

Well-being survey

#work-life balance #development #performance

This template is based on [St. Andrews University's Heathy Working Lives: Employee Wellbeing Survey](#). Take a look at the actions marked in yellow and personalize this template taking into account your purpose! In particular, consider if you want this survey to be anonymous, many questions may not be needed if you ask for the employee's name. Delete all the questions you don't need and insert the appropriate options. Also consider administering the survey through an online form!

A full survey takes about 15 minutes to complete.



This project has received funding from the European Union's Horizon 2020 Research and Innovation programme under the Marie Skłodowska-Curie grant agreement No. 734824.

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ABOUT YOU

This section is about you and the kind of work you do.

OPTIONAL Please provide your full name: _____

OPTIONAL What is your job title? _____

OPTIONAL Which of the following best describes the type of work you do?

- INSERT OPTION**
- INSERT OPTION**
- INSERT OPTION**
- Other (please specify: _____)

OPTIONAL What type of contract do you have?

- Permanent
- Temporary
- Casual
- Fixed Term
- INSERT OPTION**
- Other (please specify: _____)

OPTIONAL What hours do you work?

- Full time (30 hours or more per week)
- Part time, regular (less than 30 hours per week)
- Variable or sessional or seasonal
- INSERT OPTION**
- Other (please specify: _____)

OPTIONAL Do you work shifts?

- Yes
- No

OPTIONAL Gender

- Non binary
- Male

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- Female
- Prefer not to say

OPTIONAL How old are you?

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or over

OPTIONAL Which site do you mainly work from?

- INSERT OPTION**
- INSERT OPTION**

WORKPLACE POLICIES AND PRACTICES

This section looks at how workplace and practices impact on your safety, health and wellbeing at work.

How aware are you of the following policies and/or practices? (Please select all that apply).

	I am aware	I know where to access
Family friendly e.g. paternity, maternity and adoption	<input type="checkbox"/>	<input type="checkbox"/>
Sickness absence	<input type="checkbox"/>	<input type="checkbox"/>
Equality policies	<input type="checkbox"/>	<input type="checkbox"/>
Grievance process	<input type="checkbox"/>	<input type="checkbox"/>
Harassment and Bullying policy	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>

How aware are you of the following employee support? (Please select all that apply).

	I am aware	I know where to access
Counselling	<input type="checkbox"/>	<input type="checkbox"/>
Sport facilities and advice	<input type="checkbox"/>	<input type="checkbox"/>
Staff mentoring schemes	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>

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OCCUPATIONAL HEALTH AND SAFETY

This section asks you questions about the potential risks to your health, safety and well being in your workplace and the measures in place to reduce this risks.

Are you aware if your workplace poses any of the following potential risks to your health?

	I am aware	Not applicable
Musculo-skeletal risk	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling	<input type="checkbox"/>	<input type="checkbox"/>
Working with display screen equipment	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware if your workplace poses any of the following potential risks to your safety?

	I am aware	Not applicable
Height	<input type="checkbox"/>	<input type="checkbox"/>
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>
Slips/trips/falls	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>

Have you received Health and Safety training?

	Yes	No	Not relevant
Fire Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workstation assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other potential safety risks you're aware of?

- Yes
- No

If yes, what are they and how would you address these?

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Have you been provided with suitable and adequate personal protective equipment for potential risks associated with the work you do?

- Yes
 - No
 - Not applicable
-

YOUR PHYSICAL ACTIVITY

Adults should aim to be active daily. Regular moderate intensity physical activity – such as walking, cycling, gardening, vacuuming or participating in sports – has significant benefits for health.

How much time do you spend on moderate physical activity per week?

- None
- 1-30 mins
- 31-60 mins
- 61-91 mins
- 91-120 mins
- 121-150 mins
- >150 mins

Are you aware of the following in your company?

- Cycle to work scheme
- Discounted gym membership
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Would you like to be more physically active at work?

- Yes
- No

What else would encourage you to be more physically active?

- Changing facilities
- Lunchtime walking groups
- INSERT THE APPROPRIATE OPTIONS
- Other (please specify: _____)

What would make you exercise more?

HEALTHY EATING, SUSTAINABLE FOOD AND FAIRTRADE

A good diet is important for good health. Eating a variety of foods can help improve general wellbeing and reduce the risk of a variety of dietary related illnesses.

Are you aware of the following?

- INSERT YOUR COMPANY'S INITIATIVES FOR HEALTHY EATING, SUSTAINABLE FOOD AND FAIRTRADE

Studies have shown that people who eat plenty of fruit and vegetables have a lower risk of developing many diseases. A portion is one piece of fruit (apple, banana), two pieces of small fruit (plums), a handful of fruits (grapes, strawberries), a small bowl of salad or two tablespoons of vegetables. Remember, fresh, frozen, dried, canned, and juices (one per day) all count. On average, how many portions of fruit/vegetables do you eat/drink daily?

