



OMB#: 0925-0648, exp. date: 05/31/2021

Burden Disclosure

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA#0925-0648. Do not return the completed form to this address.

Introduction

This survey asks a series of questions about your involvement with the change management portion of the renovation and move to Rockledge I/II. The questions also assess your level of comfort with the changes impacting your workplace as a part of this move. Your feedback is valuable and will be used to evaluate the effectiveness of our change management efforts, as well as help us understand what types of additional information and/or training should be provided before move-in.

Instructions:

- Your responses are completely anonymous and secure.
- For each question, select the option that best represents your view.
- The survey will take approximately 5 minutes to complete.
- Try to answer each question as honestly and accurately as possible.
- At any point, you may exit the survey and return at a later time. Your answers will be saved.
- Questions about this survey can be sent to Maggie Willis at maggie.willis@crtkl.com.



OMB#: 0925-0648, exp. date: 05/31/2021

Please select your IC/OD organization.

☐ OER☐ NLM☐ OIT☐ EDI☐ ORS (Cafe)☐ Other (please specify)

Which of the statements below applies to you?

☐ Federal employee (full time)☐ Federal employee (part time)☐ Contractor/Consultant☐ Student/Intern

Are you in a supervisory position?

☐ Yes

☐ No

How long have you worked at NIH (including in other ICs or as a contractor)?

☐ Fewer than 3 years

☐ 3-5 years

☐ 6-10 years

☐ 11-15 years

☐ 16-25 years

☐ 26+ years

>>



OMB#: 0925-0648, exp. date: 05/31/2021

Please identify all of the information sources that you have accessed, or the activities in which you have participated.

- ☐ I attended Change Management Steering Committee meetings
- ☐ I am a Change Champion
- ☐ I attended a Town Hall presentation
- ☐ I have accessed the NIH on the Move website at <https://nihonthemove.nih.gov>
- ☐ I have accessed OD or IC-specific SharePoint site
- ☐ I have read the Frequently Asked Questions on the NIH on the Move website
- ☐ I have submitted a question for an answer
- ☐ I have e-mailed the project e-mail box at ORFResponse@mail.nih.gov
- ☐ I have read a newsletter
- ☐ I have read a communication from the leadership of my IC/OD organization
- ☐ I have seen posters in the hallway
- ☐ I submitted answers to the workstyle survey (November 2016)
- ☐ I have spoken with (or contacted) a member of the Change Management Working Group
- ☐ I have not accessed any of the above, but have heard about the move from my coworkers
- ☐ None of the above
- ☐ Other (please specify)



OMB#: 0925-0648, exp. date: 05/31/2021

The following questions are provided to help us understand your comfort level with moving to the new work environment. Your responses will help us understand what additional communications and/or training will be needed prior to move-in.

In general, I understand what the new work environment will be like.

☐ Strongly Agree☐ Agree☐ Neutral☐ Disagree☐ Strongly Disagree

In general, I am personally very comfortable with the change to the new work environment.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

The people in my work group are generally very comfortable with the change to the new work environment.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

I possess the skills and knowledge necessary to transition into the upcoming workplace change successfully.

☐ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly Disagree

I understand the overall business reasons for the change to the new workplace.

☐ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly Disagree

Is there anything else you would like to know more about or feel like you need more information on to make this transition go more smoothly for you? Please provide your answer below.

I would like to receive more information about the move via: (Please select all that apply.)

☐ Face-to-face communication from my supervisor or director

☐ E-mail communications from my supervisor or director

☐ IC-wide e-mail

☐ NIH on the Move website

☐ Other (please specify)

>>



OMB#: 0925-0648, exp. date: 05/31/2021

If you have suggestions for additional information or training that should be provided prior to the move, please identify these below.

>>



OMB#: 0925-0648, exp. date: 05/31/2021

We thank you for your time spent taking this survey.
Your response has been recorded.