

## Health in the Workplace

Please help us to continue to improve our services for businesses in the locality

### ABOUT YOUR ORGANISATION

**Q1 Company Name**

**Q2 Company Address**

**Q3 Description of Business**

**Q4 Approximately how many people do you employ?**

**Q5 On a scale of 1 to 5, how strongly do you agree that it is the responsibility of employers to address health issues in the workplace?**

	<i>Strongly Disagree</i> 1	<i>Disagree</i> 2	<i>Neither Agree nor Disagree</i> 3	<i>Agree</i> 4	<i>Strongly Agree</i> 5
(Please tick one only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SMOKING IN THE WORKPLACE

**Q6 In which of the following areas is smoking allowed on your premises?**

*No smoking at all on company premises*.....

*Smoking allowed in designated areas outside building(s)*.....

*Smoking allowed in designated areas inside building(s)*.....

*Smoking allowed throughout*.....

**Q7 Do you have a written smoking policy?**

*Yes*.....

*No*.....

**Q8 Who is responsible for writing or maintaining a smoking policy? (Please give contact details)**

**EMPLOYEE DIET**

**Q9 Generally, what provisions do members of staff make for lunch? (Please tick all that apply)**

- Bring their own* .....
- Local shop* .....
- Sandwich delivery* .....
- Staff canteen/restaurant* .....
- Local restaurant* .....
- Kitchen facilities* .....
- Other, please state*

**EMPLOYEE PHYSICAL ACTIVITY**

**Q10 Do you think most of your employees carry out physically strenuous work?**

- Yes* .....
- No* .....

**Q11 How do the majority of staff get to work? (Please tick all that apply)**

- Private transport* .....
- Public transport* .....
- On foot* .....
- By bicycle* .....
- Other, please state*

**Q12 Does your business currently have a travel or transport strategy for staff or customers?**

- Yes* .....
- No* .....
- If yes, please give brief details*

**Q13** Would you be interested in finding out more about travel planning for your organisation?

Yes.....

No.....

*If yes, please give contact details*

**Q14** Are staff offered any discounts for local gyms, clubs etc?

Yes.....

No.....

*If yes, please give details*

**STRESS IN THE WORKPLACE**

**Q15** On a scale of 1 to 5, how strongly do you agree that stress at work is an important issue?

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree nor Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
	1	2	3	4	5
(Please tick one only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q16** Do you think it is the responsibility of employers to take steps to reduce exposure to workplace stress?

Yes.....

No.....

**GENERAL**

**Q17** If you want more advice on health in the workplace, what form would you like that advice to take?  
(Please tick all that apply)

*Information pack* .....

*In-house training* .....

*External training courses* .....

*Other, please state*

**Q18** Would you be interested in attending a 1-day conference in Tunbridge Wells looking at health issues in the workplace?

Yes.....

Maybe, if I had more information.....

No.....

If yes, what day of the week/time would be most suitable?

**Q19** On a scale of 1 to 5, rate the importance of addressing the following health aspects in your workplace?

	Not very Important 1	Not Important 2	Neither 3	Important 4	Very Important 5
Healthy Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity/ Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Defence/ Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety/ Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please state					

**Q20** We would welcome any comments you may have on health in the workplace.

**Thank you for completing this questionnaire.**

The Health Promotion Service or the Borough Council may contact you in the future regarding Health in the Workplace. If you do not want to be contacted please tick this box [  ].

*For office use only*