

Unique ID: _____ 2nd letter of your first name
 _____ 1st letter of the city you were born
 _____ last 2 digits of your social security number

Demographics

1	What is your age (years)?	_____ years
2	Please select your gender.	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3	What is your ethnicity?	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
4	What is your race? Check all that apply.	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
5	What is your marital status?	<input type="checkbox"/> Single, never married <input type="checkbox"/> Single, cohabitating <input type="checkbox"/> Married <input type="checkbox"/> Divorced or separated <input type="checkbox"/> Widowed
6	Do you currently have more than one job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions keeping in mind the business that asked you to complete this survey.

7	Please indicate as best you can the level of your job within your organization.	<input type="checkbox"/> Non-supervisor <input type="checkbox"/> First-level supervisor <input type="checkbox"/> Mid-level supervisor or manager <input type="checkbox"/> Senior manager <input type="checkbox"/> Executive level <input type="checkbox"/> President/CEO <input type="checkbox"/> Not sure
8	How many years have you worked for this organization? (answer in numbers)	_____ years
9	Are you full time or part time? Part time is considered less than 20 hours/week	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
10	How many hours do you typically work each week (answer with numbers only)?	_____ hours
11	Are you salaried or paid on an hourly basis?	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly
12	Are you a contractor or consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Do you do shift work (e.g., nights, swing shift)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Which of the following benefits do you have access to through your organization? (check all that apply)	<input type="checkbox"/> Paid leave <input type="checkbox"/> Flexible work schedule <input type="checkbox"/> Healthcare <input type="checkbox"/> Childcare <input type="checkbox"/> Other (please specify)
	Please describe other types of benefits you have access to (if you answered "Other" to question 14) in the space to the right.	
15	How hazardous is your work environment? Examples of workplace hazards include: falls from height, exposure to electricity, highway driving, working with machinery, hit by a patient, lifting, etc.	<input type="checkbox"/> Not at all hazardous <input type="checkbox"/> Somewhat hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Very hazardous <input type="checkbox"/> Extremely hazardous



Please indicate how much you agree or disagree with the following statements related to safety . (circle one)		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Safety means preventing you from being injured or made ill on the job.						
I engage in workplace safety because...						
16	I think workplace safety is interesting.	1	2	3	4	5
17	I'm supposed to do it.	1	2	3	4	5
18	I'm doing it for my own good.	1	2	3	4	5
19	I think that improving workplace safety is pleasant.	1	2	3	4	5
20	It's something that I have to do.	1	2	3	4	5
21	I think that improving workplace safety is good for me.	1	2	3	4	5
22	Improving workplace safety can be fun.	1	2	3	4	5
23	I feel I have to do it.	1	2	3	4	5
24	Improving workplace safety is important to me.	1	2	3	4	5
25	I feel good when I'm trying to improve workplace safety.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements related to worksite wellness . (circle one)		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Worksite wellness refers to policies and programs that help promote your physical and mental health.						
I engage in worksite wellness because...						
26	I think worksite wellness is interesting.	1	2	3	4	5
27	I'm doing it for my own good.	1	2	3	4	5
28	I'm supposed to do it.	1	2	3	4	5
29	I think that improving worksite wellness is pleasant.	1	2	3	4	5
30	I think that improving worksite wellness is good for me.	1	2	3	4	5
31	It's something that I have to do.	1	2	3	4	5
32	Improving worksite wellness can be fun.	1	2	3	4	5
33	Improving worksite wellness is important to me.	1	2	3	4	5
34	I feel I have to do it.	1	2	3	4	5
35	I feel good when I'm trying to improve worksite wellness.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements related to safety . (circle one)		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Safety means preventing you from being injured or made ill on the job.						
36	My organization reacts quickly to solve the problem when told about safety concerns.	1	2	3	4	5
37	My organization is strict about working safely when work falls behind schedule.	1	2	3	4	5
38	My organization uses any available information to improve existing safety rules.	1	2	3	4	5
39	My organization invests a lot in safety training for workers.	1	2	3	4	5
40	My organization listens carefully to our ideas about improving safety.	1	2	3	4	5
41	My organization tries to continually improve safety levels in each department.	1	2	3	4	5



Please indicate how much you agree or disagree with the following statements related to your health and well-being . (circle one)		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Health and well-being refers to your physical, mental, and emotional health, and their impact on your ability to work.						
42	My organization is committed to employee health and well-being.	1	2	3	4	5
43	My organization provides me with opportunities and resources to be healthy.	1	2	3	4	5
44	When management learns that something about our work or the workplace is having a bad effect on employee health or well-being, then something is done about it.	1	2	3	4	5
45	My organization encourages me to speak up about issues and priorities regarding employee health and well-being.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements regarding safety at work. (circle one)		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Safety means preventing you from being injured or made ill on the job.						
46	I use all the necessary safety equipment to do my job.	1	2	3	4	5
47	I use the correct safety procedures for carrying out my job.	1	2	3	4	5
48	I ensure the highest levels of safety when I carry out my job.	1	2	3	4	5
49	I promote the safety program within the organization.	1	2	3	4	5
50	I put extra effort to improve the safety of the workplace.	1	2	3	4	5
51	I voluntarily carry out tasks or activities that help to improve workplace safety.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements regarding worksite wellness . (circle one)		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Worksite wellness refers to policies and programs that help promote your physical and mental health.						
52	I promote the worksite wellness program within the organization	1	2	3	4	5
53	I put in extra effort to improve the worksite wellness program.	1	2	3	4	5
54	I voluntarily carry out tasks or activities that help to improve the worksite wellness program.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements about your organization's leadership commitment to safety (preventing you from being injured or made ill on the job).		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The leaders in your organization are top management and supervisors.						
Please circle one.						
55	Leaders consistently communicate the importance of safety activities.	1	2	3	4	5
56	Leaders are role models for prioritizing safety.	1	2	3	4	5
57	Leaders recognize employees for safe decisions.	1	2	3	4	5



