### Work Group Codes:
Enter the 7-digit Work Group Code that corresponds to the group in which you work. Please print your code in the boxes, and fill the corresponding ovals.

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### Occupation Codes:
Now, enter the 1, 2 or 3 digit Occupation Code that describes your job. Please read all the Occupation Codes from the list provided before selecting your code. Please print your Occupation Code in the boxes, and fill the corresponding ovals.

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### Demographics:
What is your gender?
- Male
- Female

What is your age?
- Less than 20 years
- 20 - 29 years
- 30 - 39 years
- 40 - 49 years
- 50 - 59 years
- 60 years or older

Are you Spanish, Hispanic, or Latino?
- Yes
- No

What is your race? (mark one or more)
- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander

Do you consider yourself to be one or more of the following? (mark as many as apply)
- Heterosexual or Straight
- Gay
- Lesbian
- Bisexual
- Transgender/Transsexual
- Other
- I prefer not to say

Are you an individual with a disability?
- Yes
- No

How long have you been with VA?
- Less than six months
- Between six months and one year
- Between one and two years
- Between two and five years
- Between five and ten years
- Between ten and fifteen years
- Between fifteen and twenty years
- More than twenty years

What is your level of supervisory responsibility?
- None
- Team Leader (informal; not responsible for performance ratings)
- First Line Supervisor (informal; formal; e.g., Foreman, Section Chief)
- Manager (formal; e.g., Division/Department/Service/ Care Line managers)
- Executive (formal; e.g., Associate Director, Chief of Staff, Program Director, Nurse Executive)
- Senior Executive (formal; e.g., Network Director, Facility Director, Chief Medical Officer, Chief Officers, Deputy)

Before becoming a VA employee, did you take part in a training or educational program based partly or entirely in VA (such as paid or unpaid internships, residencies, fellowships, or clinical or administrative rotations)?
- Yes
- No

What type of setting do you spend at least 20% of your time in? (you may select up to 5 options)
- Administrative (Non-Clinical)
- Inpatient Care
- Outpatient Care
- Extended Care (e.g., Community Living Center)
- Research
- Education
- Affiliate
- NCA Field Programs
- Other

What is the main type of service you provide? (please select only one option)
- Administrative (Non-Clinical)
- Dental
- Emergency Medicine (Urgent Care, Emergency Department)
- Facility Management Services
- Home or Community Care
- Imaging (Radiology, Nuclear Medicine)
- Inpatient Medical/Surgical
- Intensive Care Unit-Critical Care
- Laboratory and Pathology
- Law Enforcement
- Mental Health
- Community Living Center
- Pharmacy
- Primary Care
- Prosthetics or Sensory Aids
- Rehabilitation Services
- Research
- Spinal Cord Injury
- Surgery, Anesthesiology or Surgical Specialty Care
- Other Clinical Service

NCA Types of Service
- Administrative Cemetery Staff
- Field Cemetery Staff

VBA Types of Service
- Administrative (Non-Clinical)
- Compensation & Pension Service
- Education Service
- Loan Guaranty Service
- Vocational Rehabilitation & Employment Service
- Insurance Service

Have you ever served on active duty in the United States armed forces, either in the regular military or in a National Guard or military reserve unit?
- Yes
- No

Continue on back
4. Survey Items:

How satisfied are you with the amount of work that you currently do?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied
How satisfied are you with the quality of direct supervision you receive?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied
How satisfied are you with the direction provided by senior managers at your facility?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied
How satisfied are you with the number of opportunities for promotion?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied
How satisfied do you think the customers of your organization are with the products and services it provides?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied
How satisfied are you with the amount of praise that you receive?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied
Considering everything, how satisfied are you with your job?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied
Considering everything, how satisfied are you with your work group?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied
Considering everything, how satisfied are you with your organization?  
Strongly Dissatisfied  Dissatisfied  Neutral  Satisfied  Strongly Satisfied  Very Satisfied

I feel a strong personal connection with the mission of VA.

VA cares about my general satisfaction at work.

My performance rating is fair and accurate.

My workload is reasonable given my job.

My ideas and opinions count at work.

I recommend my organization as a good place to work.

I am given a real opportunity to develop my skills in my work group.

New practices and ways of doing business are encouraged in my work group.

Managers set challenging and yet attainable performance goals for my work group.

My supervisor reviews and evaluates the progress toward meeting goals and objectives of the organization.

Employees in my work group are competent to accomplish our tasks.

People treat each other with respect in my work group.

Disputes or conflicts are resolved fairly in my work group.

A spirit of cooperation and teamwork exists in my work group.

This organization does not tolerate discrimination.

Members in my work group are able to bring up problems and tough issues.

It is safe to try something new in this work group.

Members of my work group communicate well with each other.

I have the appropriate supplies, materials, and equipment to perform my job well.

Products, services, and work processes are designed to meet customer needs.

Employees in my work group are protected from health and safety hazards on the job.

Supervisors/team leaders understand and support employee family/personal life responsibilities in my work group.

The safety of workers is a big priority with management where I work.

Employees in my work group are involved in quality improvement or systems redesign.

People from different work groups in my facility are willing to collaborate.

My work group members are held accountable for their performance.

Members of this work group would not compromise ethical principles in order to achieve success.

My coworkers are willing to adapt to change.

My supervisor is fair in recognizing accomplishments.

I have an effective working relationship with my supervisor.

My supervisor stands up for his/her people.

My supervisor does not engage in favoritism.

My supervisor provides clear instructions necessary to do my job.

My supervisor encourages people to speak up when they disagree with a decision.

I feel comfortable talking to my supervisor about work-related problems even if I'm partially responsible.

In my work group, information is communicated routinely from the supervisor to the employees.

In my work group, differences in performance are recognized in a meaningful way.

I have received the training I need to do my job well.

If I am unsure of how to carry out a procedure, I am comfortable asking for help.

In this work group, we problem-solve ways to prevent errors from happening again.

It is worthwhile in my work group to speak up because something will be done to address our concerns.

If I were able, I would leave my current job.

I plan to leave my job within the next six months.

I feel burned out from my work.

I worry that this job is hardening me emotionally.

I have accomplished many worthwhile things in this job.

Employees in my work group have been provided with the results of previous All Employee Surveys (AES).

- Yes
- No
- Do Not Know

We have made changes in practices and ways of doing business in my work group based on the results of previous All Employee Surveys (AES).

- Yes
- No
- Do Not Know