

## Employee Engagement and Satisfaction Survey

Fill in each circle completely using a DARK BLUE or BLACK PEN, not a pencil. Do not use “x” or “/” marks. To ensure your anonymity, mail your completed survey in the postage-paid envelope provided. Upon receipt of your survey, your answers and comments will be added to those of your fellow workers and summarized as a group. The number in the right hand corner of this document is for data processing only and cannot be tracked to any individual’s survey responses. If you have any questions or comments contact Best Companies Group at support@bestcompaniesgroup.com.

**Please refer to your organization’s dispensary operations**

1. Overall, I am very satisfied with my employer.....○.....○.....○.....○.....○.....○.....○.....○

Strongly Somewhat Neutral Somewhat Strongly Not  
 Agree Agree  
 Apply Apply

How do you feel about each of the following specific matters? (Fill in a single response for each statement below)

2. This organization’s leadership and planning:

Disagree Disagree Agree Agree Not  
 Strongly Somewhat Neutral Somewhat Strongly Apply  
 Apply Apply

I understand the long-term strategy of this organization.....○.....○.....○.....○.....○.....○.....○.....○

I have confidence in the leadership of this organization.....○.....○.....○.....○.....○.....○.....○.....○

The leaders of this organization care about their employees’ well being.....○.....○.....○.....○.....○.....○.....○.....○

Senior leaders live the core values of the organization.....○.....○.....○.....○.....○.....○.....○.....○

There is adequate planning of departmental objectives.....○.....○.....○.....○.....○.....○.....○.....○

There is adequate follow-through of departmental objectives.....○.....○.....○.....○.....○.....○.....○.....○

The leaders of this organization are open to input from employees.....○.....○.....○.....○.....○.....○.....○.....○

3. The organization’s corporate culture and communications:

Disagree Disagree Agree Agree Not  
 Strongly Somewhat Neutral Somewhat Strongly Apply  
 Apply Apply

This organization’s corporate communications are frequent enough.....○.....○.....○.....○.....○.....○.....○.....○

This organization’s corporate communications are detailed enough.....○.....○.....○.....○.....○.....○.....○.....○

I have a good understanding of how this organization is doing financially.....○.....○.....○.....○.....○.....○.....○.....○

I can trust what this organization tells me.....○.....○.....○.....○.....○.....○.....○.....○

This organization treats me like a person, not a number.....○.....○.....○.....○.....○.....○.....○.....○

This organization gives me enough recognition for work that is well done.....○.....○.....○.....○.....○.....○.....○.....○

Staffing levels are adequate to provide quality products/services.....○.....○.....○.....○.....○.....○.....○.....○

Quality is a top priority with this organization.....○.....○.....○.....○.....○.....○.....○.....○

Safety is a top priority with this organization.....○.....○.....○.....○.....○.....○.....○.....○

I believe there is a spirit of cooperation within this organization.....○.....○.....○.....○.....○.....○.....○.....○

My employer enables a culture of diversity.....○.....○.....○.....○.....○.....○.....○.....○

I like the people I work with at this organization.....○.....○.....○.....○.....○.....○.....○.....○

At this organization, employees have fun at work.....○.....○.....○.....○.....○.....○.....○.....○

I feel I can express my honest opinions without fear of negative consequences.....○.....○.....○.....○.....○.....○.....○.....○

Changes that may affect me are communicated to me prior to implementation.....○.....○.....○.....○.....○.....○.....○.....○



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**Please refer to your organization's dispensary operations**

**8. Pay and Benefits:**

Disagree Strongly    Disagree Somewhat    Neutral    Agree Somewhat    Agree Strongly    Not Applicable

My pay is fair for the work I perform .....  .....  .....  .....  .....  .....

Overall, I'm satisfied with this organization's benefits package .....  .....  .....  .....  .....  .....

**Specifically, I'm satisfied with the:**

Amount of vacation (or Paid Time Off) .....  .....  .....  .....  .....  .....

Sick leave policy .....  .....  .....  .....  .....  .....

Amount of healthcare paid for .....  .....  .....  .....  .....  .....

Dental benefits .....  .....  .....  .....  .....  .....

Vision care benefits .....  .....  .....  .....  .....  .....

Retirement plan benefits .....  .....  .....  .....  .....  .....

Life insurance benefits .....  .....  .....  .....  .....  .....

Disability benefits .....  .....  .....  .....  .....  .....

Tuition reimbursement benefits .....  .....  .....  .....  .....  .....

**9. Overall feelings about your employment experience:**

Disagree Strongly    Disagree Somewhat    Neutral    Agree Somewhat    Agree Strongly    Not Applicable

Most days, I look forward to going to work .....  .....  .....  .....  .....  .....

My job provides me with a sense of meaning and purpose .....  .....  .....  .....  .....  .....

I am proud to work for this organization... .....  .....  .....  .....  .....  .....

I feel this organization has created an environment  
 where I can do my best work... .....  .....  .....  .....  .....  .....

I am willing to give extra effort to help this organization succeed .....  .....  .....  .....  .....  .....

I plan to continue my career with this organization for  
 at least two more years .....  .....  .....  .....  .....  .....

I would recommend this organization's products/services to a friend ..  .....  .....  .....  .....  .....

I would recommend working here to a friend .....  .....  .....  .....  .....  .....

**NOTE: We recommend that you do not include your name or other identifying remarks in your responses to the two open-ended questions listed below. Please do not exceed the space provided below.**

**10. What does this organization do that makes it a place where people would want to work?**

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**11. What can this organization do to increase your satisfaction and productivity as an employee?**

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The following questions are for classification purposes only. They will not be used to identify any individual. Please fill in only one response per question.

**12. How long have you worked for this organization?**

- Less than one year .....
- One year to less than two years.....
- Two years to less than five years .....
- Five years to less than ten years.....
- Ten years or more .....
- Prefer not to answer .....

**13. In what year were you born?**

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Example: 1990

**14. What is your gender?**

- Female .....
- Male.....
- Prefer not to answer .....

**15. What is your ethnic background?**

- Black or African-American .....
- Asian.....
- White or Caucasian.....
- Hispanic or Latino .....
- Native American (not Pacific Islander) .....
- Pacific Islander .....
- Bi-Racial or Multi-Racial .....
- Prefer not to answer .....

**16. Which is your job status?**

- Full-Time .....
- Part-Time.....

**17. Which of the following best describes your primary role?**

- Administrators(Sec Off/Admin Staff/Admin Svs (Lawyer/Legal Adv/Acctant))
- Cust Intake or Svs Rep/Budtender(Adult Use/Rec)/Patient Consultant(Medical)
- General Manager/Assistant General Manager .....
- Marketing/PR/Communications .....
- Operations .....
- Pharmacist/Registered Nurse .....
- Senior Executive.....
- Supply Chain/Purchasing/Inventory Manager .....

**18. In which department do you work most often?**

- Management & Operations.....
- Retail/Customer-Facing.....

**Thank You for Your Participation!**

For questions or comments, please email [support@bestcompaniesgroup.com](mailto:support@bestcompaniesgroup.com).