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Food Choices - The first set of questions are about your eating choices data to calculate your Body Mass Index (BMI)

Food Source:

1. In a typical work week, please indicate what percentage of the time you:

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. brought food from home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. went home for meals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. bought food outside of work (restaurant, deli) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. bought food at work (cafeteria, vending machine, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Rarely/Never (0%-25%) Sometimes (26%-50%) Often (51%-75%) Always/Usually (76%-100%)

Type of Food:

2. How many days per week have you:

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. consumed grain products made from whole grain or enriched flour with meals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. consumed lower fat milk products or fortified Soy beverages (skim, 1% milk products) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. consumed vegetable items with meals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. consumed fruit with meals or as a snack choice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. had regular meals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. consumed leaner meat/fish with meals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. consumed high-fat foods (fried foods, hamburgers, cake, pie, creamy salad) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

0-1 days 2-3 days 4-5 days 6-7 days

3. For the following question, CONSIDER YOUR WHOLE DAY. Check the one answer that best describes you at this time.

I usually eat 5 to 10 servings* of vegetables and fruit every day (* a serving is 1 medium size piece of fruit or 1/2 cup of raw or cooked vegetables).

- Yes, and I have been for more than the last 6 months
- Yes, and I have been for less than 6 months
- No, but I intend to in the next month
- No, but I intend to in the next 6 months
- No, and I do not intend to change my eating habits

In order to calculate your Body Mass Index (ratio of weight and height) please fill out the following information

4. How tall are you without your shoes? (Please print the answer in the box)

<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feet	Inches		Centimetres		

5. How much do you weigh? (Please print the answer in the box)

<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pounds				Kilograms		

6. How do you feel about your weight?

- My weight is just right
- I'd like to weigh more
- I'd like to weigh less



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Physical Activity - The next questions are about your level of physical activity.

In a typical week, please indicate how often you participate in the following activities. It can occur at one time or in periods of at least 10 minutes.

7. **LIGHT** physical activity - at least 60 minutes (Light physical activity refers to such things as walking, light gardening, housecleaning, bowling, stretching, etc.).

8. **MODERATE** physical activity - at least 30 minutes (Moderate physical activity involves breathing harder than normal and feeling warm (e.g.: brisk walking, bicycling, recreational swimming, golfing, heavy gardening, etc.).

9. **VIGOROUS** physical activity - at least 20 minutes (Vigorous physical activity involves breathing much harder than normal and feeling so warm that you are sweating (e.g.: aerobics, using exercise machines, fast bicycling, fast walking, running, racquet sports, moving heavy objects, competitive swimming, etc.).

	Never	Less than once a week	1 or 2 times a week	3 to 5 times a week	More than 5 times a week
7. LIGHT physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. MODERATE physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. VIGOROUS physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Which of the following best describes you. (CHOOSE ONE STATEMENT ONLY)

- I have been regularly physically active for more than the last 6 months
- I have been regularly physically active for less than 6 months
- I plan to become regularly physically active in the next month
- I've been thinking about becoming regularly physically active within 6 months
- I'm not regularly physically active and I don't intend to start

Smoking - These questions are about your tobacco use and second-hand smoke exposure.

11. Do you smoke cigarettes? (CHOOSE ONLY ONE) _____ Yes Occasionally No

12. Do you use other tobacco products? (e.g. cigars, chewing tobacco, pipe) _____ Yes Occasionally No

13. Which of the following statements best describes you? (CHOOSE ONE STATEMENT ONLY)

- I have never smoked
- I smoke and have no plans to quit
- I plan to quit smoking in the next month
- I smoke and I would like to quit in the next month
- I no longer smoke. I quit in the last 6 months
- I no longer smoke. I quit more than 6 months ago



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14. Are you exposed to second-hand smoke...

- a. while you are working? Yes No
- b. at breaks or lunch? Yes No
- c. at entrances and exits of the work buildings? Yes No

15. Is the current smoking policy enforced at work? Yes No

16. AT YOUR WORKPLACE, how concerned are you about second-hand smoke?.....

17. IN SOCIAL SETTINGS, how concerned are you about second-hand smoke?.....

	Not at all	Not very	Somewhat	Very
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stress - Next are questions about stress both at work and outside of work.

18. Overall, what level of stress do you experience...

- a. at work? Very Low Low High Very High
- b. outside of work?..... Very Low Low High Very High

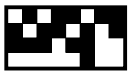
19. Overall, how well do you feel you are coping with stress...