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What else could your company do to support you to eat more healthy? (Please select all that apply).

- Increased educational resources about healthy eating
- Free fruit in the workplace
- INSERT THE APPROPRIATE OPTIONS
- Other (please specify: _____)

ALCOHOL

Alcohol is a major cause of ill health and can be a cause of workplace accidents, low productivity and absenteeism.

How often do you have an alcoholic drink?

- On 1-2 days per week
- On 3-5 days per week
- Almost everyday
- Once or twice a month
- Never

Is alcohol consumption permitted during work hours, including break times?

- Yes
- No
- Don't know

Are you aware the company provides the following? (Please select all that apply)

- INSERT YOUR COMPANY'S INITIATIVES FOR SENSIBLE ALCOHOL CONSUMPTION

SMOKING

Smoking is one of the major preventable causes of ill health and premature death. Evidence shows that exposure to second-hand smoke can contribute to the development of lung cancer and heart disease.

Do you smoke?

- Yes

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No

Would you like to stop smoking?

Yes

No

I don't smoke

Are you aware the company provides the following? (Please select all that apply).

INSERT YOUR COMPANY'S INITIATIVES FOR CESSATION SUPPORT

If you smoke, what could the company do to help you stop smoking? (Please select all that apply).

Working smoking cessation support groups

Education via health promotion visits

INSERT THE APPROPRIATE OPTIONS

Other (please specify: _____)

Are you exposed to passive smoking or second-hand smoke at work?

Yes

No

If yes, where?

MENTAL HEALTH AND WELLBEING

Mental health is defined as a state of well-being in which every individual realises her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Various factors in workplaces can affect a person's mental wellbeing including culture, stress, physical environment, work life balance, communication and opportunities for career progression.

Do you feel that the following areas within the company understand what impacts on your mental health and

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wellbeing at work?

YOUR COMPANY NAME/LOGO

	Yes	No	Don't know
Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel you are supported by the following areas within the company if there are problems that affect your mental health and wellbeing?

	Yes	No	Don't know
Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel that the following areas within the company support flexible working practices to help you deal with the responsibilities you have with work?

	Yes	No	Don't know
Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stress is the name given to what happens when pressure becomes excessive and exceeds an individual's ability to cope. Please select the response most relevant to you for each statement.

	Never	Seldom	Sometimes	Often	Always
I have some say over the way I work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are always consulted about change at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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When changes are made at work, I am clear about how they will work out in practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my contribution is valued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the skills I need to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am given supportive feedback on the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am informed of organisational practices and decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, it is important to establish the main issues and also to identify anything that is not covered in the questions above. In order to do this, please indicate below what you feel are the three main sources of pressure at work for you.

1. _____
2. _____
3. _____

Are you aware the company provides the following? (Please select all that apply).

- INSERT YOUR COMPANY'S INITIATIVES FOR MENTAL HEALTH SUPPORT AND WELLBEING**

What else could the company do to support your mental health and well being? (Please select all that apply).

- Stress awareness training
- Education and resources about mental health and wellbeing
- INSERT THE APPROPRIATE OPTIONS**
- Other (please specify: _____)

I would recommend the following as a good place to work. (Please select the relevant response).

	Strongly agree	Agree	Disagree	Strongly disagree
The Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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VIOLENCE AND AGGRESSION

Violence and aggression includes verbal and emotional abuse, bullying, harassment and threats as well as physical attack. It also includes the intention to harm, antisocial behaviour and lack of respect at work. This can come through various channels including social media, email, face to face contact, telephone, video, etc.

Do you know how to report incidents of violence and/or aggression at work?

Yes

No

Do you feel that the following areas within the company would be supportive towards employees experiencing violence and/or aggression at work?

	Yes	No	Don't know
Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSERT THE APPROPRIATE OPTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you been aware of the company or yourself experiencing any of the following from people associated with the company (e.g. customers, contractors, visitors, suppliers) in the past 12 months?

	Never	Rarely	Occasionally	Often
Violent threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfair treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Physical violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you been aware of the company or yourself experiencing any of the following from people within the company (e.g. staff members) in the past 12 months?

	Never	Rarely	Occasionally	Often
Violent threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfair treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH, SAFETY AND WELL BEING AT WORK

Which health, safety and wellbeing topics would you like the company to provide information, education or support on?
(Please select all that apply).

- Cancer awareness
- Dental health
- Sexual health
- Stress
- Diet and fitness
- Back care
- INSERT THE APPROPRIATE OPTIONS
- Other (please specify: _____)

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