



Canadian
Cancer
Society

Healthy
Workplaces

Workplace Wellness Employee Survey

Introduction

A workplace wellness program is being developed for your workplace and we need your input!

Purpose

This survey collects information about the health and wellness activities you currently do and others you might be interested in learning more about to improve your health.

This survey will also help you determine which health and wellness module to start off with.

Who completes the survey:

This survey is meant to be filled out by all employees at all levels of the organization.

Time commitment:

The survey should take between 10-15 minutes to fill out and should be **anonymous**.

**Please be assured that all answers you provide will be kept confidential and no personal information identifying employees will be collected.

Thank you for taking the time to complete this Employee Wellness Survey



Demographics

Gender

- Male
- Female
- Other
- Prefer not to answer

Age Group

- < 21
- 21-30
- 31-40
- 41-50
- 51-60
- > 60

Physical Activity

In a typical week, how many days are you active for at least 30 minutes? (where you sweat and have an increased heart rate)

- None
- 1-2 days
- 3-4 days
- 5-7 days

On a scale of 1 to 5, how active do you consider yourself?

1- Not at all active

2

3

4

5- Extremely active

On average, how many hours per day do you sit at your desk?

- 0-2
- 2-4
- 4-6
- 6-8
- 8+

Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?

- Usually sit during the day and don't walk around very much
- Stand or walk quite a bit during the day but don't have to carry or lift things very often
- Usually lift or carry light loads, or must climb stairs or hills often
- Do heavy work or carry very heavy loads

On a scale of 1 to 5, how interested are you in increasing your level of physical activity?

1- Not at all interested

2

3

4

5- Extremely interested

Healthy Eating

On average, how many servings of fruits and vegetables do you have *per day*? (A serving is equal to ½ a cup or the size of a baseball)

- < 7 servings
- At least 7 servings
- > 7 servings

On a scale of 1 to 5, do you consider yourself a healthy eater?

1 - Not at all a healthy eater	2	3	4	5 - Extremely healthy eater
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a scale of 1 to 5, how interested are you in *improving* your eating habits?

1- Not at all interested	2	3	4	5- Extremely interested
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tobacco Use

At the present time do you smoke cigarettes or e-cigarettes?

- Daily
- Occasionally
- Not at all

If you answered not all, please skip to Alcohol Consumption

How many cigarettes or e-cigarettes do you currently smoke a day?

Where do you smoke or vape most often?

- At home
- At work
- In social settings
- All of the above
- Other (please specify)

Have you thought about quitting smoking or vaping?

	Yes	No
Within the next 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Within the next 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, did you stop smoking or vaping for at least 24 hours because you were trying to quit?

- Yes
- No

How many times in the past 12 months did you stop smoking or vaping for at least 24 hours because you were trying to quit?

Alcohol Consumption

During the past 6 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- Yes
- No

If you answered No, please go to 6. Cancer Screening

During the past 6 months, how often did you drink alcoholic beverages?

- Less than once a month
- Once a month
- 2-3 times a month
- Once a week
- 2-3 times a week
- 4-6 times a week
- Every day

How often in the past 6 months have you had 5 or more drinks on one occasion?

- Never
- Less than once a month
- Once a month
- 2-3 times a month
- Once a week

On a scale of 1 to 5, how interested are you in reducing the amount of alcohol you drink?

1- Not at all interested	2	3	4	5- Extremely interested
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cancer Screening

Cancer screening tests are recommended for different types of cancer according to age, gender and family medical history. If a cancer screening test was recommended for someone of your age, gender and background, how likely would you be to go for a cancer screening test?

1- Not at all
likely

2

3

4

5- Extremely
likely

0

0

0

0

0

On a scale of 1 to 5 how interested are you in increasing your use of cancer screening services or programs?

1- Not at all
interested

2

3

4

5- Extremely
interested

0

0

0

0

0



Healthy Minds

Thinking about the amount of stress in your main job or business in the past 6 months, would you say that most days at work are:

1 Not at all stressful	2 Not very stressful	3 A bit stressful	4 Quite a bit stressful	5 Extremely stressful
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is:

Excellent	Very Good	Good	Fair	Poor
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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On a scale of 1 to 5, how interested are you in taking steps to manage your stress levels at work?

