



Staff Survey

Your workplace is committed to improving and protecting the health and wellbeing of all staff.

This survey is designed to find out how your workplace impacts on your health and wellbeing and what your workplace can do to support you to achieve a healthy working life.

Your answers will help identify your needs and provide suggestions for areas your workplace can improve.

You will find some questions that ask you to identify activities you would like to see implemented in your workplace. While your ideas are welcomed, there is no obligation or guarantee that the identified activities will be implemented.

The information collected will be used to create a summary report. At no time will you or your individual responses be identified. All answers will remain completely confidential.

Please work through the questions carefully. The survey will take about 10 minutes to complete.

Thank you for taking part

Name of workplace: _____

Date of completion: _____

1. How would you describe your health?

- Excellent Very good Good Fair Poor

Physical Activity

2. How many days per week do you usually do 30 minutes or more of moderate intensity activity?

(Moderate intensity = slight but noticeable increase in breathing and heart rate)

- Rarely or not at all
 1-2 days
 3-4 days
 5 or more days

3. What is the main way you travel to work? (Tick only one)

- Walking
 Cycling
 Public transport
 Car pooling
 Car (alone)
 Other, please specify: _____

4. What best describes your typical working day?

- I spend most of the day sitting
 I spend most of the day sitting, but I intentionally interrupt my sitting
 I spend most of the day standing in one location
 I spend most of the day standing doing light activity
 I spend most of the day standing doing moderate-heavy activity

5. What are your main reasons for not being more physically active during your working day (including travelling to and from work)? (Tick all that apply)

- I struggle to get motivated
 I am not encouraged to
 I do not have a fixed work location (e.g. on the road)
 Working hours (e.g. shift work, nights, overtime)
 There is a lack of facilities (e.g. no shower facilities)
 I do not have enough time
 I live too far away to walk or cycle to and from work
 I am too tired
 I sit during most of my working day
 I do not have flexible working hours to fit physical activity into my day
 Health issues
 Family commitments

I am happy with my current physical activity levels

Other, please specify: _____

6. How does your workplace currently support physical activity? (Tick all that apply)

Information resources (e.g. posters, brochures, flyers)

Information sessions

Regular physical activity programme (e.g. walking, yoga, netball)

Contribution or subsidy towards being active (e.g. gym membership or event entry fee payment)

Facilities for active travel (e.g. bike racks, lockers, shower)

Strategies to include activity during work (e.g. walking meetings, stretch breaks)

Flexible working hours to allow for physical activity before, during, or after work

Information on community events or initiatives (e.g. fun runs)

Not aware of any workplace initiatives

Other, please specify: _____

7. What new things would you like to see your workplace do to support physical activity? (Tick all that apply)

Information resources (e.g. posters, brochures, flyers)

Information sessions

Regular physical activity programme (e.g. walking, yoga, netball)

Contribution or subsidy towards being active (e.g. gym membership or event entry fee payment)

Facilities for active travel (e.g. bike racks, lockers, shower)

Strategies to include activity during work (e.g. walking meetings, stretch breaks)

Flexible working hours to allow for physical activity before, during, or after work

Information on community events or initiatives (e.g. fun runs)

I am happy with the level of support towards physical activity

Other, please specify: _____

Healthy Eating

8. On average, how many servings of fruit (fresh, canned or frozen) do you eat each day?

(A 'serving' = 1 medium or two small pieces of fruit or ½ cup of stewed/canned fruit. Do not include fruit juice or dried fruit)

1 or less servings

2 servings

3 servings

4 servings

5 or more servings

9. On average, how many servings of vegetables (fresh, canned or frozen) do you eat each day?

(A 'serving' = 1 medium potato/kumara or ½ cup cooked vegetables or 1 cup of salad vegetables)

- 1 or less servings
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

10. On average, how many servings (glass/250ml) of sugary drinks do you consume a week?

(e.g. fizzy-drink, fruit juice, cordial, flavoured milk, flavoured water, energy/sports drinks, sachet mixes, hot tea/coffee with added sugar)

- None
- One serving a week
- 2-3 servings a week
- 4-5 servings a week
- One serving every day
- Two or more servings on most days

11. On average, how many times a week do you eat high fat/sugar foods? (e.g. lollies, chocolate, cake,

biscuits, hot chips, pies, take aways etc.)

