

EMPLOYEE PULSE SURVEY

Strongly disagree
Disagree
Neutral
Agree
Strongly agree
N/A

Section 1: Response to COVID-19

I am aware of how my organization is responding to COVID-19.	<input type="checkbox"/>					
My organization's response to COVID-19 is appropriate.	<input type="checkbox"/>					
I know where and how to access health and wellness resources such as medical care, access to EAP and counseling services, or other wellness resources for my family.	<input type="checkbox"/>					
I know where to access financial wellness resources.	<input type="checkbox"/>					

Section 2: Organizational Support

My manager provides me sufficient flexibility to balance work and non-work needs at this time.	<input type="checkbox"/>					
I have a clear understanding of my manager's performance expectations right now.	<input type="checkbox"/>					
My workload is reasonable and manageable given current constraints and challenges.	<input type="checkbox"/>					
My manager is available to me for questions and to provide direction.	<input type="checkbox"/>					
I am able to communicate my needs to my manager.	<input type="checkbox"/>					
I receive the information I need to do my job well.	<input type="checkbox"/>					
Important organizational communications occur in a timely manner.	<input type="checkbox"/>					
I have opportunities to engage in social, informal interactions with my coworkers.	<input type="checkbox"/>					
Remote work/changes in the work environment have caused my work relationships to suffer.	<input type="checkbox"/>					

Section 3: Supplies and Resources

I have the office supplies and equipment I need to do my job.	<input type="checkbox"/>					
I have the knowledge and training needed to effectively use the technology available to me.	<input type="checkbox"/>					
My current technology tools allow me to collaborate effectively with others.	<input type="checkbox"/>					

Section 4: Well-Being

My current stress level does not prevent me from being as effective as possible.	<input type="checkbox"/>					
I feel empowered to create work-life balance in a way that works for me.	<input type="checkbox"/>					
My organization cares about my well-being as a whole person, not just as an employee.	<input type="checkbox"/>					

Section 4: Additional Needs

What tools and resources that you currently use are most helpful to you right now?

What additional resources would be helpful to you?

What is the single most important improvement the organization can make to better support you?



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