**Wellbeing survey**

Please complete this wellbeing survey as accurately as possible. Your feedback is important to us.

The survey should only take about 8 minutes to complete. All information that you provide will be treated in the strictest confidentiality. Anoymised data will be shared with the organisation but no individual data will be disclosed.

Please complete **all** sections as accurately as possible.

1. **Gender: Male [ ] Female [ ]**
2. What department are you in?

* Administration
* Operations
* Corporate

1. **Are you a shift worker? Yes/No**
2. Please indicate your level of management responsibility

* No management responsibility
* Supervisor
* Middle manager
* Senior manager

1. **Please indicate where you feel your organisation fits on the following scale in relation to your health and wellbeing? (Tick one)**

* No-one knows or cares about my health.
* Support is only available when I am ill (absent)
* The Organisation is aware of my health and wellbeing.
* Support is available to me to proactively enhance my health and avoid illness
* Health is integral to everything we do

1. **Compared to others like you, how would you rate your overall health? (Tick one)**

* Much better than average
* Better than average
* Average
* Worse than average
* Much worse than average

1. **Are you currently suffering from/being treated for any of the following conditions? (Tick any)**

* Anxiety
* Stress
* Arthritis
* Cancer
* Depression
* Diabetes
* Heart disease
* High blood pressure
* High Cholesterol
* Migraine
* Headaches
* Asthma or other Respiratory conditions,
* Chronic sleeping problems,
* Chronic fatigue syndrome or low energy
* Fibromyalgia
* Osteoporosis
* Irritable bowel syndrome (IBS)
* Other gastrointestinal disorders
* Chronic pain
* Serious injury
* Sports injury
* Other, please specify

**Weight and waist size**

Is your waist size greater than 37inches/94 cms (adult man) or over 32 inches/81cms (adult woman)?

* Yes
* No

**Heart health**

Is your blood pressure level within the recommended level? (Recommended level:  less than 140/90mmHG

* No
* No - undergoing treatment
* Yes
* Don't know

Is your blood cholesterol level within the recommended level? Recommended levels: less than 5mmol

* No
* No - undergoing treatment
* Yes
* Don't know

**Musculoskeletal**

Do you have or have you had problems in the past with your hands, wrist, arms, neck, shoulders, hips, legs or back?

* Yes
* No
* Yes - having treatment
* Yes

**Physical activity**

How often do you get the recommended levels of physical activity? Recommended levels: 30 minutes of moderate intensity exercise (brisk walking, dancing, leisure swimming, mowing lawn, slow cycling) on 5 or more days/week or 20 minutes of vigorous exercise (running, squash, rowing machines, fast swimming) 3-4 days/week?

**•** Never/Almost never

• Rarely

• Occasionally

• Often

**Sleep**

How often would you get an average of between 6 and 8 hours of quality sleep per night?

**•** Never/Almost never

• Rarely

• Occasionally

• Often

How often do you inadvertently doze or fall asleep during the day ?

* Never/Almost never
* Rarely
* Occasionally
* Often

**Nutrition**

How often do you eat 5 portions of fruit or vegetables per day?

How often do you consistently avoid eating high fat and sugar/snack foods?

• Never/Almost never

• Rarely

• Occasionally

• Often

**Smoking**

**Do you smoke?**

**•** Yes

• No

**Alcohol**

**How often do you drink more than the recommended levels of alcohol consumption** (more than 14 units per week) **?** A unit is: 1 measure of spirits or 1 125ml glass of wine or 1/2 pint of beer

* Never/Almost never
* Rarely
* Occasionally
* Often

**Mental health**

How often do you ever have intermittent episodes of panic or anxiety, and take avoiding action to prevent these?

**During the past month have you been bothered by feeling down, depressed or hopeless?**

**During the past month have you been bothered by having little interest or pleasure in doing things?**

**Wellbeing can be affected by the economic issues that affect our life which can be a major source of worry and stress.**

My finances are a cause of concern to me

|  |
| --- |
| **Social wellbeing** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Always | Sometimes | Rarely | Never |
| Balancing work and home life is a source of pressure for me |  |  |  |  |
| I have difficulties managing my care responsibilities |  |  |  |  |
| I am able to switch off from work |  |  |  |  |
| I have issues in my personal life that are negatively affecting my wellbeing |  |  |  |  |
|  |  |  |  |  |

**Question 21 - Please answer the following using the scale provided:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has any major event happened to you in the last 3 months which has had a bad effect on you? (e.g. death of close relative, divorce or separation, partner losing their job, moving house) |  |  |