

**I'm not robot!**





# *My Workout Schedule*

## **WEEKLY ACTIVITY SCHEDULE**

Week Beginning: \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6 to 7am							
7 to 8am							
8 to 9am							
9 to 10am							
10 to 11am							
11 to 12pm							
12 to 1pm							
1 to 2pm							
2 to 3pm							
3 to 4pm							
4 to 5pm							
5 to 6pm							
6 to 7pm							
7 to 8pm							
8 to 9pm							
9 to 10pm							
10 to 11pm							

Survey Number:	Facility Name:		
Date in Ethiopian Calendar			How long have you worked in this Facility?
DD	MM	YYYY	Years _____ Months _____

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The management of this organization is supportive of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I receive the right amount of support and guidance from my direct supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am provided with all trainings necessary for me to perform my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have learned many new job skills in this position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel encouraged by my supervisor to offer suggestions and improvements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The management makes changes based on my suggestions and feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am appropriately recognized when I perform well at my regular work duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The organization rules make it easy for me to do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am satisfied with my chances for promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have adequate opportunities to develop my professional skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have an accurate written job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The amount of work I am expected to finish each week is reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My work assignments are always clearly explained to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My work is evaluated based on a fair system of performance standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My department provides all the equipment, supplies, and resources necessary for me to perform my duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The buildings, grounds and layout of this facility are adequate for me to perform my work duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My coworkers and I work well together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel I can easily communicate with members from all levels of this organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I would recommend this health facility to other workers as a good place to work.	Definitely No <input type="checkbox"/>	Probably No <input type="checkbox"/>	Probably Yes <input type="checkbox"/>	Definitely Yes <input type="checkbox"/>
20. How would you rate this health facility as a place to work on a scale of 1 (the worst) to 10 (the best)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4
	5	6	7	8
	9	10		
	Worst			Best

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