|  |  |
| --- | --- |
| OPEN-ENDED QUESTIONS | |
|  |  |
| SHORT RESPONSE | |
| Paper and Pencil | Online |
| What one word comes to mind when I say evaluation?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What one word comes to mind when I say ‘evaluation’? |
|  |  |
| ESSAY | |
| Paper and Pencil | Online |
| How would you describe the evaluation process in your place of work? | How would you describe the evaluation process in your place of work? |
| CLOSE-ENDED / FORCED RESPONSE QUESTIONS | |
|  |  |
| SELECT ONE | |
| Paper and Pencil | Online |
| Thinking about the last seven days, not including today, what day of the week did you work the most hours for pay? (Circle ONE)  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  I did not work for pay in the past seven days | Thinking about the last seven days, not including today, what day of the week did you work the most hours for pay? (Choose ONE)   * Sunday * Monday * Tuesday * Wednesday * Thursday * Friday * Saturday * I did not work for pay in the past seven days |
|  |  |
| SELECT MORE THAN ONE | |
| Paper and Pencil | Online |
| Thinking about the last seven days, not including today, on which days did you work for pay? (Check all that apply)  \_\_ Sunday  \_\_ Monday  \_\_ Tuesday  \_\_ Wednesday  \_\_ Thursday  \_\_ Friday  \_\_ Saturday  \_\_ I did not work for pay in the past seven days | Thinking about the last seven days, not including today, on which days did you work for pay? (Check all that apply)   * Sunday * Monday * Tuesday * Wednesday * Thursday * Friday * Saturday * I did not work for pay in the past seven days |

**Survey Question Types**

|  |  |
| --- | --- |
| SCALED / LIKERT-TYPE QUESTIONS | |
|  |  |
| SCALES (May include an ‘other’ option) | |
| Paper and Pencil | Online |
| Overall, how satisfied were you with the service that you received today? (Circle ONE)   | **Very  Dissatisfied** | **Dissatisfied** | **Neutral** | **Satisfied** | **Very   Satisfied** | **Not   Applicable** | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | Overall, how satisfied were you with the service that you received today?   | **Very  Dissatisfied** | **Dissatisfied** | **Neutral** | **Satisfied** | **Very   Satisfied** | **Not   Applicable** | | --- | --- | --- | --- | --- | --- |   o o o o o o |
|  |  |
| RANKING QUESTIONS | |
|  |  |
| SELECT MORE THAN ONE | |
| Paper and Pencil | Online |
| What factors were most important in your decision to purchase your new home? (place a 1 next to the most important, a 2 next to the next most important, etc., skipping any that were not considerations in your purchase)  \_\_ Location  \_\_ Style  \_\_ Price  \_\_ Size  \_\_ History  \_\_ Other | What factors were most important in your decision to purchase your new home? (drag responses from the left column to the box at the right so that they show order of importance from top to bottom) |