

IU Workplace Health & Wellness Survey

What are our demographics?

First, please answer just a few questions about you. These questions will help us know whether employees who complete the survey represent all groups of IU employees. We will also be able to better understand the health needs of different groups of employees - like staff, faculty, men, or women.

1. Please select the campus with which you are most closely affiliated.

- | | |
|---|--|
| <input type="radio"/> IU Bloomington | <input type="radio"/> IU Kokomo |
| <input type="radio"/> IUPUI, Indianapolis | <input type="radio"/> IU Northwest, Gary |
| <input type="radio"/> IUPUC, Columbus | <input type="radio"/> IU South Bend |
| <input type="radio"/> IU East, Richmond | <input type="radio"/> IU Southeast, New Albany |

2. What is your general employee classification type?

STAFF APPOINTMENTS

- Staff - Professional
- Staff – Clerical
- Staff – Technician
- Staff – Nursing
- Staff – Service/Maintenance
- Staff – Law Enforcement

ACADEMIC APPOINTMENTS

- Faculty or Librarian, Tenured
- Faculty or Librarian, Tenure Track
- Faculty or Librarian, Non-Tenure Track
- Research Appointment (Research Associates, Post-Docs, Scientists)
- Other Academic Rank

3. What time of day do you typically work?

- Mostly daytime (1st shift)
- Mostly evening (2nd shift)
- Mostly overnight (3rd shift)
- Rotating shifts

4. What is your sex?

- Female
- Male

5. Are you Hispanic or Latino?
- Yes
 - No
 - Don't know/not sure
6. Which one of these groups would you say best represents your race?
- White
 - Black or African American
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native
 - Two or more races
7. What is the highest level or year of school you completed?
- Grade 11 or less
 - Grade 12 or GED (High school graduate)
 - Some college or technical school
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Professional or doctoral degree
8. What is your age group?
- 18-24 years
 - 25-34 years
 - 35-44 years
 - 45-54 years
 - 55-64 years
 - 65+

How healthy are our IU workplaces?

Our workplaces can encourage or discourage healthy choices and healthy lives. The following set of questions will help us take a closer look at our IU workplaces and how well they support the health of employees. When we say “your workplace,” we mean the building(s) where you usually work and places nearby that you can get to easily.

9. Overall, how safe do you think your workplace is? Please rate on a scale of 1-10 by circling the number.

1	2	3	4	5	6	7	8	9	10
Extremely unsafe							Extremely Safe		


10. Overall, how supportive is Indiana University of your personal health? Please rate on a scale of 1-10 by circling the number.

1	2	3	4	5	6	7	8	9	10
Extremely unsupportive							Extremely supportive		

11. To what extent do you agree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The people you work with take a personal interest in you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your workplace, your co-workers support your efforts to be healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your supervisor is concerned about the welfare of those under him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your workplace, management considers workplace health and safety to be important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IU has provided you with the opportunity to be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IU has provided you with the opportunity to eat a healthy diet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IU has provided you with the opportunity to live tobacco free.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IU has provided you with the opportunity to manage your stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IU has provided you with the opportunity to work safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Are the following programs or resources currently available at your workplace? When we say “your workplace,” we mean the building(s) where you usually work and places nearby that you can get to easily.

Resource	Available? 			IF YES: In the past year (12 months) <i>did you use them?</i>	
	Yes	No	Don't know/ not sure	Yes	No
Access to clean, drinkable water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to buy fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food options in vending machines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food options to purchase in the cafeteria or other food service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1-on-1 nutritional counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management or stress reduction classes/programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A convenient place to work out or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A place to bike or walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A walking program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ergonomics (work station or computer setup, proper lifting, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu shots at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Assistance Program (access to professional counseling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to help people stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy weight/weight loss programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure monitoring device available for self-assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A true smoke-free workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
A private area/lactation room for moms who are breast-feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Signs that encourage stair use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Markers that identify walking trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Easy to access maps of walking trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
A designated person who communicates health and wellness information to your work group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

13. If you have any suggestions about specific ways in which your workplace could be more supportive of health, please feel free to tell us about them in the space provided. Otherwise, you can leave this space blank.

How healthy are we?

In the next section, we're going to ask some questions that will help us better understand the advantages and challenges to health in our community of IU employees.

Health in General

14. Would you say that in general your health is ---

- Excellent
- Very good
- Good
- Fair
- Poor

15. Now thinking about your *physical health*, which includes physical illness and injury, were there any days during the past 30 days when your physical health was not good?

- No
- Yes (Please enter number of days from 1-30) _____
- Don't know/not sure

16. Now thinking about your *mental health*, which includes stress, depression, and problems with emotions, were there any days during the past 30 days when your mental health was not good?
- No
- Yes (Please enter number of days from 1-30) _____
- Don't know/not sure
17. During the past 30 days, were there any days that poor physical or mental health kept you from doing your usual activities, such as self-care, work, or recreation?
- No
- Yes (Please enter number of days from 1-30) _____
- Don't know/not sure
18. How often do you get the social and emotional support you need? (Please include support from any source.)
- Always
- Usually
- Sometimes
- Rarely
- Never

Stress

19.

