

PROJECT:

This questionnaire is for our internal assessment and research purpose only.

Name :

Age:

Male/ Female

Designation:

Month and year of joining:

Date of filling the form:

Pulse rate: /min At: hrs min

Do you suffer from-

Ailment	Yes/ no	Since when	Remarks if any
BP			
SUGAR			
INDIGESTION			
HEART AILMENT			
ANY PAINS			
ANY OTHER (write)			

How do you rate the following:

	Very Good	Good	Normal	Scope for improvement	Remarks if any
Food habits					
Quality of sleep Do you feel fresh when you wake up?					
Energy levels (Are you tired or energetic by the evening?)					
Immunity levels					

How do you rate the following:

	Very Good	Good	Normal	Scope for improvement	Remarks if any
Time management					
Satisfaction with your work/productivity					
Scope for your growth in the organization					
Achievement of milestones/targets					

	Always	Often	Some times	Rarely	Never	Remarks if any
Do you feel comfortable in your work area?						
Do your seniors co-operate with you?						
Do your juniors co-operate with you?						
Are your efforts recognized and rewarded?						
Do you feel motivated and inspired?						
Are your ideas encouraged?						
Do you feel people respect each other?						

Are you adversely affected by any of the following when at work? Tick

- Smell
- Upkeep
- Noise level.
- Light condition
- Place of sitting

What is the company's image- **very good** **good** **o.k.** **Bad** **(Please tick)**

How do you rate the health of the people in the organization in general: **good** **o.k.** **Bad**

How do you rate the following: (please tick the appropriate box)

	Very Good	Good	Normal	Scope for improvement	Remarks if any
Team spirit					
Ease of communication with one another					
Level of respect					
Motivation					
Responsibility and commitment level					
Co-ordination between departments					
Financial Profitability Turnover					
Productivity					
Stability of people in the organization					
Customer response/ feedback					
Sales					
Recovery from set backs					
Organizational growth with respect to market					

	Always	Often	Some times	Rarely	Never	Remarks if any
Frequency of setbacks						

Anything else you would like to mention: