

## STAFF HEALTH & WELLBEING SURVEY 2007

Wodonga Regional Health Service is committed to promoting good health in the community, its patients and, most importantly, its staff. This is the first ever Staff Health and Wellbeing Survey conducted by Wodonga Regional Health Service. It is being conducted so we can learn more about the health of our staff and what we can do as an employer to improve your health outcomes. The results of this survey will be made available on the intranet and used to inform the activities of the Health Promoting Health Service Advisory Committee in establishing health promotion programs for staff.

**Complete once only. Only takes 5 minutes. Simply tick the box!**

This survey will be confidential. Please tick all boxes that apply.

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### Demographics

1. What is your gender?       Male               Female
2. What is your age (years)?     18 - 20       21 - 25       26 - 30       31 - 40       41 - 50  
                                                   51 - 60       61+
3. What is your employment status?     Full time       Part Time       Casual       Contract

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### General Health

6. In your opinion would you say your health is;  
 Excellent       Very Good       Good       Fair       Poor
7. What aspect/s of your health and wellbeing is of most concern to you?  
 Lack of physical activity                       Overweight  
 Unhealthy eating                                       High alcohol consumption  
 Lack of sleep                                               High use of medications  
 High coffee consumption                               Smoking  
 Poor water consumption                               Use of illicit drugs (including cannabis)  
 High amount of worry/stress from home               Other \_\_\_\_\_  
 High amount of worry/stress from work               None, nothing is of concern  
 Underweight
8. Do you feel that your work at WRHS impacts negatively on your health?  
 Yes, very much       Yes, a little bit       No       Don't know

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### Health Risk Factors

9. a) Do you smoke?  
 Yes  
 Yes, but less than 1 per fortnight (Go to Q.10)  
 No I am quitting (Date of last cigarette: \_\_\_\_\_) (Go to Q. 10)  
 No (Go to Q.10)
- b) How soon after you wake up do you smoke your first cigarette?  
 Within 5 minutes       6 - 30 minutes       30 minutes +
- c) How many cigarettes per day do you smoke?  
 10 or less       11 - 20       21 - 30       31 or more
10. a) How often do you have a drink containing alcohol?  
 Never (Go to Q.11)                       Monthly or less                       2-4 times per month  
 2-3 times per week                       4+ times per week
- b) How many standard drinks do you have on a typical day when you are drinking?  
 1 - 2       3 - 4       5 - 6       7 - 9       10+
- c) How often do you have six or more standard drinks on one occasion?  
 Never       Less than monthly       Monthly       Weekly       Daily or almost daily

- d) Would you consider driving if you thought your blood-alcohol reading may be over your legal limit?  
 Never       Maybe once       Sometimes       Most likely       Definitely
11. In the past 6 months, how many times have you used illicit drugs including cannabis?  
 Never       1 - 2       3 - 5       5 - 10       10+
12. a) How many hours do you usually sleep each night?  
 Less than 5       6 - 8       9 or more
- b) How often do you have trouble sleeping?  
 More than once a week       Once a week or less       Never
13. In the past week, on how many days did you accumulate 30 minutes or more of moderate intensity physical activity?  
 None       1       2 - 3       4       5 - 6       7
14. If physical activity were organized through the workplace, which type/s of physical activity would you most like to participate in?  
 Walking       Running       Bike riding       Basketball  
 Night Netball       Touch Football       Tai Chi       Yoga/Pilates  
 Weights/Circuit       Aerobics       Dancing       None  
 Other: \_\_\_\_\_
15. a) What time of the day would you most like to do physical activity during summer months?  
 Before 6.30am       Before 7.30am       Lunch break       After 5.00pm       After 7.30pm
- b) What time of the day would you most like to do physical activity during winter months?  
 Before 6.30am       Before 7.30am       Lunch break       After 5.00pm       After 7.30pm
16. How often do you walk, run or cycle to work?  
 Never       Once per month       1-2 times p/week       3-5 times p/week
17. How often do you car pool to work (i.e. drive to work with another person)?  
 Never       Sometimes       Most of the time
18. a) In the past week, how many days did you consume 2 serves or more of fruit?  
 (1 serve = 1 medium piece of fruit)  
 0       1 - 2       3 - 5       6 - 7
- b) In the past week, how many days did you consume 5 serves or more of vegetables?  
 (1 serve = 1/2cup cooked vegetables or 1 cup salad)  
 0       1 - 2       3 - 5       6 - 7
- c) In the past week, how many days did you consume more than 2 serves of 'occasional' or 'sometimes' foods (i.e. cakes, biscuits, sweet and savory pastries, chocolate, lollies, crisps and soft drink)  
 0       1 - 2       3 - 5       6 - 7
19. In the past week, how many times did you purchase a meal (breakfast, morning tea, lunch, afternoon tea, dinner) from the WRHS canteen?  
 0       1       2 - 3       4 - 5       6 - 7       8+
20. Do you feel confident in identifying healthy options at the WRHS canteen?  
 Never       Sometimes       Usually       Always
21. How many times do you eat take away for dinner?  
 Never       1 - 2 p/month       1 - 2 p/week       3 - 5 p/week       6 - 7 p/week
22. In the last 12 months were there times that your household ran out of food and there wasn't money to buy any more food?  
 Yes       No
23. On the last day you worked, how many cups of non-decaff coffee did you drink over the entire day?  
 None       1 - 2       3 - 5       5 - 7       7+
24. On the last day you worked, approximately how many glasses of water did you drink over the entire day?  
 None       1 - 2       3 - 5       6 - 7       8+

