

This short survey (5 minutes) provides an opportunity for you to comment on the types of health and wellbeing initiatives you would like to see implemented at your workplace. Your selections and comments will be considered by your local government in the planning of your health and wellbeing programs.

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

**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<br>(e.g. City to Surf, Million paws walk)     |
| <input type="checkbox"/> Individual health coaching support           | <input type="checkbox"/> Online health portal<br>(website with health and wellbeing information) |
| <input type="checkbox"/> Health seminars/workshops                    | <input type="checkbox"/> Smoking cessation programs<br>(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           |  |

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

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|--|--|
| <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    |

**3. Which exercise programs would you be most interested in participating in? (Please choose your top 2)**

- |   |   |
|---|---|
| <input type="checkbox"/> Yoga/pilates                 | <input type="checkbox"/> Walking challenge            |
| <input type="checkbox"/> Strength/aerobic circuit     | <input type="checkbox"/> Individual exercise programs |
| <input type="checkbox"/> Core/abdominal strengthening | <input type="checkbox"/> Boot camp/outdoor training   |

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**4. What are the top three unhealthy lifestyle behaviours you would like to change to enhance your health and wellbeing? (please tick three boxes only)**

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- ☐ Eating unhealthy meals or snacks at work
- ☐ Eating unhealthy meals or snacks at home
- ☐ Unhealthy weight
- ☐ Not meeting the recommended guidelines of eating 5 serves of vegetables and 2 serves of fruit a day
- ☐ Not meeting the recommended 30 minutes of moderate-intensity physical activity a day (moderate-intensity will cause a slight, noticeable increase in your breathing and heart rate)
- ☐ Spending a lot of time sitting at work
- ☐ Spending a lot of time sitting or lying down (awake) at home
- ☐ Smoking
- ☐ Consuming too much alcohol
- ☐ Prolonged or excessive stress responses at work or outside of work
- ☐ Other, for example, sun safety, fatigue, work-life balance (please list)

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**5. When would you be most interested in participating in health activities in the workplace?**

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- ☐ Before work
- ☐ During lunch time
- ☐ After work
- ☐ During tool box talks/staff meetings
- ☐ In work time where practical and feasible

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**6. Are there any barriers in the workplace that you think prevents you from undertaking healthy behaviours?**

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**7. We value your opinion, if you have any other comments or suggestions that will help to make our workplace healthier, please list below.**

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