

# Value Dx

## 20 Questions to Determine How You Are Building and Communicating Value in Your Organization

Your Score
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Please read each question and mark the best appropriate answer from the list provided.

- | <p>1. Does your organization have a clearly defined brand promise? <i>(3 pts if yes)</i></p>  | <p><b>Yes</b></p> <input type="checkbox"/>   | <p><b>No</b></p> <input type="checkbox"/>   | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
|---|--|---|---|---|--|-----------|--------------------------|--------------------------|--------------------------|--|-----------|--------------------------|--------------------------|--------------------------|--|--------------|--------------------------|--------------------------|--------------------------|--|------------------|--------------------------|--------------------------|--------------------------|--|--------------------|--------------------------|--------------------------|--------------------------|---|--|--|--|
| <p>2. Does your organization's current brand promise:</p> <p style="margin-left: 20px;">a. Create an emotional connection? <i>(3 pts if yes)</i></p> <p style="margin-left: 20px;">b. Is it easy to understand? <i>(3 pts if yes)</i></p> <p style="margin-left: 20px;">c. Is it memorable (creative)? <i>(3 pts if yes)</i></p> <p style="margin-left: 20px;">d. Is it distinguishable? <i>(3 pts if yes)</i></p> <p style="margin-left: 20px;">e. Is it believable? <i>(3 pts if yes)</i></p>   | <p><b>Yes</b></p> <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <p><b>No</b></p> <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| <p>3. Do internal processes exist to ensure that all communication conveys a consistent brand message/image, regardless of department? <i>(3 pts if yes)</i></p>  | <p><b>Yes</b></p> <input type="checkbox"/>   | <p><b>No</b></p> <input type="checkbox"/>   | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| <p>4. Is your organization's current brand consistent with your history and competencies? <i>(3 pts if yes)</i></p>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| <p>5. Is every "touch" (products, services, human) your organization makes with individuals outside your organization met with:</p> <p style="margin-left: 20px;">a. Consistency? <i>(5 pts)</i></p> <p style="margin-left: 20px;">b. Integrity? <i>(5 pts)</i></p> <p style="margin-left: 20px;">c. Reliability? <i>(5 pts)</i></p>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| <p>6. How often does your organization conduct membership research?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Once a year <i>(3 pts)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Once every two years</p> <p style="margin-left: 20px;"><input type="checkbox"/> Once every 3 yrs or more</p> <p style="margin-left: 20px;"><input type="checkbox"/> Never <i>(subtract 10 pts)</i></p>   |  |   | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| <p>7. Which of the following information has your organization recently collected (2 years or less) in each of the membership categories listed below? <i>(15 pts-1 for each box)</i></p> <table border="0" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Current Members</th> <th style="width: 20%; text-align: center;">Former Members</th> <th style="width: 20%; text-align: center;">Never-Members</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Attitudes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Behaviors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Demographics</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Benefit segments</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Lifestyle segments</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center; vertical-align: middle;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> </td> </tr> </tbody> </table> |  | Current Members   | Former Members  | Never-Members   |  | Attitudes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | Behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | Demographics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | Benefit segments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | Lifestyle segments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |  |  |  |
|   | Current Members  | Former Members  | Never-Members   |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| Attitudes   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| Behaviors   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| Demographics  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| Benefit segments  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| Lifestyle segments  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| <p>8. How many times does your organization measure member/customer satisfaction levels?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Every interaction <i>(3 pts)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> More than twice a year</p> <p style="margin-left: 20px;"><input type="checkbox"/> One to two times a year</p> <p style="margin-left: 20px;"><input type="checkbox"/> Less than once a year</p> <p style="margin-left: 20px;"><input type="checkbox"/> Never <i>(Subtract 10 pts)</i></p>  |  |   | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |
| <p>9. Other than to solicit or maintain a membership, which of the following do you have a continuing dialog with? <i>(5 pts-1 for each box)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Current members <i>(1 pt)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Former members <i>(1 pt)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Never-been members <i>(1 pt)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Corporate members <i>(1 pt)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Customers <i>(1 pt)</i></p>   |  |   | <div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div> |   |  |           |                          |                          |                          |  |           |                          |                          |                          |  |              |                          |                          |                          |  |                  |                          |                          |                          |  |                    |                          |                          |                          |   |  |  |  |

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