



Healthy Workplace All Employee Survey

CPH-NEW's Healthy Workplace All Employee Survey is designed to provide organizations with an overall assessment of employee attitudes related to health, safety, and wellness. The survey gathers feedback on issues related to the physical work environment as well as interpersonal and social interactions that support or detract from a healthy worksite culture. The survey also provides a general overview of employee perceptions on their health and health behaviors.

To ensure a representative overall picture of the organization, surveys should be completed by as many employees in the organization as possible. The results can then be used to plan worksite health, safety, and wellness programs.

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Thank you for your participation!

The Healthy Workplace All Employee Survey is designed to help gather employee views about health, safety, and wellness in our organization. The results will be used to identify health and safety priorities that are important to the workforce, and ultimately to design interventions that address these specific issues.

The survey is anonymous. There are 37 items, which will take approximately 15 minutes to complete.

***1. Before you begin the survey, please understand the following:**

- Your participation in this survey is voluntary. In the course of completing this survey, you may refuse to answer specific questions. You may also choose to end the survey at any time.**
- There are no right or wrong answers—we want to hear about your experiences and opinions.**
- All of the answers you provide will be maintained in a secure manner. We will not disclose your responses or anything about you. Your name will not be linked to any responses you provide in this survey.**
- Your responses will be combined with those from other employees to provide an overall average for feedback about the organization. The results will be used to guide decisions about policies and programs related to employee health, safety, and wellness.**
- There are no risks or rewards anticipated for completing the survey. However, it is possible that programs developed in the future may benefit you and your coworkers.**

If you would like to participate, please click "Agree" to indicate you have read the information on this page.

Agree

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2. Would you say that in general your health is?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure

3. Has a doctor or other healthcare provider told you that you have currently any of the following conditions? If so, is this condition currently being treated? Check all that apply.

	Diagnosed	Taking medication for
a) Elevated blood sugar or diabetes	<input type="checkbox"/>	<input type="checkbox"/>
b) High blood pressure/hypertension	<input type="checkbox"/>	<input type="checkbox"/>
c) Elevated cholesterol level	<input type="checkbox"/>	<input type="checkbox"/>
d) Low back disease or spine problems	<input type="checkbox"/>	<input type="checkbox"/>
e) Anxiety/depression	<input type="checkbox"/>	<input type="checkbox"/>

4. What is your weight?

In pounds

5. What is your height?

Feet

Inches

6. Nutrition experts recommend filling half your plate with fruits and vegetables at every meal and snacking occasion. How often do you meet this goal?

- Never
- Rarely
- Half the time
- Often
- Always

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7. Health experts say that you should do strength training exercise twice a week plus do other activities that increase your heart rate and breathing on several days each week. How often do you meet this goal?

- Never Rarely Half the time Often Always

8. Do you now smoke cigarettes every day, some days, or not at all?

- Everyday
 Some days
 Not at all

9. Please indicate how often you have felt this way during the past week.

	Never	Sometimes	Often	Always
a) I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. In the past 30 days,

	No stress	A little stress	Moderate stress	Substantial stress	Extreme stress
a) How would you rate the average amount of stress at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) How would you rate the average amount of stress at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. In the past 30 days,

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) I had a hard time doing my work because of my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My health kept me from concentrating on my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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12. During the past 3 months, to what extent have you had pain, aching, numbness or tingling in any of these body areas?

	None	Mild	Moderate	Severe	Extreme
a. Hand or wrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Shoulder, neck, or upper back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Low back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Knee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Foot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. During the past week, to what extent have you had difficulty sleeping because of any physical or emotional problem?

- No difficulty
- Mild difficulty
- Moderate difficulty
- Severe difficulty
- So much difficulty that I can't sleep

14. Please answer the following questions about sleep.

	6 hours or less	About 7 hours	About 8 hours	About 9 hours	About 10 hours or more
a) During the work week, about how many hours of sleep do you typically get per 24-hour period?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) How many hours of sleep do you usually need to have good functioning the next day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How would you describe the quality of your sleep on a typical night?