58	Leaders provide resources (in the form of time, money, etc.) to support safety.	1	2	3	4	5
59	Leaders are held accountable for supporting safety.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements about your organization's leadership commitment to worksite wellness (policies and programs that help promote your physical and mental health).		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The leaders in your organization are top management and supervisors.						
Please circle one.						
60	Leaders consistently communicate the importance of worksite wellness.	1	2	3	4	5
61	Leaders are role models for prioritizing worksite wellness.	1	2	3	4	5
62	Leaders recognize employees' healthy decisions.	1	2	3	4	5
63	Leaders provide resources (in the form of money, time, etc.) to support worksite wellness.	1	2	3	4	5
64	Leaders are held accountable for supporting worksite wellness.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements about your commitment to your organization.		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
65	I am proud to tell others I work at my organization.	1	2	3	4	5
66	I would be happy to work at my current organization until I retire.	1	2	3	4	5
67	I really feel that problems faced by my organization are also my problems.	1	2	3	4	5
68	I feel personally attached to my work organization.	1	2	3	4	5
69	Working at this organization has a great deal of personal meaning to me.	1	2	3	4	5
70	I feel a strong sense of belonging to my organization.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements about your organization.		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
71	The organization really cares about my well-being	1	2	3	4	5
72	The organization cares about my general satisfaction at work.	1	2	3	4	5
73	The organization shows a lot of concern for me.	1	2	3	4	5
Please indicate how much you agree or disagree with the following statements.		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
74	Overall, I am satisfied with my job.	1	2	3	4	5
75	In general I feel that I have an adequate balance between my work and personal/family life.	1	2	3	4	5
76	Overall, I am satisfied with my personal/family life.	1	2	3	4	5
77	I can count on my supervisor/manager for support when I need it.	1	2	3	4	5



Please indicate how much you agree or disagree with the following statements?		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
78	I have the opportunity to develop close friendships in my job.	1	2	3	4	5
79	I have the chance in my job to get to know other people.	1	2	3	4	5
80	My supervisor is concerned about the welfare of the people that work for him/her.	1	2	3	4	5
81	People I work with take a personal interest in me.	1	2	3	4	5
82	People I work with are friendly.	1	2	3	4	5
Please indicate how you have been feeling over the past 2 weeks.		Never	Rarely	Sometimes	Very Often	Always
Over the past 2 weeks...						
83	I have felt cheerful and in good spirits.	1	2	3	4	5
84	I have felt calm and relaxed.	1	2	3	4	5
85	I have felt active and vigorous.	1	2	3	4	5
86	I woke up feeling fresh and rested.	1	2	3	4	5
87	My daily life has been filled with things that interest me.	1	2	3	4	5

**The following questions ask about your health.
Responses to these questions will not be shared with your employer.**

		Poor	Fair	Good	Very Good	Excellent
88	How would you rate your overall health?	1	2	3	4	5
The following questions are based on the following definition of stress: “feelings of tension, irritability, and anxiety”		Never	Rarely	Sometimes	Very Often	Always
89	How often do you feel stress because of family issues/your home life?	1	2	3	4	5
90	How often do you have feelings of stress because of your work?	1	2	3	4	5
91	How much stress do you feel over your financial situation?	1	2	3	4	5
92	Do you currently smoke cigarettes or use other forms of tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I quit <input type="checkbox"/> No, I never have				
93	How many days each week do you get at least 30 minutes of moderate to vigorous physical activity (e.g., brisk walking, cycling, aerobics, hard physical labor)	_____ (enter number 0 – 7)				
94	How many hours of sleep do you usually get daily?	<input type="checkbox"/> < 6 hours <input type="checkbox"/> 6 – 6.9 hours <input type="checkbox"/> 7-8 hours <input type="checkbox"/> > 8 hours				
95	In the past 4 weeks, how many hours did you miss work due to your physical and mental health?	_____ (enter value 0 – 160)				
96	In the past 4 weeks, how would you rate your overall job performance on the days that you worked?	_____ (0-10, worst to best)				



97	Are you a member of your organization's safety committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My organization does not have a safety committee
98	Are you a member of your organization's worksite wellness committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My organization does not have a worksite wellness committee
99	Please indicate the number of children that you care for in your home. (answer with numbers only).	_____ children
100	What is your level of household income?	<input type="checkbox"/> Below \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$60,001 - \$70,000 <input type="checkbox"/> \$70,001 - \$80,000 <input type="checkbox"/> \$80,001 - \$90,000 <input type="checkbox"/> \$90,001 - \$100,000 <input type="checkbox"/> More than \$10,000
101	Please indicate your highest level of education.	<input type="checkbox"/> Did not complete high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some college or 2-year degree <input type="checkbox"/> 4-year college degree <input type="checkbox"/> Graduate or professional degree
102	Where do you spend the majority of your time working?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> In a vehicle (i.e., driving)
103	How active are you at work typically?	<input type="checkbox"/> Sedentary (spend most time sitting) <input type="checkbox"/> Moderately active (spend some time sitting, some time standing) <input type="checkbox"/> Extremely active (spend most time standing/walking)
104	What can your organization do to improve health and/or safety in your workplace? Please provide any suggestions that you may have to the right.	

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

