|  |  |
| --- | --- |
| **DATE/S:** |  |
| **YOUR NAME:** |  |

Please indicate how much you agree or disagree with the following statements by circling one number on the scale – your answers are confidential and will only be seen by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am equipped with the support information I need to assist patients and/or myself during challenging times**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly Disagree                         Agree                           Strongly Agree | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**I am able to engage in sufficient self-care to maintain a positive sense of well-being in my role**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly Disagree                         Agree                           Strongly Agree | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**I am able to maintain positive and compassionate communication with patients and my team**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly Disagree                         Agree           Strongly Agree | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**PLEASE SEE COMMENTS AND SUGGESTIONS ON NEXT PAGE**

**SUGGESTIONS TO IMPROVE THE CAPACITY OF THE TEAM TO COMMUNICATE WELL AND MAINTAIN A POSITIVE SENSE OF WELL BEING**

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