



Connect Care Readiness Survey for Team Member Completion

Please complete this survey and return it to your manager. The results will help measure your teams' readiness as you approach your Wave-specific Connect Care launch.

NAME:

DATE:

1. I understand why Connect Care is being implemented.

- Yes
- No

2. I understand the changes Connect Care will have on my day-to-day work activities.

- Yes
- No

3. I am committed to taking part in this change.

- Yes
- No

4. I have had the opportunity to participate in Connect Care readiness, engagement and training activities.

- Yes
- No

5. I am comfortable implementing Connect Care based on the information and training I have received.

- Yes
- No

6. I have the support I need to be successful with Connect Care.

- Yes
- No

7. We celebrate our Connect Care successes as a team.

- Yes
- No