1- Not at all interested	2	3	4	5- Extremely interested
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Sun and Ultraviolet (UV) Radiation

How often do you protect yourself from exposure to the sun or UV radiation?

	Always	Often	Some of the time	Hardly ever	Never
Using Sunscreen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing protective clothing and a hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeking shade and avoiding the sun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending fewer than 30 minutes in the sun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you currently use a tanning device (tanning bed, lamp and/or, solarium)?

- Yes
- No

How often do you use a tanning device?

- At least once a week
- Every 2 weeks
- Once a month
- Every other month
- A couple times a year
- N/A (I do not use any tanning devices)

Do you work outside and are exposed to prolonged periods of sun and ultraviolet radiation?

- Yes
- No
- Unsure

If you answered "Yes":

What is the approximate time you are exposed to the sun and ultraviolet radiation at work?

- <1 hour
- 1-3 hours
- 4-7 hours
- 8+ hours

On a scale of 1 to 5 how interested are you in taking steps to reduce your exposure to the sun and UV radiation?

1- Not at all
interested

2

3

4

5- Extremely
interested



Living with Cancer and Caregiver Support

Are you a caregiver for someone living with cancer?

- Yes
- No

Do you feel you have enough information or resources designed for caregivers to support you?

- Yes
- No
- Other (Please specify)

What resources or information do you feel you need more of?

Are you living with cancer?

- Yes
- No

Do you feel there is enough information or resources in the workplace to support you living with cancer?

- Yes
- No
- Unsure (Please specify)

Do you feel you have enough resources to support you?

- Yes
- No

What resources or information do you feel you need more of?

Interest in Wellness Topics

On a scale of 1 to 5, how interested are you in learning about the following?

	1 Not at all interested	2	3	4	5 Extremely interested
being physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
healthy eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
quitting or reducing smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reducing alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
screening and early detection of cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
managing stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
minimizing your exposure to the sun and UV radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you participate in a workplace wellness program if one was offered at your work site?

- Yes
- No
- Unsure

How would you prefer to learn about wellness at your workplace?

- On your own (read, listen or watch)
- Participate in group learning sessions
- Both of the above
- None of the above
- Other (please specify)

Would you be interested in any of the following if they were offered at your work site? (check all that apply)

- Opportunities for physical activity (ex: yoga, group exercise, team sports)
- Relaxation spaces
- On-site facilities for physical activity (ex: gym, fitness equipment, showers)
- Walking/running events or club(s)
- Health & wellness challenges/events
- Healthy changes to the vending machine or cafeteria offerings
- Lunch & Learns/seminars on health and wellness topics
- Health Fairs
- Smoking cessation program
- Confidential health screening
- Information on volunteering for the Canadian Cancer Society
- Other (please specify)

Workplace Wellness

Many workplaces wellness programs encourage people to track their health behaviours, for example, how often they are active, and the types of food they eat. What sorts of tracking tool would you be most likely to use to track your health behaviours?

- An excel spreadsheet
- Pen and paper to fill in a chart
- A pocket size booklet
- An online/web-based tracking system
- A smart phone application or Facebook
- Other (please specify)

How would you prefer to participate in wellness activities at your workplace?

- Participating in events/activities on your own
- With a group or a team
- Both of the above
- None of the above
- Other (please specify)

When would you prefer to participate in wellness activities?

- Before work
- During lunch
- After work
- All of the above
- None of the above
- Other (please specify)



Barriers to Participation

Are there barriers that prevent you from participating in wellness activities? (*check all that apply*)

- Lack of time
- Financial barriers prohibit me from participating more than I'd like
- Limited access to health services
- Lack of management support at my workplace or other pressure to get my work done
- My job duties do not allow me to participate in activities at work
- Inconvenient time or location
- Not interested
- Other (please specify)

Which of the following incentives would increase your likelihood to participate in wellness activities? (*check all that apply*)

- I would participate without an incentive
- Financial rewards (cash, gift cards, lower cost in health insurance)
- Days/hours off
- Free food at program
- Raffles for gifts or financial rewards
- I would not participate even with an incentive
- Other (please specify)

Would you like to be a part of a wellness committee or team at your workplace?

- Yes
- No
- Unsure

Any suggestions you would like to see included in such a program if it were offered by your workplace? Please use the space below