

# Employee survey

## Notes

### Introduction

Use this questionnaire as a template, including only the questions that will provide the information you need.

#### **The Introduction should:**

- let the employee know what you are trying to find out from them and why.
- tell them what you will do with their responses and reassuring them that all surveys are anonymous and that individuals will not be contacted directly
- tell them if you are offering any incentive to respond – for example, entering all responses into a prize draw.

### Current health habits – physical activity and healthy eating

The aim of this section is to gain a baseline marker for employees' current health habits focusing on physical activity and healthy eating. Specific questions on these two topics are covered in each of the two areas. This information can be used in the ongoing monitoring and evaluation of your health at work programme.

Questions need to relate to individuals' habits in a typical week.

#### **This section should:**

- aim to ask questions in areas where the workplace can have some influence
- encourage employees to start thinking about their own health behaviour
- measure the employees' level of commitment to and enthusiasm for a healthy lifestyle
- identify potential barriers to changing

### Healthy habits interests – physical activity and healthy eating

The aim of this section is to gain an understanding of employees' interests in getting a healthier lifestyle. This will help to inform the development of the programme. Specific questions on physical activity and healthy eating are covered in each of these two areas.

#### **This section should:**

- identify the types of activities and interventions that employees enjoy doing and how provision in the workplace can facilitate them
- determine employees' motivation for participation and give additional incentives for making behaviour changes at work
- assess what health initiatives employees would most like to participate in at work and when.

### Mental wellbeing at work

The aim of this section is to gain a picture of employees' satisfaction with the opportunities for looking after their mental wellbeing and their interest in pursuing a healthier lifestyle, and how the workplace can provide opportunities for them to do this.

#### **This section should aim to identify:**

- how employees view the demands of the job, and any perceived problems that could be rectified by the organisation
- issues around the amount of control over their job that employees feel they have
- issues around relationships at work
- satisfaction with communication in the workplace
- how employees view their job role, and how well prepared and supported they are.

### Health needs

The aim of this section is to gain an understanding of any special needs related to employees' health or medical conditions. Questions therefore need to relate to employees' current health needs, their interest in pursuing a healthier lifestyle, and how the workplace can provide opportunities for them to do this.

#### **This section should:**

- highlight any medical condition(s) that may affect an individual's ability to participate
- determine how the employee views his or her workplace to be related to their health and vice versa

### Personal profile

The aim of this section is to gain an understanding of employees' work habits and to identify opportunities for healthy habits within the working day.

If your employees work shifts, some of these questions will probably need to be adapted to re-adjust the focus away from lunchtime meals.

#### **This section should:**

- give an idea of the structure of the employee's normal working day
- provide employee details such as age and gender.

### **Scoring instructions**

A great number of questions have got five answer options which are ranked from 1 (Very dissatisfied/Extremely unlikely) to 5 (Very satisfied/Extremely likely). This allows you to find out the **average value for each question**.

#### How to score the questionnaire

- Look at each question in turn. For each question, add up the total number scored by all staff completing that question. (See the example below.)
- Divide this number by the number of staff who answered that question. This will give the average score for that question, creating an organisational profile. (If someone hasn't answered a question, divide the total score for the question by the number who actually answered it.)
- Repeat for all questions and create an organisational profile.
- You can also look at patterns of response – for example, how gender, age, or other factors affect responses.

#### **Example:**

Twenty employees completed question number 11: "Are you satisfied with your working hours?" Each respondent circled a score from 1 to 5 (where 1 = very dissatisfied, and 5 = very satisfied). The numbers circled by the 20 respondents were: 5 + 1 + 1 + 3 + 2 + 1 + 5 + 4 + 3 + 1 + 2 + 1 + 5 + 3 + 4 + 2 + 1 + 1 + 2 + 1 = 48

To calculate the result for this question, divide the total score (48) by the total number of employees who answered the question:

Total score for question number 11 = 48

Total number of employees who answered that question = 20

Result = (48 divided by 20) = 2.4

So, the overall result within the organisation is 2.4, which is between 2 (dissatisfied) and 3 (neutral).

# Employee survey: TEMPLATE

## Introduction

Do you want the opportunity to have your say on the development of a new health at work programme for employees? If so, please take a few minutes to fill in this questionnaire. The information you provide will help us develop a programme to suit your needs.

Your participation is completely voluntary and **all responses will be anonymous**.

Please return the survey to .....

