# WorkLife Balance

1. What type of employment do you have?

- [ ] Full-time

- [ ] Part-time 50%

- [ ] Part-time 75%

- [ ] Occasional

2. What is your tenure with the company?

- [ ] Less than 1 year

- [ ] 1-3 years

- [ ] 3-5 years

- [ ] 5-10 years

- [ ] More than 10 years

3. On a scale of 1 to 5, how would you rate your current work-life balance? (1 being very poor, 5 being excellent)

- [ ] 1

- [ ] 2

- [ ] 3

- [ ] 4

- [ ] 5

4. How often do you feel overwhelmed by your workload?

- [ ] Very often

- [ ] Often

- [ ] Sometimes

- [ ] Rarely

- [ ] Never

5. My company promotes a healthy work-life balance for its employees

- [ ] Completely agree

- [ ] Partially agree

- [ ] Neutral

- [ ] Partially disagree

- [ ] Completely disagree

6. Have you utilized any work-life balance resources provided by the company (e.g., flexible work arrangements, wellness programs)?

- [ ] Yes

- [ ] No

9. How can the company better support employees in achieving a healthy work-life balance?

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