

Belonging and Inclusion Survey Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

Answer about your experience in the named team during the past 90 days. All questions are optional. Do not name coworkers, disclose protected personal details, or report an urgent incident here.

1. How long have you worked in the named team?

- ☐ Less than 1 month
- ☐ 1–3 months
- ☐ 4–12 months
- ☐ More than 1 year
- ☐ Prefer not to say

2. How often have you felt accepted in everyday team interactions?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ I am not sure

3. How often have you had access to the information or opportunities needed to participate?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable

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4. How often have your perspectives been considered in team discussions or decisions?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ I have not taken part in these discussions

5. How comfortable have you felt contributing a different viewpoint?

- ☐ Not at all comfortable
- ☐ Slightly comfortable
- ☐ Moderately comfortable
- ☐ Very comfortable
- ☐ Extremely comfortable
- ☐ I am not sure

6. Which area most needs review?

- ☐ Team meetings
- ☐ Information sharing
- ☐ Decision processes
- ☐ Work allocation
- ☐ Recognition
- ☐ Informal inclusion
- ☐ Manager support
- ☐ Another area
- ☐ No area needs review

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7. What one team practice or process would strengthen everyday belonging? Please do not name coworkers or include incident details.