## Physical activity

### Current health habits

**1 a)** In a typical week, how many days do you spend walking continuously for at least 10 minutes at a time?

*Think about all the walking you have done including any leisure walking, walking to and from home, and any purposeful walking.*

On ..... days a week

**b)** In total, how much time do you spend walking in a typical week?

..... minutes a week

**2 a)** In a typical week, on how many days do you do any kind of housework, gardening, DIY or building work?

On ..... days a week

**b)** On those days, on average, how long do you spend doing these things on each day?

..... minutes

**3 a)** In a typical week, on how many days do you take part in any sport or activity?

*For example, swimming, cycling, aerobics, dance, yoga, sports, or working out at a gym.*

On ..... days a week

**b)** On those days, on average, how long are you active for each day?

..... minutes

**4 a)** At the moment, what would prevent you from becoming more active?

*Tick whichever ones apply to you.*

Injury ☐

Poor health ☐

Facilities not available when I can attend ☐

Lack of transport ☐

Family commitments ☐

Cost of facilities ☐

Distance to facilities ☐

Work commitments ☐

No-one to do it with ☐

Dislike sport/ exercise ☐

Not aware of facilities/classes available ☐

Other (*Please state.*)

.....

.....

**b)** Which of the following best describes you? *Please tick only ONE.*

I am not interested in pursuing a healthy lifestyle or being physically active. ☐ (1)

I have recently been thinking about becoming regularly active. ☐ (2)

I am intending to become regularly active within the next six months. ☐ (3)

I have recently changed my behaviour and I am active on a regular basis. ☐ (4)

I have been regularly active for at least six months. ☐ (5)

**5 a)** In terms of physical effort, how would you describe your work? *Please tick.*

Very demanding ☐

Fairly demanding ☐

Not very demanding ☐

**b)** When you are at work, are you mainly ...

Standing up ☐

Sitting down ☐

Walking about ☐

**6 a)** How do you mainly travel to and from work? *Please tick all that apply.*

Public transport ☐

Car ☐

Cycle ☐

Walk ☐

Work at home ☐

Other (*Please state.*)

.....

**b)** How far do you travel to work? *Please tick.*

Under 1 mile ☐

1-5 miles ☐

6-10 miles ☐

11-19 miles ☐

20 miles or more ☐

Work at home ☐

### Healthy habits interest

**7)** If the following physical activity initiatives were offered at work, how likely would you be to take part or use them?

	Extremely Unlikely(1)	Fairly unlikely(2)	Undecided/ Don't know(3)	Fairly likely(4)	Extremely likely(5)
Talks and presentations on physical activity by health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to weekly physical activity messages via e-mail and/or bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Active taster sessions at local leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site taster sessions run by health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lunchtime activity group, e.g. walking, cycling, swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport or activity clubs, e.g. walking football or badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site activity classes, e.g. yoga, aerobics, Tai Chi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site facilities, e.g. purpose-built gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company leagues, ladders and competitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team activity challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subsidised corporate membership at local facilities or health clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible working hours to allow for physical activity before, during and after work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of showers, changing facilities lockers and storage facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and fitness assessments and/or health screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A company bicycle pool for use during lunch breaks and for making short journeys to meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8 a)** Please list the physical activities that you regularly take part in (once a week or more).

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**b)** Why do you take part in these activities? *Please tick whichever ones apply to you.*

To get fit	<input type="checkbox"/>	To be part of a team	<input type="checkbox"/>	To be with friends	<input type="checkbox"/>
To compete	<input type="checkbox"/>	To relieve stress	<input type="checkbox"/>	To feel good	<input type="checkbox"/>
To lose weight	<input type="checkbox"/>	My GP referred me	<input type="checkbox"/>	To improve my health	<input type="checkbox"/>

Other (*Please state.*) \_\_\_\_\_

## Healthy eating

### Current health habits

**1a)** During a usual week, on how many days do you consume 5 portions or more of fruit and vegetables?

*Remember that fresh, frozen and tinned fruits and vegetables all count, but fruit juice and dried fruit only count as 1 portion per day each, regardless of the amount you have. Potatoes are counted as starchy foods, not as vegetables.*

On \_\_\_\_\_ days a week

**b)** During a usual week, on how many days do you have a snack food or drink (other than water) during the working day?

*This includes, for example, fizzy drinks, fresh fruit, cakes and biscuits, sweets or crisps.*

On \_\_\_\_\_ working days a week

**c)** During a usual week, on how many days do you have between 4 and 6 glasses or cups of fluid during the working day?

*For example, water, tea, coffee, fruit juice or squash. The recommended daily fluid intake for the UK climate is 6-8 glasses, taken throughout the day, so it is important to drink throughout your working day.*

On \_\_\_\_\_ days a week

**d)** During a usual week, on how many days do you have more than 2 to 3 units of alcohol if you're a woman, or more than 3 to 4 units of alcohol if you're a man?