25. How many times can you recall getting sun burnt last summer?  
 None       1       2 - 3       4 - 6       7+

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### Mental, Social and Emotional Health

26. Do you ever feel bullied, harassed or intimidated by other employees while at WRHS?  
 Never       Once       Sometimes       Usually       Always
27. Do you feel the work you do at WRHS is appreciated and valued by your manager and fellow employees?  
 Yes  
 Yes by my manager but not by my fellow employees  
 Yes by my fellow employees but not by my manager  
 No
28. Do you feel that if you wanted help, advice or guidance with your job you could receive it?  
 Yes       Sometimes       No
29. Did you feel happy about coming to work today?  
 Yes       No
30. Do you feel in control of the amount of work you have to do today?  
 Yes       No
31. a) How often do you feel anxious, nervous or worried about your work at WRHS, while you're at home?  
 Never (Go to Q. 32)       Rarely       Sometimes       Usually       Always
- b) Do you feel you can deal with your work-related anxiety, nervousness or worry appropriately?  
 Always       Sometimes       No
32. Do you ever feel lonely, isolated, or distant from other staff while working at WRHS?  
 Always       Sometimes       No
33. In the past 7 days, have you felt sad or miserable?  
 Yes, most of the time       Yes, quite often       Not very often       No, not at all
34. Apart from work, when was the last time you had contact with a friend or family member outside of your own home?  
 In the last 3 days       In the last 4-7 days       In the last 8 – 30 days       Over 30 days

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### Health Screenings

35. Have you been screened for any of the following in the last 2 years?
- |                                                   |                                            |                                              |
|---------------------------------------------------|--------------------------------------------|----------------------------------------------|
| <u>Females only:</u>                              | <u>Males only:</u>                         | <u>All:</u>                                  |
| <input type="checkbox"/> Breast cancer/Mammogram  | <input type="checkbox"/> Prostate cancer   | <input type="checkbox"/> STD/STI             |
| <input type="checkbox"/> Cervical cancer/Papsmear | <input type="checkbox"/> Testicular Cancer | <input type="checkbox"/> Bowel cancer        |
|                                                   |                                            | <input type="checkbox"/> Osteoporosis        |
|                                                   |                                            | <input type="checkbox"/> Blood Pressure      |
|                                                   |                                            | <input type="checkbox"/> Skin Cancer         |
|                                                   |                                            | <input type="checkbox"/> Cholesterol         |
|                                                   |                                            | <input type="checkbox"/> Blood Glucose Level |
36. a) Which of the following local services do you feel uncomfortable accessing?  
 None (Go to Q. 37)       General Practitioners  
 WRHS Emergency Department       Upper Hume Community Health Service  
 WRHS Allied Health Services  
 Community Mental Health Services       Vermont Street Medical Clinic  
 WRHS Pharmacy
- b) Why?  
 Concerned about confidentiality       I know staff at the services  
 I don't think the services are adequate       Too expensive  
 Waiting times are too long       Other: \_\_\_\_\_  
 Waiting lists are too long

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**Other**

37. Are there any issues outside of WRHS you feel may be impacting on your ability to perform your duties?  
 Yes, please specify \_\_\_\_\_  
 No
38. While at work, how do you usually access important information?  
 Intranet                       Staff Meetings                       Other: \_\_\_\_\_  
 Word of Mouth                       Memos/Posters

**Please complete the following questions only if they apply to you.**

39. If you are a current smoker or have recently quit smoking, has the impending WRHS Smokefree Policy encouraged you to quit smoking?  
 Yes, I am currently quitting because of the Policy  
 Yes, I am planning on quitting because of the Policy  
 Maybe, I might consider quitting in the future because of the Policy  
 No, the Policy will not affect my current smoking
40. If you are a mother or expecting a child, do you think a breast milk expressing room would be of benefit to new mothers to assist them to continue breastfeeding after they return to work?  
 Yes                       No                       Don't Know
41. If you have children, do you feel the workplace is supportive of your needs regarding child care?  
 Yes, always                       Yes, sometimes                       No, never                       Don't Know  
Please comment: \_\_\_\_\_
42. If you spend a prolonged period of time sitting while at work, would an ergonomics assessment be of benefit to you? (This assessment ensures your seat and desk materials are appropriately positioned to prevent back pain, neck pain and poor posture)  
 Yes                       No                       Don't Know

Please provide any general comments regarding your health and wellbeing and/or how Wodonga Regional Health Service may be able to improve your health outcomes.

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**Please return your completed survey to the COLLECTION BOX  
in your department by Thursday 2<sup>nd</sup> August.**

*Thank you very much for your time.  
The Health Promoting Health Service Advisory Committee*