



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 and wellbeing.

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

The survey will take approximately 15 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.

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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 work

Exercise is defined as any activity that gets your body moving, makes your breathing become quicker, and your heart beat faster. Physical activity can be in many different forms and at different levels of intensity. Activities may include: brisk walking, jogging, cycling, aerobics, competitive tennis, swimming, tennis, golf etc.

How many days in the last week did you exercise?

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

- | | | |
|-------------------------------|----------------------------|-------------------------------------|
| <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 | <input type="checkbox"/> Don't know |

How many of these days did you exercise for at least 30 minutes?

- | | | |
|-------------------------------|----------------------------|-------------------------------------|
| <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 | <input type="checkbox"/> Don't know |

This question is about **sitting at work**, including meal and snack breaks and sitting to do work at your desk, in meetings or whilst driving.

On average, what is the **total time** you spend **sitting at work** on a typical day? _____ hours per day.

Eating choices

How many **servings 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).

(Only tick one box below.)

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 2 serves | <input type="checkbox"/> 5 serves |
| <input type="checkbox"/> Less than 1 serve | <input type="checkbox"/> 3 serves | <input type="checkbox"/> 6+ serves |
| <input type="checkbox"/> 1 serve | <input type="checkbox"/> 4 serves | <input type="checkbox"/> Don't know |

How many **servings 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).

(Only tick one box below.)

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 2 serves | <input type="checkbox"/> 5 serves |
| <input type="checkbox"/> Less than 1 serve | <input type="checkbox"/> 3 serves | <input type="checkbox"/> 6+ serves |
| <input type="checkbox"/> 1 serve | <input type="checkbox"/> 4 serves | <input type="checkbox"/> Don't know |

How often do you drink soft drink or sports drinks?

(Only include fizzy drinks and sports drinks that are **not** diet. Don't include soda water, plain mineral water, cordial (diet or non-diet) mixed with water or diet soft drinks).

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

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> About once a month | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Several times per week | <input type="checkbox"/> Less often than once per month | |
| <input type="checkbox"/> About once a week | <input type="checkbox"/> Never | |
| <input type="checkbox"/> About once a fortnight | | |

How often do you have **meals or snacks** such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster or other take-away food outlets? (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.)

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

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> About once a month | <input type="checkbox"/> Never |
| <input type="checkbox"/> Several times per week | <input type="checkbox"/> Less often than once per month | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> About once a week | | |

Alcohol consumption

On a day that you have an alcoholic drink, how many **standard drinks** do you usually have? A 'standard drink' is equivalent to a nip of spirits, a small glass of wine, or a pot of full strength beer.

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

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> I don't drink | <input type="checkbox"/> 5-6 drinks | <input type="checkbox"/> 11 or more drinks |
| <input type="checkbox"/> 1-2 drinks | <input type="checkbox"/> 7-8 drinks | |
| <input type="checkbox"/> 3-4 drinks | <input type="checkbox"/> 9-10 drinks | |

In the last 12 months, how often would you have more than four drinks on one occasion?

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

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly | <input type="checkbox"/> Daily or almost daily |
| <input type="checkbox"/> Less than monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> I don't drink |

Body mass index

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

Do you smoke cigarettes or other tobacco products?

- Yes
- No
- Quit in the last 12 months

Wellbeing

In general, your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

Rate the following general statements

(Please tick **one** box per row).

	Strongly disagree	Disagree	Some-what disagree	Neutr al	Some-what agree	Agree	Strongly agree
How satisfied are you with your life as a whole?							
How satisfied are you with your <u>work</u> life as a whole?							

How would you describe the level of stress in your job during the past six months?

Very low stress		Moderate stress		Very high stress

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

- Poor
- Fair
- Good
- Very good
- Excellent

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

- Poor
- Fair
- Good
- Very good
- Excellent

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

	Not at all			Some-times			All the time
I am rushed, pressured or too busy at work.							
I am encouraged to take work breaks and, where practicable, allow some flexibility in the timing of breaks.							
I neglect personal needs because of work.							
I am discouraged to regularly work long hours, take work home or work through breaks.							
I am too tired to be effective at work.							
I have opportunities for job rotation.							
I have everything I need to do my job.							

In the last six months, how often has your work been affected by your (please tick one box).

	Never	Rarely	Once in a while	Some of the time	Fairly often	Often	Always
Physical health							
Emotional or psychological wellbeing							

Which one of the following behaviours would you most like to change 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.

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							
Shoulders							
Wrists/hands							
Upper back							
Lower back							
Knee/ankle							

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.							
I am encouraged to report issues concerning sprains and strains risks at work.							

Demographics

Gender

- Male Female Other

Age

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

- <25
 26-35
 36-45
 46-55
 56-65
 66+

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, child care worker, teacher aide, waiter, security officer, personal trainer).
- Clerical or administrative worker
(e.g. secretary, receptionist, book keeper, 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.