*For example, there is 1 unit of alcohol in: half a pint of standard beer, lager or cider (3% to 5% ABV), or in a pub measure of spirits. A large glass of wine is about 2 units and alcopops are about 1.5 units.*

On \_\_\_\_\_ days a week

**2)** During a usual week, on how many days do you:

- a)** eat breakfast? On \_\_\_\_\_ days
- b)** skip lunch because of work commitments? On \_\_\_\_\_ days
- c)** eat and/or drink during a work meeting? On \_\_\_\_\_ days
- d)** take part in 'team-led' eating, eg, a biscuit bin or birthday cakes? On \_\_\_\_\_ days
- e)** use the vending machine at work? On \_\_\_\_\_ days
- f)** bring your own lunch to work? On \_\_\_\_\_ days
- g)** eat a meal at your desk? On \_\_\_\_\_ days
- h)** eat lunch with work colleagues? On \_\_\_\_\_ days
- i)** make use of the employee restaurant? On \_\_\_\_\_ days
- j)** make use of the staff room to eat a meal? On \_\_\_\_\_ days
- k)** make use of employee areas for food preparation and/or storage? On \_\_\_\_\_ days
- l)** buy family food shopping during your working day? On \_\_\_\_\_ days

**3 a)** At the moment, what prevents you from introducing more healthy foods into your diet?

*Tick whichever ones apply to you.*

Special dietary needs ☐      Dislike of healthy foods ☐      Family dietary preferences ☐  
 Family commitments ☐      Poor health ☐      Cost of healthy foods ☐  
 Lack of cooking skills ☐      Lack of nutritional knowledge ☐  
 Work commitments ☐      Distance to supermarkets or food shops ☐  
 Lack of food storage and preparation areas in the workplace ☐  
 Lack of healthy eating choices at lunchtime or for snacks ☐  
 Other (*Please state.*).....

**b) Which of the following best describes you? Please tick only ONE.**

I am not interested in pursuing a healthy lifestyle. ☐ (1)  
 I have recently been thinking about changing my diet. ☐ (2)  
 I am intending to change my behaviour and to change my diet within the next six months. ☐ (3)  
 I have recently changed my behaviour and I am following a healthy eating plan. ☐ (4)  
 I have been following a healthy eating plan for at least six months. ☐ (5)  
 I have special dietary needs that prevent me from changing my diet. ☐ (--)

### Healthy habits interests

**4) If the following healthy eating initiatives were offered at work, how likely would you be to take part or use them?**

	<b>Extremely unlikely(1)</b>	<b>Fairly unlikely(2)</b>	<b>Undecided/ Don't know(3)</b>	<b>Fairly likely(4)</b>	<b>Extremely likely(5)</b>
Recipes and tips for healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookery classes					
Nutrition courses and qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks, presentations and workshops on healthy eating by health professionals, dietitians or nutritionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to health promotion materials such as leaflets and posters promoting healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to weekly healthy eating messages via email and/or bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to drinking water for all employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free fruit in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection of healthy refreshments in meeting rooms – for example, water and fresh fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit and vegetable box delivery scheme with deliveries to the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-check facilities, eg, weighing scales and tape measures available in a private area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and fitness assessments and/or health screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health-related treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy breakfast bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy meal choices available in the employee restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy sandwich or lunch delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy meal options in the vending machines – for example, sandwiches, pasta, fresh fruit and yoghurts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy snack options available in the vending machines or snack bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site facilities, eg, food preparation and storage areas for employees' use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in local or national healthy eating events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team or individual 'Eat well!' challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Mental wellbeing

Mental wellbeing is not just about whether we have mental health problems or a diagnosed mental illness. By 'mental wellbeing' we mean the way we think and feel about ourselves and others, our confidence, and our ability to control things in our life.

### Opportunities for looking after mental health at work

Respond to each question using a satisfaction scale of 1 to 5, where:  
 1=Very dissatisfied 2=Dissatisfied 3=Neutral 4=Satisfied 5=Very satisfied  
 Circle the number of your answer.  
 Use the space at the end of the survey to add any extra comments.

**1) Are you satisfied with the amount of information on mental wellbeing that your workplace provides you with? (See the definition of mental wellbeing above.)**

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**2) Are you satisfied with the opportunities you have for looking after your health and mental wellbeing before, during or after work? (For example, physical activity sessions, stressbuster**



sessions such as yoga or massage sessions, or a healthy eating programme.)

