

## Break Relief Questionnaire

Date/Shift: \_\_\_\_\_ Floor/Unit: \_\_\_\_\_

Did you Break Nurses **for More Than 3.75 hours** during your shift ?

- YES
- NO

Did you get a Break Relief Nurse?

- YES
- NO

And if so, from what department: \_\_\_\_\_

Did the Break Relief Nurse provide 30 Minute Meal Breaks Only ?

- YES
- NO

Did Every Nurse Received ALL their breaks today ?

- YES
- NO

Any Exceptional Circumstances that required the Lead nurse to do breaks  
(Example: Breaking a sitter for 30 minutes? 15 minutes?)

If so please Explain

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Or

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