

Work health and wellbeing

Strengthen your business

Healthy workers survey

Identifying and assessing workplace work health and wellbeing risks involves looking for factors in the workplace that have the potential to cause poor physical health and/or psychological health.

This survey provides a profile of your workforce's health and wellbeing status. These results should be used in conjunction with the healthy workplaces audit tool to identify and assess work health and wellbeing risks and develop targeted interventions.

The survey will take approximately 10 minutes to complete.

Confidentiality

- The answers you provide on this survey will be collated with all other responses from the survey to provide a summary.
- To ensure anonymity and confidentiality, please avoid recording your name, or any other information that may identify you on this survey.
- Your data will be collated into an overall organisational report. There is an option to receive an individual report.

Table of contents

Physical activity and sedentary work.....	2
Sprain and strain.....	3
Eating choices.....	4
Alcohol consumption.....	5
Height and weight.....	5
Smoking.....	6
Sleep and fatigue.....	6
General health and wellbeing.....	7
Workplace environment.....	8
Demographics.....	9

Privacy statement

We will only use your information for these purposes. It will otherwise not be used or disclosed unless authorised or required by law. Your personal information will be handled in accordance with the *Information Privacy Act 2009*. Data is confidential and anonymous.

The Office of Industrial Relations administers this survey and is committed to protecting user privacy. Like other Queensland public sector agencies, the Office is required to comply with Information Privacy Principles (IPPs) contained in an IP Act, that set out how personal information must be collected and managed in the public sector environment.

OIR is using the tools provided by QUALTRICS, a private company with which OIR has contracted, to conduct this survey.

The information collected in this survey is transmitted and stored securely in Australia and is accessed by OIR in accordance with the Australian Privacy Principles and QUALTRIC'S terms of use. You can access QUALTRICS Data Protection & Privacy policy [here](#). Please do not provide any information in this survey that would enable the identity of an individual to be ascertained unless specifically asked for.

Business identifier

Please enter the eight-digit business code provided in the email with your survey link:

This code has been generated to protect your confidentiality and will not be used to identify you.

Physical activity and sedentary

Physical activity is defined as any bodily movement produced by one or more large muscle groups. This may be for leisure, transport or occupational. These activities should be carried out at moderate to vigorous intensity. Moderate intensity activities require some effort, but conversation is possible. Examples include brisk walking, swimming, social tennis, dancing etc.

How many days in the last week were you physically active?

(Select one)

- | | | |
|-------------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | |

On how many of these days did you active at a moderate to vigorous intensity for at least 30 minutes? (Select one)

- | | | |
|-------------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | |

When you are at work, which of the following best describes what you do? (Select one)

- Mostly sitting
- Mostly standing
- Mostly walking
- Mostly heavy labour or physically demanding work

On average, what is the total time you spend sitting on a typical work day (this includes travel to and from work, meal and snack breaks and sitting to do work at your desk or working at home, in meetings or whilst driving)?

_____ hours per day.

Sprain and strain

How often, over the past four weeks, have you had an ache, pain, or discomfort in (select body part).

	Never	Rarely	Once in a while	Some of the time	Fairly often	Often	Always
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrists/hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee/ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last four weeks have you been or are you exposed to any of the following in your workplace?

	Never	Rarely	Sometimes	Often	Very often
Vibration (whole body or hand-arm) (Sitting/standing on or holding vibrating equipment that may cause e.g. tingling, numbness or other pain or discomfort)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustained/high force (lifting, pushing, carrying heavy objects over a period of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive movement (using same parts of the body to repeat similar movements over and over)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustained/awkward posture (Postures that are uncomfortable or require a significant bending, twisting or over-reaching that you hold over a period of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Think about your experience of work-related sprains and strains and rate the following statements.

