

## Healthy Families Oregon Staff & Volunteer Exit Survey

Please complete the following survey about your experiences as a staff or volunteer with the Healthy Families Oregon (HFO) Program. Your answers are confidential, and will help us to continue to HFO's services and work environment. Please mail your completed survey, using the envelope provided, to NPC Research, Attention: Healthy Families Oregon, 5100 SW Macadam Ave, Suite 575, Portland, OR 97239.

1. What was the County or Region of the Healthy Families Oregon program for which you worked (*optional*)?

\_\_\_\_\_

2. What role(s) did you have (*check all that apply*)?

- Administrative Assistant/Clerical/Data Entry or equivalent
- Family Support Worker (FSW)
- Supervisor
- Manager
- Other (*please describe*): \_\_\_\_\_

3. How long did you work for this Healthy Families Oregon program?  
\_\_\_\_\_ (years/months)

- a. If you worked in more than one role/position in this program, how long were you in your current position? \_\_\_\_\_ (years/months)

- b. Have you worked for any other Healthy Families Oregon program or in any other capacity for Healthy Families Oregon? If so, please describe:

\_\_\_\_\_

4. What are your reason(s) for leaving (*mark all that apply*):

- Leaving for another position (*please indicate why below*)
  - Better pay
  - Better hours
  - Better benefits
  - Less stress
  - Different type of work
  - Got a promotion
  - Other: \_\_\_\_\_
- Was burned out

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- My Healthy Families Oregon position was cut
- Moving/moved
- Going to school or other training
- Unhappy with my job
- To take care of/spend more time with family
- Other (*please describe*): \_\_\_\_\_

5. The best part about this job was:

6. The biggest challenge for me in this job was:

7. How would you rate your satisfaction with this job? Please circle one.

1=very satisfied

2=satisfied

3=neutral

4=dissatisfied

5=very dissatisfied

8. Please tell us a little more about yourself (*optional*):

a. Race/ethnicity: \_\_\_\_\_

b. Gender: male/female

c. Age: \_\_\_\_\_

9. Is there anything else you'd like to tell us about your experience with Healthy Families Oregon and/or your reasons for leaving the program?

*Thank you for completing this survey!  
Please mail the completed form to: NPC Research,  
Attention: Healthy Families Oregon,  
5100 SW Macadam Ave, Suite 575, Portland, OR 97239*