- Very good
- Fairly good
- Fairly poor
- Very poor

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16. Please indicate how ready you are to make changes or improvements in your health in the following areas:

	I am not interested in making changes or improvements.	I have considered making healthier choices.	I am ready to make a change.	I have started making healthier choices.	I make healthy choices on a regular basis.
a) Be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Practice good eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Avoid smoking or using tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Lose weight or maintain healthy weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Reduce the amount of stress in your daily life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Get a full night's sleep every night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Avoid alcohol, or drink in moderation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. The following questions ask about your experiences at your place of work.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) In this facility, management considers employee health, safety, and wellbeing to be important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My coworkers would support my use of sick days for illness or mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) My supervisor encourages healthy behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My organization provides me with opportunities to be healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. My employer has provided me with the opportunities to:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) Be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Eat a healthy diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Live tobacco free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Manage my stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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19. Please indicate how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) Overall, my workplace is safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My job duties often interfere with my ability to comply with safety rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Taking risks is part of my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Safety is a high priority with my supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Employees in my work group comply with the safety rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) My employer has provided me with the opportunity to work safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I am concerned about my personal safety on this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) My supervisor understands and supports my family and other personal responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. To what extent do any adults depend on you in any way to help them due to disability, chronic illness, or aging?

- No adults depend on me due to disability, chronic illness, or aging.
- Another adult has primary responsibility.
- I share responsibility equally with another adult.
- I have primary responsibility.

21. How much responsibility do you personally have for any children under 18 in your household?

- I have no children under 18 at home.
- Another adult has primary responsibility.
- I share responsibility with another adult.
- I have primary responsibility.

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22. Please answer the following questions.

	Never	Occasionally	Sometimes	Often	Always
a) How often do things going on at work make you feel tense and irritable at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) How often do things going on at home make you feel tense and irritable on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) How often do the demands of your job interfere with your family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) How often do the demands of your family interfere with your work on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. How much do you agree or disagree with the following statements about your work?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) All employee concerns are heard before job decisions are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Job decisions are applied consistently to all affected employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) More and more often, I talk about my work in a negative way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) At work, I often feel emotionally drained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I would be taken seriously if I complained about disrespectful treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Respectful treatment is the norm in my unit/work group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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24. For each statement, select the answer that best describes your current job.

	Strongly disagree	Disagree	Agree	Strongly agree
a) On my job, I have very little freedom to decide how I do my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My job allows me to make a lot of decisions on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I have enough time to get the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My job requires working very hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) The people I work with take a personal interest in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) The people I work with can be relied on when I need help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My supervisor is concerned about the welfare of those under him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) My supervisor is helpful in getting the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) My job requires me to be creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) My job requires a high level of skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) My job requires me to do repeated lifting, pushing, pulling or bending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) My job regularly requires me to perform repetitive or forceful hand movements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) My job security is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) My job is emotionally demanding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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25. Please indicate how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) All in all, I am satisfied with my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Overall I would recommend working with this organization to my family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I often think about quitting my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I will probably look for a new job during the next year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How much time do you spend traveling to and from work each day (roundtrip)?

- < 15 minutes
- 15 - 30 minutes
- 30 - 60 minutes
- 60 - 90 minutes
- > 90 minutes

27. What is your age (in years)?

28. What is your gender?

- Male
- Female

29. What is your racial background? Mark all that apply.

- White, European descent
- Black, African American, African
- American Indian, Alaska Native
- Asian, Asian American (includes Filipino, Korean, Chinese, Pacific Islander, etc.)
- Other

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30. Do you consider yourself Latino or Hispanic origin or descent?

- Yes (includes Puerto Rican, Cuban American, Mexican American, etc.)
- No, not Latino, Hispanic, Spanish

31. Please indicate the highest grade or year of school that you have completed.

- Less than high school
- High school graduate or GED
- Some college
- College degree (2 or 4 year college)
- Graduate degree

32. What is your current marital status?

- Married or live with partner
- Widowed
- Divorced or separated
- Single, never married

33. How many years have you worked at this organization? (Answer with a number only)

34. How many hours do you typically work each week? (Answer with a number only)

35. What shift do you usually work?

- First Shift
- Second Shift
- Third Shift
- Rotating

36. What is your level of supervisory responsibility?

- No supervisory responsibility
- Team leader
- Supervisor
- Manager
- Executive

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37. Please provide any other comments you wish about your health and the workplace.

Thank you very much for participating in this survey!