- None
- One a week
- 2-3 times a week
- 4-5 times a week
- Every day
- Twice or more on most days

12. What are your main reasons for not eating healthier? (Tick all that apply)

- Cost of food
- Like the taste of unhealthy food
- Availability of unhealthy food
- I do not have enough time to eat healthy
- I eat unhealthy food when stressed
- I don't know how to prepare/cook healthy meals
- My diet is well balanced enough
- Other, please specify: _____

13. How does your workplace currently support healthy eating? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information sessions
- Healthy catering policy
- Sharing of healthy recipes
- Healthy food at meetings, events, shared morning teas
- Healthy food in the canteen/vending machines
- Facilities for storing or preparing healthy food
- Drinking water is accessible
- Referrals to a healthy eating coach
- Not aware of any workplace initiatives
- Other, please specify: _____

14. What new things would you like to see your workplace do to support healthy eating? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information sessions
- Healthy catering policy
- Sharing of healthy recipes
- Healthy food at meetings, events, shared morning teas
- Healthy food in the canteen/vending machines
- Facilities for storing or preparing healthy food
- Better access to drinking water
- Referrals to a healthy eating coach
- I am happy with the level of support towards healthy eating
- Other, please specify: _____

Smokefree

15. How often do you smoke?

- I never smoke (go to question 17)
- Ex-smoker (go to question 17)
- Occasional smoker (less than one a day)
- Regular smoker (one or more a day)

16. What are your main reasons for not quitting smoking? (Tick all that apply)

- I don't want to quit
- Limited support to quit
- Lack of motivation to quit
- Cravings

- Triggers (e.g. stress)
- My family and friends smoke
- My co-workers smoke
- Other, please specify: _____

17. Have you been exposed to second-hand smoke in your workplace in the last 12 months?

- Yes No Unsure

18. How does your workplace currently support staff to be smokefree? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information on how to support others (e.g. friends/family) to be smokefree
- Smokefree worksite policy
- Smokefree vehicles policy
- Onsite staff member trained in stop smoking advice
- Promotes nicotine replacement therapies (e.g. gum, patches or lozenges)
- Information on Quitline or other stop smoking services
- Smokefree signage
- Support to stop smoking (e.g. group sessions, quit challenge or buddy system)
- Aims to reduce exposure to second hand smoke
- Smoking is restricted to a designated smoking area
- Participation in smokefree events such as World Smokefree Day or Stoptober
- Not aware of any workplace initiatives
- Other, please specify: _____

19. What new things would you like to see your workplace do to support being smokefree? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information on how to support others (e.g. friends/family) to be smokefree
- Smokefree worksite policy
- Smokefree vehicles policy
- Onsite staff member trained in stop smoking advice
- Promotes nicotine replacement therapies (e.g. gum, patches or lozenges)
- Information on Quitline or other stop smoking services
- More smokefree signage
- Support to stop smoking (e.g. group sessions, quit challenge or buddy system)
- Reduce exposure to second hand smoke
- Restrict smoking to a designated smoking area
- Participation in smokefree events such as World Smokefree Day or Stoptober
- I am happy with the level of support towards smokefree

Other, please specify: _____

Sun Safety

20. During work, how much time would you usually spend outside each day?

- None
- 15 to 30 minutes
- 30 minutes to 1 hour
- 1 to 3 hours
- 3 or more hours

21. Which of the following sun protection equipment do you have available to you at work? (Tick all that apply)

- Sunscreen
- Hat
- Long sleeved clothing
- Sunglasses
- Shade
- None

22. What are your main reasons for not being more sun safe? (Tick all that apply)

- I am unsure of what to do to be sun safe
- I forget to use sun protection equipment
- Sun protection equipment is not available or easily accessible
- Sun protection equipment is uncomfortable (e.g. too hot)
- I already do all I can to protect myself from the sun while at work
- Other, please specify: _____

