THE 4 BARRIERS TO QUALITY® Survey

To			Date		
Directions: V following sta		mber that best describe	s your employer's prese	ent behavior in r	elation to the
1. Your interaction with your boss or department.			2. The overall condition of the <i>employer</i>		
(5) Always	(4) Usually	(3) Fairly often	(2) Occasionally	(1) Rarely	(0) Never
Please turi	n in to:		by		
 I feel fr I feel c My dep During Most o I helpe My job My dep My dep I have 	ree to resolve promfortable in spoartment/employ meetings, there of our communicated write the procedures are sprocedures are partment/employ input on what tree	oblems on the spot. beaking up when being bear has a real "open of the is no fear of speaking ations are in written for the dures for my job.	door policy". ig up. orm. ng programs.	1) Boss or department .	2) Employer
			Tota	I	
48-60 Congr 24-47 You're	e close: Pick up th		hrough The 4 Barriers Ing program.	Γο Quality⊚	
Name _			(opti	onal)	
Employer_			Phone _		
Job Title _		No	ot sure? 🔲 Fax		
email _					
Are you ma	nagement? (<i>Ple</i>	ease circle one) 1.Ye	es 2.No	3.Not Sure	€.