

**FEEDBACK FORM (For offices)**

**Name of the Project / Company:**

**Energy correction date:**

**This questionnaire is prepared for our internal assessment and research purpose. It consists of certain simple questions kindly go through it carefully; we will appreciate if you provide us with your honest answers and views.**

	Lot of Improvement	Better than Before	Same	Bad	Worse
<b><u>PRODUCTIVITY &amp; FINANCES</u></b>					
You think that Milestones/targets are achieved with less difficulty.					
Less difficulty in the cash flow.					
New ideas, plans are being implemented.					
Attrition rate is under control now.					
<b><u>HEALTH</u></b>					
There is improvement in your general health Conditions Like B.P / Digestion now etc.					
You feel fresh in the office now.					
You feel energetic by the evening.					
Health of the people is better in the Organization					
<b><u>INTERPERSONAL RELATIONSHIPS</u></b>					
You feel comfortable in your work area now.					
Your colleagues co-operate with you.					
You feel motivated and inspired.					
You feel there is internal harmony in the organization now.					

Are there any recurring issues? If yes please give details

Were you comfortable with the methodology? If not, Please give suggestions

**Note:** For the benefit of others, we may like to use some of your reactions as a testimonial. Please let us know whether you have any objection to the same. If you do not agree, we undertake to keep your comments strictly confidential. (Tick one of the following).

Can use as testimonial.

Keep it confidential

**THANKING YOU!!!**

**Name:**

**Signature:**