23. How does your workplace currently support sun safety? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information sessions
- Sun safety policy
- Provides of sun protection equipment
- Promotes the Sun Protection Alert
- Supports to access skin checks
- Tinted windows or blinds to reduce sun exposure inside
- Shaded outside areas
- Not aware of any workplace initiatives
- Other, please specify: _____

24. What new things would you like to see your workplace do to support sun safety? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information sessions
- Sun safety policy
- Provision of sun protection equipment
- Promotion of Sun Protection Alert
- Support to access skin checks
- Install tinted windows or blinds to reduce sun exposure inside
- Shaded outside areas
- I am happy with the level of support towards sun safety
- Other, please specify: _____

Mental Health and Wellbeing

	Always	Mostly	Sometimes	Rarely	Never
25. I am satisfied with my current job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I am able to manage the demands of my work with little or no stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I am satisfied with the amount of control I have over my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I feel capable and useful in my work on a day-to-day basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I receive help and support from my co-workers, when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I receive regular and helpful feedback on my work performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I am able to balance the time I spend on my work and the time I spend on other parts of my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Your mental wellbeing can impact on how you feel at work. Do any of the following factors affect your mental wellbeing while at work? (Tick all that apply)

- Mental illness (e.g. experience of anxiety or depression)
- Unable to relax/switch off
- Stress at home or stressful life events
- Lack of communication
- Negative or unsupportive relationships at work

- Work conditions (e.g. lighting, noise, office crowding)
- Work demands outside of work time
- Workload (having too much or too little to do)
- Long working hours
- Stress at work
- Poor physical health
- My mental health and wellbeing is unaffected by the above
- Other, please specify: _____

33. How does your workplace currently support mental health and wellbeing? (Tick all that apply)

- Information on mental illness and support available for mental illness
- Regular and constructive feedback between staff and management
- Training on effective communication in the workplace
- Training/opportunities to learn more skills
- Flexible working hours or work arrangements
- Team building activities
- Safe and clean work environment
- Plants, colour, outdoor space, or other calming features
- Provides access to confidential counselling services such as EAP (Employee Assistance Programme)
- Information sessions on positive mental wellbeing including the 'Five Ways to Wellbeing' (take notice, keep learning, connect, be active & give)
- Information sessions on financial management
- Information sessions on time management
- Information sessions on how to talk about mental wellbeing
- Information sessions on healthy sleep habits
- Not aware of any workplace initiatives
- Other, please specify: _____

34. What new things would you like to see your workplace do to support mental health and wellbeing? (Tick all that apply)

- Information on mental illness and support available for mental illness
- Regular and constructive feedback between staff and management
- Training on effective communication in the workplace
- Training/opportunities to learn more skills
- Flexible working hours or work arrangements
- Team building activities
- Safe and clean work environment

- Plants, colour, outdoor space, or other calming features
- Access to confidential counselling services such as EAP (Employee Assistance Programme)
- Information sessions on positive mental wellbeing including the 'Five Ways to Wellbeing' (take notice, keep learning, connect, be active & give
- Information sessions on financial management
- Information sessions on time management
- Information sessions on how to talk about mental wellbeing
- Information sessions on healthy sleep habits
- I am happy with the level of support towards mental wellbeing
- Other, please specify: _____

Alcohol

35. Typically, how often do you have a drink containing alcohol?

- I don't drink (go to question 40)
- Monthly or less
- Up to 4 times a month
- Up to 3 times a week
- 4 or more times a week

36. How many standard drinks containing alcohol do you have on a typical day when you are drinking? (A standard drink = 100ml glass of wine, 330ml can of beer or 30ml of straight spirits (42% alcohol)

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

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

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

38. Does your workplace culture (including co-workers) encourage you to... (Select the option that best applies)

- Drink less alcohol
- Drink more alcohol
- My workplace does not have an effect on my drinking