	Never	Rarely	Once in a while	Some of the time	Fairly often	Often	Always
The current work that I do causes or aggravates my musculoskeletal ache, pain or discomfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am encouraged to report issues concerning sprains and strains risks at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eating choices

How many **serv**es of vegetables (including fresh, frozen and tinned) do you usually eat each day? (one serve is half cup of cooked vegetables or one cup of salad vegetables). (Select one)

- None
- Less than 1
- 1 serve
- 2 serves
- 3 serves
- 4 serves
- 5 serves
- 6+ serves


How many **serv**es of fruit (including fresh, frozen and tinned) do you usually eat each day (one serve is one medium piece or two small pieces of fruit or one cup diced pieces). (Select one)

- None
- Less than 1
- 1 serve
- 2 serves
- 3 serves
- 4 serves
- 5 serves
- 6+ serves

A SERVE OF VEGETABLES IS APPROXIMATELY 75G (100-350KJ) WHICH IS:

What is a serve of vegetables*?
A standard serve is about 75g (100-350kJ) or:

- ½ cup cooked green or orange vegetables (for example, broccoli, spinach, carrots or pumpkin)
- ½ cup cooked dried or canned beans, peas or lentils
- 1 cup green leafy or raw salad vegetables
- ½ cup sweet corn
- ½ medium potato or other starchy vegetables (sweet potato, taro or cassava)
- 1 medium tomato



*With canned varieties, choose those with no added salt


A SERVE OF FRUIT IS APPROXIMATELY 150G (350KJ) WHICH IS:

What is a serve of fruit?
A standard serve is about 150g (350kJ) or:

- 1 medium apple, banana, orange or pear
- 2 small apricots, kiwi fruits or plums
- 1 cup diced or canned fruit (no added sugar)

Or only occasionally:

- 125ml (½ cup) fruit juice (no added sugar)
- 30g dried fruit (for example, 4 dried apricot halves, 1½ tablespoons of sultanas)



How often do you drink sugar-sweetened soft drinks, cordials, fruit drinks, vitamin waters, energy and sports drinks? (select one)

(This only includes fizzy drinks and sports drinks, not soda water, plain mineral water, or diet soft drinks).

- Never
- Less often than once a month
- About once a month
- About once a fortnight
- About once a week
- Several times a week
- Daily
- Multiple times a day

How often do you have **meals or snacks** such as burgers, pizza, chicken or chips from take-away food outlets? (select one)

(This includes pies, sausage rolls and fish and chips and items bought hot from supermarkets etc. Does not include sushi, take-away Asian foods, salads, sandwiches or rolls.)

- Never
- Less often than once a month
- About once a month
- About once a fortnight
- About once a week
- Several times a week
- Daily
- Multiple times a day

Alcohol consumption

How many standard drinks containing alcohol do you have on a typical day?

A 'standard drink' is equivalent to a nip of spirits, a small glass of wine, or a pot of full-strength beer. (select one)

- I don't drink
- Less than 1 a day
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

STANDARD DRINKS		
		
SPARKLING WINE	WINE	LIGHT BEER
100 mL	100 mL	425 mL
13% alc/vol	13% alc/vol	2.7% alc/vol
		
REGULAR BEER	FORTIFIED WINE	SPIRITS
285 mL	60 mL	30 mL
4.9% alc/vol	20% alc/vol	40% alc/vol

EACH OF THESE IS ONE STANDARD DRINK. A STANDARD DRINK CONTAINS APPROX. 10 GRAMS OF PURE ALCOHOL

How many alcohol-free days do you have per week?

- I don't drink
- 6 days
- 5 days
- 4 days
- 3 days
- 2 days
- 1 day
- I drink everyday

In the last 12 months, how often do you have four or more drinks on a single occasion? (Select one)

- Never
- Less than monthly
- Monthly
- Fortnightly
- Weekly
- Daily or almost daily

Height and weight

What is your height (without shoes)? centimetres (e.g. 170).

What is your weight (wearing light clothing and no shoes)? kilograms (e.g. 70).

Smoking

Which of the following best describes your smoking habit (cigarettes, e-cigarettes or other tobacco products)? (select one)

- I smoke daily
- I smoke occasionally
- I used to smoke but I have quit
- I have never smoked

Sleep and fatigue

Thinking about a typical night in the last month, how would you describe the quality of your sleep?

