Well-being survey

#work-life balance #development #performance

This template is based on <u>St. Andrews University's Heathy Working Lives: Employee Wellbeing Survey</u>. 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.

For more information about this project please see:

www.getm3.eu



Well-being survey

YOUR COMPANY NAME/LOGO

ABOUT YOU

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

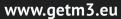
OPTIONAL Please provide your full name:
OPTIONAL What is your job title?
OPTIONAL Which of the following best describes the type of work you do?
□ INSERT OPTION
□ INSERT OPTION
□ INSERT OPTION
☐ Other (please specify:)
OPTIONAL What type of contract do you have?
☐ Permanent
☐ Temporary
☐ Casual
☐ Fixed 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
Email: you@yourwebsite.com Phone: your phone number 1/11

Your Company Name www.yourwebsite.com



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.

For more information about this project please see:







Work-life balance survey YOUR COMPANY NAME/LOGO □ 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 П Sickness absence **Equality policies** Grievance process Harassment and Bullying policy

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

		l am aware	I know where to access
Counselling			
Sport facilities and advice			
Staff mentoring schemes			
INSERT THE APPROPRIATE OPTIONS			
Ovourwebsite.com	2/11		Your Company Name

П

Email: you@yourwebsite.com2/11Your Company NamePhone: your phone numberwww.yourwebsite.com



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.

For more information about this project please see:



Health and Safety Policy

INSERT THE APPROPRIATE OPTIONS





П

YOUR COMPANY NAME/LOGO

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 a	ware	Not applicable	
Musculo-skeletal risk				
Manual handling				
Working with display screen equipment				
INSERT THE APPROPRIATE OPTIONS				
Are you aware if your workplace poses any of the following po	otential risks to	your safety?		
	I am a	ware	Not applicable	
Height				
Electrical hazards				
Slips/trips/falls				
INSERT THE APPROPRIATE OPTIONS				
Have you received Health and Safety training?				
	Yes	No	Not relevant	
Fire Safety				
First Aid				
Workstation assessment				
INSERT THE APPROPRIATE OPTIONS				
Are there any other potential safety risks you're aware of?				
□Yes				
□No				
If yes, what are they and how would you address these?				

Email: you@yourwebsite.com
Phone: your phone number

3/11

Your Company Name www.yourwebsite.com



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.

For more information about this project please see:

www.getm3.eu



k-life balance survey	YOUR COMPANY NAME/LOGO
Have you been provided with suitable and adequate p	personal protective equipment for potential risks associated with th
work you do?	
□Yes	
□No	
□ Not applicable	
ating in sports – has significant benefits for health. How much time do you spend on moderate physical a	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	
- Cycle to Work scheme	

Email: you@yourwebsite.com
Phone: your phone number

4/11

Your Company Name www.yourwebsite.com





For more information about this project please see:



□ INSERT THE APPROPRIATE OPTIONS





or

YOUR COMPANY NAME/LOGO

Would you like to be more physically a	ctive 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 pleanty of fruit and vegetables have a lower risk of developing many diseases. A portion os 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?

Email: you@yourwebsite.com Phone: your phone number 5/11

Your Company Name www.yourwebsite.com



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.

For more information about this project please see:

www.getm3.eu





YOUR COMPANY NAME/LOGO

What else could your company do to	support you to eat more healthy? (Pleas	e select all that apply).
☐ Increased educational res	ources about healthy eating	
☐ Free fruit in the workplace		
☐ <mark>INSERT THE APPROPRIA</mark> T	<mark>FE OPTIONS</mark>	
☐ Other (please specify:		
ALCOHOL		
Alcohol is a major cause of ill health and can	be a cause of workplace accidents, low p	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		
\square Once or twice a month		
□ Never		
Is alcohol consumption permitted du	uring work hours, including break times?	
☐ Yes		
□No		
□ Don't know		
Are you aware the company provides	s the following? (Please select all that app	oly)
☐ INSERT YOUR COMPANY	('S INITIATIVES FOR SENSIBLE ALCOHO	OL CONSUMPTION
SMOKING Smoking is one of the major preventable cau	ises of ill health and premature death. Ev	idence shows that exposure to second-hanc
moke can contribute to the development of	lung cancer and heart disease.	
Do you smoke?		
☐ Yes		
Email: you@yourwebsite.com Phone: your phone number	6/11	Your Company Name www.yourwebsite.com



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.

