



EMPLOYER OF CHOICE

**“Give us your Feedback on
Change Management...”**

This questionnaire is intended to help your company improve the way it manages people. There are several items in the questionnaire. We would like you to answer each item as openly and honestly as you can.

You will not be identified unless you choose to be.

Once you have completed the questionnaire, place it the envelope supplied and mail it.



SEQUUS

Box 545 Winnipeg Beach, MB R0C 3G0

Give us your Feedback on Change Management...

1. Has your organization gone through any major recent changes that have affected your job?

Yes _____ No _____

If you answered "yes" what is the nature of the change that occurred?

2. If you answered "YES" above, please tell us how true each of the following statements is about our company...

Provided job security during the change

Very Untrue					Very True	N/A
1	2	3	4	5		

Provided income security during the change

Very Untrue					Very True	N/A
1	2	3	4	5		

Kept you informed throughout the change

Very Untrue					Very True	N/A
1	2	3	4	5		

Provided opportunities for you to ask questions

Very Untrue					Very True	N/A
1	2	3	4	5		

Requested your ideas and input

Very Untrue					Very True	N/A
1	2	3	4	5		

Provided you with enough resources and training

Very Untrue					Very True	N/A
1	2	3	4	5		

Involves many different people in making the change

Very Untrue					Very True	N/A
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1	2	3	4	5	
Learns from each major change and applies that learning to the next change					
Very Untrue 1	2	3	4	Very True 5	N/A

3. *Overall, how do you rate your SATISFACTION with the way our company handles changes that impact the workplace and our employees?

Extremely Dissatisfied 1	2	3	4	Extremely Satisfied 5
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4. Rate your AGREEMENT with the following statements about the person to whom you report.

Makes the purpose of any change that affects me clear

Strongly Disagree 1	2	3	4	Strongly Agree 5	NA
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Makes the goals of any change and how they affect me clear

Strongly Disagree 1	2	3	4	Strongly Agree 5	NA
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Listens to my concerns and answers my questions about changes that affect me

Strongly Disagree 1	2	3	4	Strongly Agree 5	NA
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Makes it clear what is in it for me to support the change

Strongly Disagree 1	2	3	4	Strongly Agree 5	NA
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Makes it clear where I can get help to cope with change when I need it

Strongly Disagree 1	2	3	4	Strongly Agree 5	NA
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5. Rate your AGREEMENT with the following statements about the management/leadership skills of the person to whom you report.

Defends and explains company policies and practices

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Plans, budgets and schedules work well

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Organizes people and structures jobs to get the work done

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Provides clear direction when needed

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Solves problems and gets performance back on track when needed

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Challenges the company to do better when required

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Provides a clear and appealing vision of the future

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Builds networks of support for new ideas

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Makes sure we have the resources we need to perform well

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

Encourages us and motivates us when times are tough

Strongly Disagree					Strongly Agree	Not Sure
1	2	3	4	5		

6. If you have problems at work, is there anyone other than your supervisor you can talk to?

Yes _____ No _____

7. Do most other employees feel the same way you do about the company?

Yes _____ No _____ Don't Know _____

8. Do you have any recommendations about what might improve the way the company manages change?

9. How long have you been working for the company?

- Less than a year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

10. Select from the list below the label that best fits your job.

- Operational
- Clerical
- Professional
- Supervisor/Manager
- Senior Executive
- Other Please Specify _____

Thank you for your opinions. We really want to make this a great place to work! If you would like to add your name and contact data below for us to follow-up with you on your answers, please do so. This is entirely optional.

Last Name _____

First Name _____

Work Phone _____

Work Email _____