

Health Work & Well-being Survey



Hello....

We are the Better Health at Work Team working in the Kirklees area with the NHS to promote health and well-being in the workplace. Your employer is committed to supporting this service, which we hope you will find informative and inspiring. Before we launch our service in your workplace we need your help and would like to ask you to complete this survey. It shouldn't take more than 10 minutes of your time and it is vital to the programme as it:

- will help us to create information and activities that are interesting to you as we recognise you are more likely to join in and take part in this programme if it's tailored to meet your needs.
- allow us to assess your needs before we start and evaluate our service in six months to see if we are doing things right to help you.
- will allow your name to be entered into a prize draw and access other incentives for you and your company. Please leave one numbered ticket attached to this survey and retain one. We will announce the winning number shortly.

The survey is confidential and anonymous and individuals will not be contacted directly.

Please return the completed survey to the collection box at work, within 14 days of receipt.

For further information please contact: **Better Health at Work**

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Guidance Notes:

Current physical activity: The aim of this section is to gain an understanding of employees' physical activity habits and what level of activity they currently do. The questions relate to what activity is done in a typical week. This information provides a baseline measure which can be used in the on-going monitoring and evaluation of this programme.

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

Physical activity interests: The aim of this section is to gain an understanding of employees' physical activity interests. This will help us to develop the programme.

Personal profile: The aim of this section is to gain an understanding of employees' work habits and to identify opportunities for physical activity within the working day.

Current Physical Activity

1a) During the last week, how many days did you walk continuously for at least 30 minutes? Think about all the walking you have done including any leisure walking or walking to and from home or work.

0 days 1-3 days 4-6 days everyday

b) On those days, on average, how long did you walk for each day?

30-40 mins 41-50 mins 51 mins - over 1 hour
1 hour

2a) During the last week, on how many days have you done any kind of housework, gardening, DIY or building work?

0 days 1-3 days 4-6 days everyday

b) On each day, on average, how much time did you spend doing these things?

0-30 mins 31 mins - 1 - 2 hours over 2 hours
59 mins

3a) During the last week, on how many days did you take part in any sport or activity such as swimming, cycling, aerobics, sports or going to the gym.

0 days 1-3 days 4-6 days everyday

b) On those days, on average, how many minutes were you active for each day?

0-30 mins 30 mins - 1 - 2 hours over 2 hours
59 mins

4 a) What is preventing you from becoming more active? (Please tick all that apply).

Nothing I'm already active <input type="checkbox"/>	Dislike sport/exercise <input type="checkbox"/>	Lack of transport <input type="checkbox"/>	Poor health <input type="checkbox"/>	Work commitments <input type="checkbox"/>
Family commitments <input type="checkbox"/>	Cost of facilities <input type="checkbox"/>	Distance to facilities <input type="checkbox"/>	Injury <input type="checkbox"/>	No-one to do it with <input type="checkbox"/>
Not aware of facilities/classes <input type="checkbox"/>	Facilities not available when I can go <input type="checkbox"/>	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.

I have recently been thinking about becoming regularly active.

I am intending to change my behaviour and to become regularly active within the next six months.

I have recently changed my behaviour and I am active on a regular basis.

I have been regularly active for at least six months.

Health Needs

5) How would you describe your general health? Please tick only ONE.

Very good Good Fair Poor Very poor

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

0 days 1-3 days 4-6 days 1-2 weeks 2 weeks+

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

Yes No

c) If Yes, what long-term illness do you suffer from? (Please state below - optional)

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

Yes No

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

	Very good	Good	Fair	Poor	Very poor
a) Energy levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) How likely are you to take part in each of the following health-orientated programmes if they were offered at work?

	Extremely likely	Fairly likely	Undecided/ don't know	Fairly unlikely	Extremely likely	NA
a) Stop-smoking group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Weight management programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Stress management programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Educational programmes, e.g. back safety, self-help health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9) If the following initiatives were offered at work, how likely would you be to use them?

	Extremely likely	Fairly likely	Undecided/ don't know	Fairly unlikely	Extremely likely	NA
a) Talks and presentations on physical activity by health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 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"/>	<input type="checkbox"/>
c) Active taster sessions at local leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) On-site taster sessions run by health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) A lunchtime activity group, e.g. walking, cycling, swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 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"/>	<input type="checkbox"/>
g) 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"/>	<input type="checkbox"/>
h) On-site facilities, e.g. purpose-built gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Company leagues, ladders and competitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Team activity challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Subsidised corporate memberships at local facilities or health clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 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"/>	<input type="checkbox"/>
m) Use of showers, changing, lockers, storage facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Health and fitness assessments and/or health screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) 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"/>	<input type="checkbox"/>

Physical Activity Interests

10 a) Please list the physical activities (eg. walking, jogging) that you take part in once a week or more

Gardening DIY Rigorous Housework Running Walking
Gym Swimming Cycling Football Other please state

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

To get fit To be part of a team To be with friends To compete To relieve stress
To feel good To lose weight My GP referred me Improve my health Other (Please state.)

Smoking

11 a) Do you smoke e.g. cigarettes, cigars, a pipe etc.

Yes No

b) If yes, how often/many of these do you smoke each day?

1 - 5 6 - 10 11 - 20 21 - 40 40 over

Alcohol

12 a) How many days a week do you drink alcohol?

0 days 1-3 days 4-6 days everyday

b) Tell us what you have drunk in the last 7 days (1 unit = a small glass of wine or 1/2 lager/beer or a shot)

0 units 5 units or less 6-15 units 16 - 25 units 25units+

13) During the last week on how many days did you eat 5 portions of fruit and vegetables?

0 days 1-3 days 4-7 days

14) At the moment what prevents you from eating more healthily?

Tick whichever ones apply to you.

Nothing, I Eat healthily already Cost Dislike fruit/vegetables Not aware of what to eat Not confident with preparing food
Time Do not prepare own food Lack of facilities Other (Please state)

15) Are you interested in making changes to:

Your eating habits Your level of physical activity The amount you smoke The amount you drink

Your Work and Travelling to Work

16 a) In terms of physical effort, how would you describe your work?

Very demanding Fairly demanding Not very demanding

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

Standing up Sitting down Walking about

17 a) How do you normally 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 1-5miles 6-10 miles 11-19 miles 20 miles or more

About You

18) Are you Male Female

19) Please tick the age category which applies to you

Under 25 25-34 35-44 45-54 55-64
over 65

20) Do you consider yourself to have a disability, infirmity or long standing illness?

Yes No

21) To which of these groups do you belong?

White	Mixed	Asian & Asian British	Black & Black British	Chinese
British <input type="checkbox"/>	White & Black <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	
Other <input type="checkbox"/>	White & Black <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	
White <input type="checkbox"/>	White & Asian <input type="checkbox"/>		Background <input type="checkbox"/>	Other <input type="checkbox"/>
Background <input type="checkbox"/>	Other Mixed <input type="checkbox"/>			Any Other <input type="checkbox"/>
	Background <input type="checkbox"/>			Ethnic Group <input type="checkbox"/>

22) Do you have any other comments or suggestions? If you have any other ideas for improving your health and well-being at work, please let us know.

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