For more information about this project please see:

www.getm3.eu



□ No

YOUR COMPANY NAME/LOGO

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 appl 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

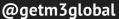
7/11 Email: you@yourwebsite.com Your Company Name Phone: your phone number www.yourwebsite.com



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.

For more information about this project please see:







YOUR COMPANY NAME/LOGO

wellbeing at work?

	\	Yes .	No	Do	n't know
Company					
Department					
Line Manager					
Team					
INSERT THE APPROPRIATE OPTIONS					
Do you feel you are supported by the following areas whealth and wellbeing?	vithin the co	mpany if the	ere are probler	ms that aff	ect your mental
	`	Yes	No	Do	n't know
Company					
Department					
Line Manager					
Team					
INSERT THE APPROPRIATE OPTIONS					
responsibilities you have with work? Company Department Line Manager Team INSERT THE APPROPRIATE OPTIONS		Yes	No 	Do	n't know
Stress is the name given to what happens when pressure Please select the response most relevant to you for each I have some say over the way I work.	h statement Never	:. Seldom	Sometimes	Often	Always
Staff are always consulted about change at					
work.					
Email: you@yourwebsite.com Phone: your phone number	3/11				Company Name ourwebsite.com



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.

For more information about this project please see:

www.getm3.eu



k-life balance survey		YOU	R COMPA	ANY NAI	ME/LOGO
When changes are mate at work, I am clear about how they will work out in practice.					
I feel that my contribution is valued.					
I have the skills I need to do my job.					
I am given supportive feedback on the work I do.					
I am informed of organisational practices and decisions.					
above. In order to do this, please indicate below what yo 1 2					work for you.
3					
What else could the company do to support your mental Stress awareness training Education and resources about mental health INSERT THE APPROPRIATE OPTIONS		_	! (Please sel	ect all that ap	оріу).
☐ Other (please specify:)		
I would recommend the following as a good place to wo	rk. (Please	select the r	elevant respo	onse).	
	Strongly agree	Agree	Disagree	Strongly disagree	
The Company					
Department					
My team					
Email: you@yourwebsite.com 9/1	1			Your Co	

European Commission 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.

For more information about this project please see:

www.getm3.eu



YOUR COMPANY NAME/LOGO

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 an	d/or aggression	at work?			
□Yes					
□No					
Do you feel that the following areas within the compand/or aggression at work?	oany would be s	upportive t	towards employ	ees experier	icing violence
	Υ	'es	No	Don't	know
Company					
Department					l
Line Manager					l
Team					l
INSERT THE APPROPRIATE OPTIONS					1
How often boye you been aware of the company or	vourself eve eric	anding only	of the following	from noonle	
How often have you been aware of the company or the company (e.g. customers, contractors, visitors, s				потгреоріє	: associated with
	Never	Rarely	Occasionally	Often	
Violent threats					
Harassment					
Unfair treatment					
Bullying					
Email: you@yourwebsite.com	10/11			Your Com	pany Name



Phone: your phone number

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.

For more information about this project please see:

www.getm3.eu

@getm3global



www.yourwebsite.com

Vork-life balance s	urvey		YOU	R COMPAN	NY NAM	1E/LOGO
Physical violence						
Discrimination						
How often have you been av company (e.g. staff member		urself experi	encing any	of the following	from peop	le within the
		Never	Rarely	Occasionally	Often	
Violent threats						
Harassment						
Unfair treatment						
Bullying						
Physical violence						
Discrimination						
EALTH, SAFETY AND W	llbeing topics would you lil		any to prov	ide information,	education	or support on?
(Please select all that apply).						
☐ Cancer awareness	S					
☐ Dental health						
☐ Sexual health						
☐ Stress						
☐ Diet and fitness						
☐ Back care						
□ INSERT THE APP	ROPRIATE OPTIONS					
□ Other (please spe	ecifv:)		

Email: you@yourwebsite.com Phone: your phone number 11/11

Your Company Name www.yourwebsite.com





