points:** Bad Job
- 1-19 points:** Depressing Job

If you are concerned about your score for the Job Satisfaction Survey, call your Best Care EAP today to speak confidentially with a professional counselor at 402.354.8000 or 800.801.4182.

Source: Wellness Council of America

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