

Dear worker,

This short survey (10 minutes) provides an opportunity for you to comment on the types of health and wellbeing initiatives you would like to see implemented at our local government. This survey also includes questions on your current health behaviours so that we can develop strategies and make changes to the workplace environment to better support your health and wellbeing. Your selections and comments will be considered in the planning of our health and wellbeing programs.

Participation in the survey is voluntary and no names are recorded to ensure all responses are confidential.

Local government/department: _____

1. Are you interested in participating in health and wellbeing activities in the workplace?
(e.g. health assessments, skin screens, exercise programs)

- ☐ Yes
- ☐ No
- ☐ I prefer to undertake healthy activities in my own time

2. If yes, which health activities would you be most interested in participating in?
(Please choose your top 3)

- | | |
|---|--|
| <input type="checkbox"/> Basic (15 minute) health assessment | <input type="checkbox"/> 8 – 12 week healthy lifestyle challenge |
| <input type="checkbox"/> Executive (45 – 60 minute) health assessment | <input type="checkbox"/> Pedometer event or walking challenge |
| <input type="checkbox"/> Skin cancer screen | <input type="checkbox"/> Hearing test |
| <input type="checkbox"/> Group exercise classes | <input type="checkbox"/> Corporate sponsored event
(e.g. City to Surf, Million Paws Walk) |
| <input type="checkbox"/> Individual health coaching support | <input type="checkbox"/> Online health portal
(website with health and wellbeing information) |
| <input type="checkbox"/> Health seminars/workshops | <input type="checkbox"/> Smoking cessation programs
(e.g. quit smoking program) |
| <input type="checkbox"/> Flu vaccination | <input type="checkbox"/> Warm up for work/stretching sessions |
| <input type="checkbox"/> Ergonomic assessment | <input type="checkbox"/> Stress management program and strategies |
| <input type="checkbox"/> Seated massage | |
| <input type="checkbox"/> Individual nutrition consultations | |

3. Which health and wellbeing topics would you be most interested in learning more about?
(Please choose your top 3)

- | | |
|--|--|
| <input type="checkbox"/> Nutrition/healthy eating | <input type="checkbox"/> Sun safety |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alcohol and other drugs |
| <input type="checkbox"/> Cardiovascular disease (heart health) | <input type="checkbox"/> Fatigue management |
| <input type="checkbox"/> Women's health | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Men's health | <input type="checkbox"/> Quitting smoking |
| <input type="checkbox"/> Healthy ageing | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Work life balance | <input type="checkbox"/> Injury prevention |
| <input type="checkbox"/> Weight management | <input type="checkbox"/> Fitness and exercise |

4. Preferred time for activities

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Before work | <input type="checkbox"/> After work |
| <input type="checkbox"/> Lunch time | <input type="checkbox"/> During toolbox/staff meetings |

5. Frequency of activities

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Fortnightly | |

6. What factors would prevent you from participating in workplace health and wellness activities? (Please tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Not interested |
| <input type="checkbox"/> Not motivated | <input type="checkbox"/> Not supported/encouraged by my supervisor |
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Other (please feel free to provide comments) |

Comments:

7. HEALTH BEHAVIOURS

7.1 In your opinion, how would you rate your overall health?

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

7.2 Do you smoke?

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

7.3 If yes, how keen are you to stop smoking? (Please circle)

1	2	3	4	5	6	7
Not keen at all						Very keen

7.4 Do you feel stressed on a regular basis?

- | | |
|---|---|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Most of the time |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> All the time |

7.5 How manageable is the stress? (Please circle)

1	2	3	4	5	6	7	8	9	10
Manageable								Not manageable	

8. NUTRITION

One serve of fruit = a medium sized apple/orange/banana, two apricots/kiwi fruit or half a cup of tinned fruit.

One serve of vegetable = half a cup of cooked vegetables or one cup of salad vegetables.