- a. at work? Very Poorly Poorly Well Very Well
- b. outside of work?..... Very Poorly Poorly Well Very Well

20. Overall, how do you feel about the following statements:

- a. I am satisfied with the amount of influence I have in decisions that affect my work
- b. I feel I am well rewarded (in terms of praise and recognition) for the level of effort I put out for my job
- c. In the last six months, I have experienced worry, "nerves" or stress from too much pressure at work

	Strongly Disagree	Disagree	Agree	Strongly Agree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q. 20 Continued from previous page

20. Overall, how do you feel about the following statements:

- d. In the last six months, I have experienced worry, "nerves" or stress from mental fatigue at work
- e. I am satisfied with the fairness and respect I receive on the job
- f. At the end of a work week, I am so physically or mentally tired that I do not enjoy my time away from work
- g. I know what is expected of me in my job
- h. I have the materials and equipment I need to do my work right
- i. I have a supportive manager (direct boss)
- j. I have to take work home or work extra hours to stay caught up
- k. I have opportunities to grow and learn new knowledge and skills in my job
- l. I think of leaving my job weekly
- m. I have been harassed by someone at work (*harassment can be any act against you that creates a hostile work environment).....
- n. My employer (this organization) has a sincere interest in the well-being of its employees

	Strongly Disagree	Disagree	Agree	Strongly Agree
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Overall, how satisfied are you with your organization? (choose only one).....

22. Overall, how satisfied are you with your job? (choose only one).....

	Very Dissatisfied	Somewhat Dissatisfied	Not Sure	Somewhat Satisfied	Very Satisfied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Does your workplace have an Employee Assistance Program (EAP)?.....

Yes Unsure No

If **yes**, is the Employee Assistance Program available to your partner and dependents?.....

Yes Unsure No

If **no**, would you use EAP if it were available at work?

Yes Unsure No

24. Does your workplace provide a limited number of annual paid leave days for personal reasons (e.g. childcare, eldercare)?

Yes Unsure No

If **no**, would you use annual paid leave days for personal reasons if they were available to you?

Yes Unsure No

25. Does your employer provide flexible work arrangements (e.g. flextime, telework, compressed work week)?

Yes Unsure No

If **no**, would you use flexible work arrangements if they were available?.....

Yes Unsure No





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26. AT WORK do you have people that you can count on in times of trouble, worry, or stress? Yes No

27. OUTSIDE OF WORK do you have people that you can count on in times of trouble, worry, or stress? Yes No

28. Are you concerned about losing your job? Yes No

29. In the past 12 months, have you sought professional help for your emotional/mental health(either through EAP or other sources)? Yes No

Alcohol, medication and other drugs: The questions are related to your use of these substances. NO INDIVIDUAL CAN BE IDENTIFIED.

30. In a typical week how many drinks do you have on each of the following days?

A standard drink is defined as: Wine = 5oz (142mL) Spirits = 1.5oz (43mL) Beer = 12oz (341mL)

	0 drinks	1 drink	2-3 drinks	4-5 drinks	>5 drinks
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. In the past year, was there ever a time that:

- a. You felt your alcohol use negatively affected your friendships or social life? Yes No
- b. You felt your alcohol use negatively affected your physical health? Yes No
- c. Your alcohol use affected your attendance at work? Yes No

32. Are you concerned about your safety because of other employees' alcohol/drug use? Yes No

33. In the last month, how often did you use over-the-counter medication including herbal preparations or prescription drugs for the following:

	Not at all	Once only	2-3 times a month	Once a week	2-3 times a week	Daily
a. To help you sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To reduce pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. To calm you down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. To relieve depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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**34. Do you use drugs (other than alcohol or tobacco) for non-medical reasons?
(check one answer only)**

- Often
- Occasionally
- Rarely
- Never

Finally, there is a series of questions which will help with the analysis of the data. They are related to personal information and questions specific to your employment.

35. What is your sex?

- Male
- Female

36. How old are you?

- Under 20 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60+ years

37. Indicate your highest level of formal education

- Elementary school
- High school
- College diploma
- University degree

38. What is your present relationship status?

- Living in a committed relationship (e.g. married, common-law)
- Single/Widowed/Divorced

39. Do you have children? Yes No

If yes, please specify the age group(s) of your children (check all that apply):

- 0-5 years
- 6-12 years
- 13-19 years
- Over 19 years

40. Are you partially or fully responsible for the care of adult relatives and/or friends? Yes No



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41. In your opinion, would you say your health is: (Check one answer only)

- Excellent
- Very good
- Good
- Fair
- Poor

42. Has your physician ever told you that you have any of the following health conditions?

- a. High blood cholesterol ----- Yes No
- b. High blood pressure ----- Yes No
- c. Heart Disease (hardening of arteries, angina, stroke, heart attack) ----- Yes No
- d. Diabetes ----- Yes No
- e. Cancer ----- Yes No
- f. Asthma ----- Yes No
- g. Anxiety ----- Yes No
- h. Depression ----- Yes No

43. How many hours do you usually sleep in a 24 hour period?

- 4-5 hours
- 6-7 hours
- 8 or more hours

44. How often do you have trouble sleeping?

- More than once a week
- Once a week
- Rarely
- Never

45. How long have you been with the organization?

- Less than 4 years
- 5-9 years
- 10-14 years
- 15+ years

46. In an average week, how many hours do you work for you employer?

- Less than 30 hours (part-time)
- 30-40 hours (full-time)
- Greater than 40 hours