	Always	Often	Sometimes	Hardly ever	Never
How often do you find your work stressful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do things going on at <u>work</u> make you feel tense and irritable at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do things going on at <u>home</u> make you feel tense and irritable on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the past month have you felt used up at the end of the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. All in all, how satisfied would you say you are with your job?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

21. During the past year, how much effect has stress (from all sources at work or at home) had on your health?

- A lot
- Some
- Hardly any
- None

Lifestyle

22. How often do you get enough restful sleep to function well in your job and personal life?

- Always
- Most of the time
- Sometimes
- Rarely
- Never
- Don't know/not sure

23. How would you describe your cigarette smoking habits?

- Never smoked ... *(Skip to question 25)*
- Used to smoke ... *(Skip to question 25)*
- Currently smoke ... *(Go to next question)*

24. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes
- No
- Don't know/not sure

To what extent do you agree with the following statement?

29. My job regularly requires me to perform repetitive or forceful hand movements.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

30. On a scale from 1 to 5, with 1 meaning “no impact” and 5 meaning “a great impact,” how much of an impact do the following factors typically have on your choice of food and beverages during your work hours?

	No Impact				A Great Impact
Taste	1	2	3	4	5
Price	1	2	3	4	5
Healthfulness	1	2	3	4	5
Convenience	1	2	3	4	5
Sustainability (food is produced in an environmentally sustainable way)	1	2	3	4	5

31. Think about a usual week. Over the course of most days of the week, whether at home or at work, how much time do you spend sitting?

- Almost none of the time
- Approximately $\frac{1}{4}$ of the time
- Approximately $\frac{1}{2}$ of the time
- Approximately $\frac{3}{4}$ of the time
- Almost all the time

32. When you are at work, which of the following best describes you?

- Mostly sitting ... *(Go to next question)*
- Mostly standing ... *(Skip to question 34)*
- Mostly walking ... *(Skip to question 34)*
- Mostly heavy labor or physically demanding work ... *(Skip to question 34)*

33. During a usual 8 hour work day, about how many times are you able to get up and move around for any reason, such as walking to a meeting room, the photocopier, the restroom...or just to stand up and stretch?

- 0-2 times
- 3-5 times
- 6-7 times
- 8 or more times

Preventive Services

34. About how long has it been since you last visited a doctor for a routine checkup? (A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.)
- Within past year (anytime less than 12 months ago)
 - Within past 2 years (at least one year but less than 2 years ago)
 - Within past 5 years (at least 2 years, but less than 5 years ago)
 - Five or more years ago
 - Don't know/not sure
 - Never
35. When did you last have your blood pressure checked by a health professional?
- Within past year (anytime less than 12 months ago)
 - More than 12 months ago
 - Don't know/not sure
 - Never
36. When did you last have a cholesterol test?
- Within past year (anytime less than 12 months ago)
 - Within past 2 years (at least one year but less than 2 years ago)
 - Within past 5 years (at least 2 years, but less than 5 years ago)
 - Five or more years ago
 - Don't know/not sure
 - Never
37. Have you had a lab test for high blood sugar or diabetes within the past three years?
- Yes
 - No
 - Don't know/not sure
38. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
- Yes
 - No
 - Don't know/not sure

Health Conditions

In this section, you'll be skipping some questions that don't apply to you. After you mark your answer, just follow the directions in *italics* right beside your answer choice to know which question to answer next.

39. Have you EVER been told by a doctor, nurse, or other health professional that you have **high blood pressure**?

- Yes ... *(Go to next question)*
- Yes, but female told only during pregnancy ... *(Skip to question 42)*
- No ... *(Skip to question 42)*
- Told borderline high or pre-hypertensive ... *(Skip to question 42)*
- Don't know/not sure ... *(Skip to question 42)*

40. Have you EVER done any of these things to help manage your high blood pressure? (Mark all that apply.)

- Read info on the internet
- Taken a class or course
- Increased physical activity
- Changed what/how you eat
- Lost weight or attempted to lose weight
- Taken prescription medication
- Used some form of alternative medicine
- Regularly checked blood pressure at home with a home-monitoring device
- No, I have not done any of these things

41. Are you currently taking prescription medicine for high blood pressure?

- Yes
- No
- Don't know/not sure

42. Have you EVER been told by a doctor, nurse, or other health professional that your **blood cholesterol is high**?

- Yes ... *(Go to next question)*
- No ... *(Skip to question 45)*
- Don't know/not sure ... *(Skip to question 45)*

43. Have you EVER done any of the things listed below to help manage your high cholesterol? (Mark all that apply.)

- Read info on the internet
- Taken a class or course
- Increased physical activity
- Changed what/how you eat
- Lost weight or attempted to lose weight
- Taken prescription medication
- Used some form of alternative medicine
- No, I have not done any of these things

44. Are you currently taking prescription medicine for high cholesterol?

- Yes
 - No
 - Don't know/not sure
-

45. Have you EVER been told by a doctor, nurse, or other health professional that you have **diabetes**?

- Yes... *(Go to next question)*
- Yes, but female told only during pregnancy ... *(Skip to question 48)*
- Told pre-diabetes or borderline diabetes ... *(Go to next question)*
- No ... *(Skip to question 48)*
- Don't know/not sure ... *(Skip to question 48)*

46. Have you EVER done any of the things listed below to help manage your diabetes or pre-diabetes? (Mark all that apply.)