8.1 *How many serves of vegetables (including fresh, frozen and tinned vegetables) do you usually eat each day?*

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> One serve | <input type="checkbox"/> Four serves |
| <input type="checkbox"/> Two serves | <input type="checkbox"/> Five or more serves |
| <input type="checkbox"/> Three serves | <input type="checkbox"/> I don't eat vegetables |

8.2 *How many serves of fruit (including fresh, frozen and tinned fruit) do you usually eat each day?*

- | | |
|--|---|
| <input type="checkbox"/> One serve or less | <input type="checkbox"/> Three or more serves |
| <input type="checkbox"/> Two serves | <input type="checkbox"/> I don't eat fruit |

8.3 *How many days of the week do you usually eat foods that are high in fat, salt or sugar? (This includes, deep-fried foods, hot chips, pies, pastries, chocolates, lollies and crisps.)*

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Four days |
| <input type="checkbox"/> One day | <input type="checkbox"/> Five days |
| <input type="checkbox"/> Two days | <input type="checkbox"/> Six days |
| <input type="checkbox"/> Three days | <input type="checkbox"/> Seven days |

8.4 *During work hours, why do you eat these high fat, salt or sugar foods instead of a healthier option? (Please select as many as applicable)*

- | | |
|--|---|
| <input type="checkbox"/> Cheaper | <input type="checkbox"/> I don't know how to prepare a healthy meal to take to work |
| <input type="checkbox"/> More convenient | <input type="checkbox"/> Access to vending machines |
| <input type="checkbox"/> Tastes better/good | <input type="checkbox"/> I cannot be bothered to bring something healthy from home |
| <input type="checkbox"/> Availability | <input type="checkbox"/> Lack of access to a kitchen/food preparation facilities |
| <input type="checkbox"/> The hours I work | |
| <input type="checkbox"/> Makes me feel better when I am stressed | |

9. ALCOHOL

9.1 How often do you have a drink containing alcohol?

- | | |
|--|---|
| <input type="checkbox"/> Never (go to “physical activity”) | <input type="checkbox"/> 2 to 3 times a week |
| <input type="checkbox"/> Monthly or less | <input type="checkbox"/> 4 or more times a week |
| <input type="checkbox"/> 2 to 4 times a month | |

9.2 How many standard drinks do you have on a typical day when you are drinking?

Standard drink size; 100ml wine, 375ml mid-strength beer, 30ml spirits

- | | |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> 1 or 2 | <input type="checkbox"/> 5 or more |
| <input type="checkbox"/> 3 or 4 | |

9.3 On any single occasion do you ever consume five or more standard drinks?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

10. PHYSICAL ACTIVITY

10.1 In a typical week, how many times do you usually do 30 minutes or more of moderate intensity physical activity (e.g. brisk walking, carrying light loads)? (Please circle)

0 1 2 3 4 5 6 7+ times

10.2 In a typical week, how many times do you usually do 20 minutes or more of vigorous intensity physical activity (e.g. jogging, cycling)? (Please circle)

0 1 2 3 4 5 6 7+ times

10.3 Do you do any muscle – strengthening activities on two or more days a week?

- ☐ Yes
☐ No

10.4 Please indicate reasons why you are NOT more physically active (tick all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Too tired | <input type="checkbox"/> No shower facilities |
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Not motivated |
| <input type="checkbox"/> Lack of facilities | <input type="checkbox"/> Not enough flexible time in work hours |
| <input type="checkbox"/> Shift work, especially nights or overtime | <input type="checkbox"/> Health issues |
| <input type="checkbox"/> Out on the road most of the time | <input type="checkbox"/> I am already active enough |
| <input type="checkbox"/> Not encouraged to | |

11. What is the total time you spend sitting at work on a typical day? _____ hours/minutes

12. What is the total time you spend sitting on a non-work day? _____ hours/minutes

13. Which one of the following behaviours would you most like to change in the next 6 - 12 months?
(please tick 1 box)

- ☐ Eat more fruit and vegetables
- ☐ Reduce my alcohol intake
- ☐ Quit smoking

- ☐ Increase my physical activity
- ☐ Reduce the amount of time I spend sitting
- ☐ Eat less processed / junk food

14. On a scale of 1 to 10, how confident are you that you are able to make long term changes or improvements to the above health behaviour at this time? (Please circle)

1	2	3	4	5	6	7	8	9	10
Not confident								Very confident	

15. Would you be interested in joining a workplace health and wellness committee?

- ☐ Yes (please contact the human resource manager to advise your interest in joining the committee)

- ☐ No

We value your opinion and are interested in any other ideas you have that would raise awareness and participation in our health and wellness programs. If you have any other comments or suggestions that will help to make our workplace healthier, please list below.

Thank you for participating in this survey