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

### Job demands

**3)** Are you satisfied that your abilities and skills match the demands of your job?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**4)** Are you satisfied that the tasks that you set out to accomplish are completed?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**5)** Are you satisfied that overall you and your work are seen as valuable, that your confidence is increased and that you feel good about yourself at work?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**6)** Are you satisfied that overall the training opportunities you have are appropriate for you and your job?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**7)** Are you satisfied with the physical environment at your workplace?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**8)** If you're dissatisfied, indicate which of the following are a problem for your mental wellbeing at work:

- |                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| <b>a)</b> Noise       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>b)</b> Ventilation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>c)</b> Temperature | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>d)</b> Humidity    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other (*Please state.*) \_\_\_\_\_

### Job control

**9)** Are you satisfied with the amount of influence you have over decisions related to your job?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**10)** Are you satisfied that you are involved in the decision-making processes within your organisation?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**11)** Are you satisfied with your working hours?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**12)** Do you think that excessive working hours are discouraged at your workplace?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**13)** Are you satisfied with the opportunities you have for flexible working?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

### Relationships

**14)** Are you satisfied with the way in which you relate to other people at work?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**15)** Are you satisfied that you are treated as an individual by your managers?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**16)** Are you satisfied that everyone has a fair opportunity to progress and develop?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**17)** Are you satisfied that you and your colleagues cooperate with each other rather than work in a very competitive atmosphere?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**18)** Are you satisfied that bullying and harassment are seen as unacceptable at work, and that complaints are always acted on?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

### Communication

**19)** Are you satisfied with the channels of communication that exist within your organisation?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**20)** Are you satisfied with the way you are able to communicate with other people in the workplace?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**21)** Are you satisfied with the way people usually communicate with you?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**22)** Are you satisfied your line manager will listen to your concerns and take them on board?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**23)** Are you satisfied that supervision sessions are used constructively to manage your workload and to provide positive feedback?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

### Job role

**24)** Are you satisfied that you have a clearly defined role and responsibilities?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**25)** Are you satisfied with your job-related training?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**26)** Are you satisfied with your training to do with personal development?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

**27)** Are you generally satisfied with the quality of training that you are offered through work?

1 (very dissatisfied)      2                      3                      4                      5 (very satisfied)

## Health needs

**1)** How would you describe your general health?

Very poor (1) ☐      Poor (2) ☐      Fair (3) ☐      Good (4) ☐      Very good (5) ☐

**2 a)** In the last 12 months, roughly how many days have you been absent from work due to personal illness or injury?

\_\_\_\_\_ days in the last 12 months

**b)** Do you suffer from any long-term medical illnesses – for example, diabetes or back pain?

Yes ☐      No ☐

**c)** If Yes, what long-term illness do you suffer from? (Please state.) \_\_\_\_\_

**d)** Is this long-term condition the reason for most of your sickness absence?

Yes ☐      No ☐      N/A ☐

**3)** How would you describe the following when you are at work? (*Please tick.*)

	Very poor (1)	Poor (2)	Fair (3)	Good (4)	Very good (5)
Energy levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4)** How likely are you to take part in each of the following programmes if they were offered to you at work?

	Extremely unlikely(1)	Fairly unlikely(2)	Undecided/ Don't know(3)	Fairly likely(4)	Extremely likely(5)
a) Physical activity sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Stress-buster sessions such as massage or yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Social events, eg, staff outings Workshops or talks on:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) mental health awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) debt and finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) relationship problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |                                  |                          |                          |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| h) A stop smoking group          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) A healthy eating programme    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) A weight management programme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Educational programmes        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

such as back safety, self-help care

Other: *(Please state.)* \_\_\_\_\_

**5) On average how many hours do you work each day?**

..... hours a day

**6) Does your work involve shift patterns outside 9am to 5pm?**

Yes ☐ No ☐

## Personal profile

**1) Are you ...**

Male ☐ Female ☐

**2) Age group. Please tick the age group that applies to you.**

Under 20	<input type="checkbox"/>	21-30	<input type="checkbox"/>	31-40	<input type="checkbox"/>	41-50	<input type="checkbox"/>
51-60	<input type="checkbox"/>	60+	<input type="checkbox"/>				

**3) Would you be interested in becoming involved in our health at work programme?**

Yes ☐ No ☐

If Yes, in what ways do you think you could contribute?

.....  
 .....  
 .....  
 .....

**4) Do you have any other comments or suggestions?**

*If you have any other ideas for how the workplace could be improved to support those wanting to make healthy eating choices that you would like to suggest, please let us know.*

.....  
 .....  
 .....  
 .....  
 .....  
 .....

**THANK YOU FOR FILLING OUT THIS SURVEY.**

Your input will help us to ensure the success of our Health at Work programme!