Klarstig

Healthcare & Wellness Employee Experience Questionnaire

Describe your needs and experience so the receiving team can understand priorities and plan the next step. Use examples where possible.

Contact and reference

Organization using this document

Your name or contact reference

Optional. Leave blank if you do not want to identify yourself in this local draft.

Email for a reply if needed

Information for this document

How do you handle this today *

What is your most important need *

What makes this difficult *

What would a successful outcome look like *

How often does this arise

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Occasionally
- ☐ First time

Which change would help most

Specific details

Stage of the employee experience

Complete when relevant to this request.

Tools support and communication that help or hinder your work

Operating context

Facility service or administrative reference

Complete when relevant to this request.

Practical access scheduling and authorized communication arrangements

Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.

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