

## Feelin' Groovy Survey (September 2010)

### Feelin' Groovy Survey of Staff Opinion **September 2010**

Time flies... it's time for the semi-annual Feelin' Groovy survey again! This is the first of two surveys that will be conducted this plan year and runs from September 9 - 20. Feelin' Groovy is a very important way **YOU can get involved and make a difference** in the ZCoB. Our Managing Partners, Officers and Managers want to hear from you about what's workin' and not workin' and it allows you to share how things are going on a confidential basis.

As a reminder, here's what we do with this information - First, we analyze the data and look for trends. Then we provide each business with a summary of ratings, trends and comments for their business and ZCoB-wide total ratings. Each business, in their own way, shares these results with staff and works to develop and implement action plans to address areas needing attention.

During this survey, we are asking special questions on three topics. First, the Benefits Committee has a number of benefits related questions we would like your input on. Your answers will help the Committee to provide a balanced benefit package that meets as many needs as possible (and affordable). Second, the Great Service Group is asking about internal service to see how we compare to the baseline results we collected 6 months ago. Lastly, the Partners are asking about your participation in work groups or committees within the ZCoB that are not part of your daily job duties. They want to see what progress we've made in involving staff since we last asked this question in March 2010.

So please, join the fun in taking the survey on line (preferred) or on paper anytime between **September 9 - 20, 2010**. If you complete a paper survey, place it in the survey box located in your business no later than 5:00 p.m. on **September 20**. If you have any questions, feel free to talk to a member of the HR staff.

Your opinion counts! Thanks for taking the time to share it with us!

### General Instructions

**PLEASE USE ONLY BLUE OR BLACK INK. DO NOT USE PENCIL OR MARKERS.**

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## Quality of Worklife

**1. How likely am I to recommend Zingerman's as a place to work?**

\_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_

**0**(not a chance)    **1**    **2**    **3**    **4**    **5**    **6**    **7**    **8**    **9**    **10**(in a heartbeat)

**For the above question, why did you choose this answer?**

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					1 Never
				2 Rarely	
			3 Sometimes		
		4 Often			
	5 Always				
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Do I know what is expected of me at work?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Do I have the materials and equipment I need to do my work right?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. At work, do I have the opportunity to do what I do best every day?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. In the last seven days, have I received recognition or praise for work?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Does my supervisor, or someone at work, seem to care about me as a person?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Is there someone at work who encourages my development?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. At work do my opinions seem to count?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Does the mission/purpose of my company make me feel like my work is important?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Are my co-workers committed to doing quality work?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Do I have someone at work who I can depend on for help and support?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. In the last six months, have I talked with someone about my progress?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. At work, have I had opportunities to learn and grow?

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**Please add below any comments you would like to make regarding questions 2 thru 13.**

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## Benefits/Service/1+1

### Benefits

1. What four (4) benefits that Zingerman's provides are most important to you? (Check 4)

- Medical Insurance
- Dental Insurance
- 401k Plan
- Paid Time Off
- Disability (std or ltd)
- Flexible Spending Accounts (healthcare, dependent care, parking)
- Voluntary Life Insurance
- Employee Assistance Program
- Discount at the businesses
- Employee meals
- U of Z and access to classes
- ZingFit
- Discount on massages
- Tastings
- Shoes for Crews
- Bus pass program

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2. What benefit programs would you like to know more about? (*Check all that apply*)

- Medical Insurance
- Dental Insurance
- 401k Plan
- Paid Time Off
- Disability (std or ltd)
- Flexible Spending Accounts (healthcare, dependent care, parking)
- Voluntary Life Insurance
- Employee Assistance Program
- Discount at the businesses
- Employee meals
- U of Z and access to classes
- ZingFit
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3. What new benefit would you like to see Zingerman's offer in the future?

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4. How could the Benefit Committee help you address your benefits-related needs?

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5a. What do you like best about our PTO (paid time off) program?

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5b. What is one thing we could do to improve our PTO program?

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### Service

**1. On a scale from 0 to 10, with 0=terrible and 10=the best!, rate the service you feel is given in the ZCoB to internal (ZCoB) customers**

**0**(terrible)   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**(the best!)

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**1a. For the above question, why did you choose this answer?**

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### **One-plus-one**

**1) Heading toward the 2012 Vision, in the spirit of Learning from Each Other with our 'one + one' approach (working in more than one role within the organization), we would like to know from you:** Are you involved in any Work Group, Committee or on-going activities within the ZCoB, including your own business, that is not part of your daily job duties\*\*? Examples include Benefits Committee, Coffee Work Group, Great Service Group, ZAP Process Group, Path to Partnership Committee, Owning a DOR line that is not directly associated with your regular job duties/content, ZingFit Health Tune-up or other - please specify below. \*\*Please note, attending huddles/work groups within your own business does not apply.

Yes

No

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## Information we would like to help us interpret the survey:

The following information is **OPTIONAL** but we would appreciate knowing at least what your **BUSINESS (Deli, Bakehouse, etc.)** is. Remember the surveys are **CONFIDENTIAL** and no individual results are seen.

### 1 My business is:

- No Answer
- Deli
- Coffee/Creamery/ZingTrain/Candy/Cornman Farms
- Bakehouse
- Mail Order
- ZSN
- Roadhouse

### Deli

### 2 My department is:

- No Answer
- Retail
- SSS
- Kitchen/Sandwich Line
- Admin/Facilities
- Catering

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### Bakehouse

#### 3 My department is:

- No Answer
- Bread
- Pastry
- Delivery/Service
- Bakeshop
- Other Dept. Please list: \_\_\_\_\_

### Mail Order

#### 4 My department is:

- No Answer
- Administration
- Warehouse
- Service Center

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### Roadhouse

#### 5 My department is:

- No Answer
- Front of the House/Roadshow
- Back of the House