

# Employee survey

## Introduction

It is important that your program is designed to address the issues and needs of your employees. The information from an employee survey, along with an understanding of your workplace environment will help you design a successful program.

**CONDUCTING AN EMPLOYEE SURVEY** every six to twelve months is also one way to evaluate the progress of your program.

This survey enables employers to capture an overall health and wellbeing snapshot of their workforce. It will allow you to identify the key health and wellbeing issues for your workforce. The scoring summary provides some simple calculations that will allow you to compare your workforce with recommended levels for a number of health issues and state and national average comparison figures.

### IMPORTANT NOTE

Surveys must be completed anonymously. Information obtained from employee surveys must only be used by the organisation to identify issues across the employee group and, due to privacy issues, not be used by the organisation to identify specific individual issues. Support for staff to identify individual issues (for example health checks), must be done in a confidential environment, with trained professionals.

## General

**Age:** \_\_\_\_\_ years

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**Sex: (please circle)**                      Male                      Female

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**Height: (estimate)**                      cms or                      ft/in

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**Weight: (estimate)**                      kgs or                      lbs

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## Smoking

### 1. Do you smoke?

- 
- No (Go to question 2)
- Yes

### 1a. How keen are you to stop smoking (please circle)?

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*0 = not keen at all / 7 = very keen*

1      2      3      4      5      6      7

### 1b. When you wake up each day, how soon do you smoke your first cigarette?

- 
- More than 60 minutes
- 31-60 minutes
- 5-30 minutes
- Less than 5 minutes

### 1c. How many cigarettes do you smoke on a typical day?

- 
- 10 or less
- 11 to 20
- 21 to 30
- More than 30

## EMPLOYEE SURVEY

## Nutrition

- ▶ **1 serve of fruit** = a medium sized apple/orange/banana, 2 apricots/kiwi fruit or 1/2 cup tinned fruit
- ▶ **1 serve of vegetable** = 1/2 cup cooked vegetables or 1 cup salad vegetables

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

- One serve
- Two serves
- Three serves
- Four serves
- Five serves
- Six or more serves
- Don't eat vegetables

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

- One serve or less
- Two serves
- Three or more serves
- Don't eat fruit

**4. How many days of the week do you usually eat junk foods (foods that you think are not full of good nutrition such as deep fried foods, pastries, foods with little or no fruit/vegetables added, foods high in salt, chocolates, lollies, crisps etc)?**

- One day
- Two days
- Three days
- Four days
- Five days
- Six days
- Seven days
- Don't eat junk food

**5. How many days of the week do you eat junk foods AT WORK (foods that you think are not full of good nutrition such as deep fried foods, pastries, foods with little or no fruit/vegetables added, foods high in salt, chocolates, lollies, crisps etc)?**

- One day
- Two days
- Three days
- Four days
- Five days
- Six days
- Seven days
- Don't eat junk food

**6. Why do you usually choose fast food instead of something you prepared yourself? (please tick all that apply)**

- I never eat/drink fast food
- Cheaper
- More convenient
- Tastes better
- Availability
- The hours I work
- Makes me feel better when I am stressed
- I don't know how to prepare a healthy meal to take to work
- Access to vending machines
- Can not be bothered

## EMPLOYEE SURVEY

## Hydration

**7. On average, during your normal WORKING DAY, how many glasses (250ml) of fluid (water, cordial, soft drink, juice, milk, coffee, tea) do you consume? (please circle one)**

1    2    3    4    5    6    7    8+

**8. On average, during your normal WORKING DAY, how many glasses (250ml) of plain drinking water do you consume? (please circle one)**

1    2    3    4    5    6    7    8+

## Alcohol

**9. How often do you have a drink containing alcohol?**

- Never (0)
- Monthly or less (1)
- 2 to 4 times a month (2)
- 2 to 3 times a week (3)
- 4 or more times a week (4)

**10. How many standard drinks (see attached standard drinks guide) do you have on a typical day when you are drinking?**

- 1 or 2 (0)
- 3 or 4 (1)
- 4 or 6 (2)
- 7 to 9 (3)
- 10 or more (4)

**11. How often do you have six or more drinks on one occasion?**

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

## Physical Activity

**12. How many times a week do you usually do:**

(a) 20 minutes or more of vigorous-intensity physical activity that makes you sweat or puff and pant (for example, heavy lifting, digging or jogging)?

0    1    2    3    4    5    6    7+ times

(b) 30 minutes or more of walking (for example, walking from place to place for exercise or recreation)?

0    1    2    3    4    5    6    7+ times

(c) 30 minutes or more of other moderate-intensity physical activity that increases your heart rate or makes you breathe harder than normal (for example, carrying light loads, slow cycling)?

0    1    2    3    4    5    6    7+ times

**13. How much of your total activity occurs in work time? (Work time does include travelling to and from work.)**

- None
- Some
- Most
- All

**14. Indicate reasons why you think you are NOT being more physically active during work hours (please tick all that apply)**

- Too tired
- Not enough time
- Access to facilities
- Shift work, especially nights or overtime
- Out on the road most of the time
- Not encouraged to
- No shower facilities
- Not motivated
- Not enough flexible time in work hours
- Health issues

EMPLOYEE SURVEY

Wellbeing

15. In the past four weeks, how often...

	<i>None of the time</i>	<i>A little of the time</i>	<i>Some of the time</i>	<i>Most of the time</i>	<i>All of the time</i>
Do you feel tired out for no good reason?					
Did you feel nervous?					
Did you feel so nervous that nothing could calm you down?					
Did you feel hopeless?					
Did you feel restless or fidgety?					
Did you feel so restless you could not sit still?					
Did you feel depressed?					
Did you feel that everything was an effort?					
Did you feel so sad that nothing could cheer you up?					
Did you feel worthless?					



Australian Government  
Department of Health and Ageing

# Standard Drink Guide



**1.1** 285ml  
**1.6** 425ml  
Full Strength Beer  
4.9% Alc./Vol



**0.8** 285ml  
**1.2** 425ml  
Mid Strength Beer  
3.5% Alc./Vol



**0.6** 285ml  
**0.9** 425ml  
Light Beer  
2.7% Alc./Vol



**1.5**  
375ml  
Full Strength Beer  
4.9% Alc./Vol



**1**  
375ml  
Mid Strength Beer  
3.5% Alc./Vol



**0.8**  
375ml  
Light Beer  
2.7% Alc./Vol



**1.5**  
375ml  
Pre-mix Spirits  
5% Alc./Vol



**1.2**  
300ml  
Pre-mix Spirits  
5% Alc./Vol



**1**  
30ml  
Spirit Nip  
40% Alc./Vol



**22**  
700ml  
Bottle of Spirits  
40% Alc./Vol



**1**  
30ml  
Spirit Shot  
40% Alc./Vol



**1**  
60ml  
Sherry Glass  
20% Alc.Vol



**1.5**  
170ml  
Average Serve of  
Sparkling Wine/Champagne  
11.5% Alc.Vol



**1.5**  
150ml  
Average Serve of Wine  
12.5% Alc.Vol



**7.5**  
750ml  
Bottle of Wine  
12.5% Alc.Vol

## Australian Alcohol Guidelines

To limit health risks for:

### Men

No more than **4** Standard Drinks a day on average,  
and never more than **6** a day.

### Women

No more than **2** Standard Drinks a day on average,  
and never more than **4** a day.

Everyone should have **1 or 2** alcohol-free days a week.

These guidelines are for people who are of average or larger size. If you are below average body size, you need to take extra caution.