Good quality sleep means that you typically fall asleep in 30 minutes or less, sleep soundly through the night with no more than one awakening, and drift back to sleep within 20 minutes if you do wake up.

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In a typical night, how many hours of quality sleep do you feel you get?

_____ hours per night

In a typical working day, how often do you feel tired / fatigued at work?

Never	Rarely	Sometimes	Often	Very often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are a shift worker, on which shift do you usually feel most tired?

- I don't do shift work
- Starting work in the early morning (between 12-6am)
- Starting work in the afternoon (between 2-4pm)
- Starting work at night (between 6-10pm)

If you are involved in a fatigue-related incident at work, are you encouraged to report the incident to your supervisor?

Never	Rarely	Sometimes	Often	Very often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General health and wellbeing

In general, your physical health is:

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In general, your mental health is:

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following items refer to how you feel about **your current job**. (Please select **one** box per row).

	Strongly disagree	Disagree	Some-what disagree	Neutral	Some-what agree	Agree	Strongly agree
I enjoy my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate, how often you have felt each of the following over the past six months.

	Never	Rarely	Once in a while	Some of the time	Fairly often	Often	Always
I'm pressured to work for long hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have unachievable deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel overloaded/overwhelmed with how much work I need to complete each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am encouraged to take work breaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I neglect personal needs because of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have opportunities for job rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have everything I need to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you describe your relationship with your supervisor?

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you describe your relationship with your immediate co-workers?

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which one of the following would you most like to change about yourself in the next six months?
(Please tick **all** that apply).

I would like to:

- increase physical activity
- reduce time sitting
- increase healthy eating
- reduce alcohol intake
- quit smoking
- improve mental health
- none of the above.
- other.....

Workplace environment

In a typical working week, are you exposed to any of the following in your workplace?

	Never	Rarely	Sometimes	Often	Very often
Inadequate lighting (The light is too dim, too bright or creates glare affecting your ability to focus through eyestrain, discomfort, fatigue and headaches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun/ultraviolet radiation exposure (Exposed to sun for a period high enough to cause skin to become red, swollen or painful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive heat (Working in temperatures or high levels of humidity high enough to make you feel thirsty most of the time, heavy sweating, and/or having a headaches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive cold (Working in temperatures cold enough to make you shiver most of the time, or having fumbling hands or slurred speech)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust (Exposed to environmental dust and/or performing dust generating activities like cutting, drilling, sanding, polishing, grinding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with chemicals (Contact with chemicals that may cause allergies, irritation or other illnesses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive noise (When you have to raise your voice when talking or have ringing in your ears at the end of a shift)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with animals (Contact with animals or animal products that may cause infection, e.g. Q fever)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathogens (Exposed to bacterium, virus, or other microorganism that may cause allergies, irritation or other illnesses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographics

Sex

Male Female Gender diverse Prefer not to say

Age

25 or less 26-35 36-45 46-55 56-65 66-75 +75

How would you describe your work?

(Only tick **one** box below).

Manager

(e.g. chief executive, general manager, legislator, farm manager, sales manager, service manager).

Professional

(e.g. journalist, accountant, engineer, scientist, teacher, nurse or allied health professional, information technology worker, solicitor, social worker).

Technician or trades worker

(e.g. electrician, mechanic, carpenter, butcher, chef, horticulturalist, hairdresser).

Community or personal service worker

(e.g. health support worker, childcare worker, teacher aide, waiter, security officer, personal trainer).

Clerical or administrative worker

(e.g. secretary, receptionist, bookkeeper, administrative assistant).

Sales worker

(e.g. real estate agent, retail sales assistant, checkout operator).

Machinery operators and drivers

(e.g. truck drivers, delivery drivers, bus and rail drivers, store persons, mobile plant operators, machine operators).

Labourer

(e.g. cleaner, laundry worker, construction worker, gardener, food preparation assistant).

This question is optional and will not be included in the aggregated report

If you would you like to receive a summary of your responses, please include your email:

A report will be sent to this email.