

Tool #6: Evaluation Form

| Are you satisfied with | Very Satisfied | Satisfied | Not Satisfied | Very Unhappy |
|----------------------------|----------------|-----------|---------------|--------------|
| your workload | | | | |
| your working hours | | | | |
| your work environment | | | | |
| your salary | | | | |
| your living conditions | | | | |
| relationship with employer | | | | |
| time to talk to family | | | | |
| your time to rest | | | | |
| meals provided to you | | | | |
| your safety | | | | |

Ask the employee if they have any other thoughts or concerns that they would like to share with you. Take time to ensure that you are interested in learning about their feelings and opinions.