- Read info on the internet
- Taken a class or course
- Increased physical activity
- Changed what/how you eat
- Lost weight or attempted to lose weight
- Taken prescription medication
- Used some form of alternative medicine
- Regularly checked blood sugar at home with a glucose monitor
- No, I have not done any of these things

47. Are you currently taking prescription medicine (pills or insulin) for diabetes?

- Yes
 - No
 - Don't know/not sure
-

48. Has a doctor, nurse, or other health professional EVER told you that you had **asthma**?

- Yes ... *(Go to next question)*
- No ... *(Skip to question 51)*
- Don't know/not sure ... *(Skip to question 51)*

49. Do you still have asthma?

- Yes ... *(Go to next question)*
- No ... *(Skip to question 51)*
- Don't know/not sure ... *(Skip to question 51)*

50. Do you currently have prescription medicine for asthma?

- Yes
 - No
 - Don't know/not sure
-

51. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Has a doctor, nurse, or other health professional EVER told you that you have some form of **arthritis**?

- Yes ... *(Go to next question)*
- No ... *(Skip to question 54)*
- Don't know/not sure ... *(Skip to question 54)*

52. Have you EVER done any of the things listed below to help manage your arthritis or joint symptoms? (Mark all that apply.)

- Read info on the internet
- Taken a class or course
- Increased physical activity
- Lost weight or attempted to lose weight
- Had physical therapy
- Taken prescription medication
- Used some form of alternative medicine
- No, I have not done any of these things

53. Are you now limited in any of your usual activities because of arthritis or joint symptoms?

- Yes
 - No
 - Don't know/not sure
-

54. Do you have **chronic or recurrent low back pain**?

- Yes ... *(Go to next question)*
- No ... *(Skip to question 57)*
- Don't know/not sure ... *(Skip to question 57)*

55. Have you EVER done any of the things listed below to help manage your chronic or recurrent low back pain? (Mark all that apply.)

- Read info on the internet
- Taken a class or course
- Increased physical activity
- Lost weight or attempted to lose weight
- Had physical therapy
- Taken prescription medication
- Used some form of alternative medicine
- No, I have not done any of these things

56. Are you currently taking prescription medicine for low back pain?

- Yes
 - No
 - Don't know/not sure
-

57. Have you EVER been told by a doctor, nurse, or other health professional that you had a **depressive disorder** (including depression, major depression, or minor depression)?

- Yes ... *(Go to next question)*
- No ... *(Skip to question 60)*
- Don't know/not sure ... *(Skip to question 60)*

58. Have you EVER done any of the things listed below to help manage your depression? (Mark all that apply.)

- Read info on the internet
- Taken a class or a course
- Attended counseling/psychotherapy
- Taken prescription medication
- Increased physical activity
- Used some form of alternative medicine
- No, I have not done any of these things

59. Are you currently taking prescription medication for depression?

- Yes
 - No
 - Don't know/not sure
-

60. Have you EVER been told by a doctor, nurse, or other health professional that you have **heart disease** (heart attack, angina, bypass)?

- Yes
- No
- Don't know/not sure

61. Have you EVER been told by a doctor, nurse, or other health professional that you have **carpal tunnel** syndrome?

- Yes
- No
- Don't know/not sure

62. Are you experiencing any health problems that you think may be due to your physical surroundings at your workplace?

- Yes ... *(Go to next question)*
- No ... *(Skip to question 64)*
- Don't know/not sure ... *(Skip to question 64)*

63. Which of the factors below do you believe are contributing to these health problems? (Mark all that apply.)

- Chemical odors
- Other unpleasant odors
- Overall cleanliness
- Ergonomics (e.g., desk layout)
- Lighting too dim/too bright
- Loud noises
- Mold
- Pests
- Temperature too hot/too cold
- Tobacco smoke
- Other (please specify) _____

64. About how tall are you without shoes?

_____ feet _____ inches

65. About how much do you weigh without shoes?

(Women, if you are currently pregnant, please answer based on your weight *before* this pregnancy.)

_____ pounds

Is there more you want to tell us?

66. We've come to the last part of our survey! In the space provided, please feel free to share any other comments you may have about employee health and wellness at Indiana University. If you have no additional comments, please feel free to leave this space blank.



Thank you for participating in this important survey. In the Fall of 2015, results will be shared with all employees of Indiana University, and we hope you'll find that it was worthwhile to add your voice to this assessment of our workplace health and culture.