

Teamwork and Leadership Questionnaire

Name of Organization _____

For the statements in Sections 1 & 2, please fill in the circle that best reflects your feelings about what is going on at this nursing home (for example, if you wish to answer I strongly agree, then fill in SA).

Section 1: Relationships and Communications within the Organization

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I look forward to working with our staff each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	It is easy for me to talk openly with our staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	I feel there is good communication between staff across shifts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I feel that the information I get is accurate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I find it enjoyable to talk to other staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I am well informed about what is happening during other shifts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I feel my contributions are valued and respected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I feel I am listened to when I have suggestions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I take pride in being a part of this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I have a good understanding of goals for each resident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I have not experienced delays in obtaining information about the care of the residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I feel I am part of this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I identify with the goals of this nursing home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Other nursing homes seem to have a high opinion of us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Working as a team with other departments makes our work easier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please take just a few more minutes and give us information about you.

Job Title:

- | | | |
|---|---|--|
| <input type="radio"/> RN | <input type="radio"/> CNA | <input type="radio"/> Other (please specify) |
| <input type="radio"/> LPN | <input type="radio"/> Office/Administrative/Activities Staff | _____ |
| <input type="radio"/> Other clinical provider
(social worker, counselor) | <input type="radio"/> Janitorial/Kitchen/Groundskeeping Staff | |

Number of years employed in this facility (mark one):

- Less than 1 year 1-3 Years More than 3 Years

Number of years you have worked with elderly residents/patients in facility settings (mark one):

- Less than 1 year 1-3 Years More than 3 Years

Shift most often worked (please select only one):

- Days Evenings Nights 12-hr day 12-hr night