39. What are your main reasons for not reducing your alcohol consumption? (Tick all that apply)

- Peer pressure to fit in
- I enjoy alcohol as a way to socialise
- Once I start drinking I am unable to stop
- I enjoy alcohol as a way to relax
- I do not feel I need to cut back
- Other, please specify: _____

40. How does your workplace currently support staff to be free of alcohol and other drugs? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information on how to support others (e.g. family or friends) to reduce alcohol consumption
- Information on non-alcohol beverages
- Zero or low alcohol policy
- Alcohol-free work functions
- Support for those who need help reducing their alcohol consumption
- Not aware of any workplace initiatives
- Other, please specify: _____

41. What new things would you like to see your workplace do to support being alcohol free and other drugs free? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information on how to support others (eg. family or friends) to reduce alcohol consumption
- Information on non-alcohol beverages
- Zero or low alcohol policy
- Alcohol-free work functions
- Support for those who need help reducing their alcohol consumption
- I am happy with the level of support towards alcohol free and other drugs free
- Other, please specify: _____

Infection Control and Immunisation

42. Have you had the influenza vaccination in the past 12 months?

- Yes (go to question 44) No

43. What are your main reasons for not getting the influenza vaccination this past year? (Tick all that apply)

- It wasn't offered to me
- It makes me unwell
- I can't have it for medical reasons (e.g. allergy)

- I was sick on the day it was offered
- I don't think it works
- I don't think I am at risk of getting the flu
- I don't like needles
- I couldn't afford it
- I was not working here when it was offered
- Other, please specify: _____

44. When I am sick (select the option that best applies):

- My work supports me to take sick leave
- I feel pressured to be at work even though I am sick
- I still go to work as I don't have enough/any sick leave
- I still go to work because I have a busy job
- I don't get sick often
- Other, please specify: _____

45. How often do you wash and dry your hands before eating and/or preparing food?

- Always
- Mostly
- Sometimes
- Never

46. How does your workplace currently support infection control and immunisation? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information sessions
- Facilities for heating and storing food
- Sufficient handwashing facilities and equipment throughout the workplace
- Influenza vaccine available in the workplace
- Not aware of any workplace initiatives
- Other, please specify: _____

47. What new things would you like to see your workplace do to support infection control and immunisation (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Information sessions
- Facilities for heating and storing food
- Sufficient handwashing facilities and equipment throughout the workplace
- Influenza vaccine available in the workplace
- I am happy with the level of support towards infection control and immunisation
- Other, please specify: _____

Breastfeeding Friendly

48. Have you recently returned from parental leave?

- Yes, I recently returned from parental leave, I am female
- Yes, I recently returned from parental leave, I am male (go to question 50)
- No, but I may in the future (go to question 50)
- No, it does not apply to me (go to question 50)

49. If you have recently returned from parental leave, did you feel supported by your workplace to continue breastfeeding?

- Yes
- I am unsure
- Not applicable
- No, please specify: _____

50. How does your workplace currently support breastfeeding? (Tick all that apply)

- Information resources (e.g. posters, brochures, flyers)
- Breastfeeding policy
- Flexible working hours
- A comfortable chair for feeding an infant
- A designated breastfeeding room, or other private clean space for expressing
- A sink accessible near the breastfeeding space
- Baby change facility
- Support for infants to be brought into the workplace
- Not aware of any workplace initiatives
- Other, please specify: _____

About You (for statistical purposes)

53. Which ethnic group do you identify with? (tick all that apply)

- NZ European/Pakeha
- Maori
- Pacifica
- Asian
- Other, please specify: _____

54. Which gender do you identify with?

- Male
- Female
- Gender diverse

55. Which age bracket do you belong to?

- 15-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65 and over

56. Which best describes your role?

- Manager
- Professional
- Technician or trade worker
- Community or personal service worker
- Clerical or administration worker
- Sales worker
- Machinery operator or driver
- Labourer
- Other, please specify: _____

57. Did you complete the last WorkWell Staff Survey?

- Yes
- No
- Unsure

Thank you for completing this questionnaire