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- the Layout of the survey
- the Questions themselves (Spelling, grammar, content)
- and the general Appeal of the survey

Select a language for the Preview Mode: English

Please help us ensure we are providing information and activities of interest to you by completing our healthy workplace survey.

There are 12 questions and a brief set of demographic questions that will take you approximately 10 minutes to complete. The survey uses a combination of answer scales and open-ended responses.

The survey is confidential and all comments will be summarized and grouped together so that no one can be identified. Thank you for your input!

Introductory Questions

The Healthy Workplace Model that we are using for the Government of Nova Scotia focuses on 3 elements: health and lifestyle practices, workplace culture and supportive environment, and physical environment and occupational health and safety.

1. As part of the healthy workplace program for our department, please identify the areas within the Model where you would like to learn more.
   (check all that apply)

Health and Lifestyle Practices

☐ Alcohol and other drug use
☐ Blood pressure control
☐ Healthy sexual practices
☐ Nutrition
☐ Physical activity
☐ Stress management
☐ Tobacco use
☐ Weight management
☐ Other (please specify below)

Other(please specify)

Workplace Culture and Supportive Environment

☐ Availability of learning opportunities

https://www.selfsurveys.com/15135-RVM
Benefits program information
Communication initiatives to enhance teamwork and cooperation
Conflict resolution training
Employee input/participation in decision-making
Employee recognition programs
Flexible work options
Identifying sources of stress and approaches to reducing sources
Information about personal financial planning
On-site relaxation programs
Physical workplace design
Respectful workplace and harassment prevention
Work-life balance
Workload management and productivity practices
Other (please specify below)

Other (please specify)

Physical Environment and Occupational Health and Safety
Emergency systems
Environmental issues
Ergonomics
Hazard assessment and control
Managing workplace conditions and facilities
Occupational hygiene (lighting, indoor air quality, noise control)
Workplace violence prevention
Other (please specify below)

Other (please specify)

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Healthy Workplace Needs Assessment Survey

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Select a language for the Preview Mode: [English]

Activity Questions

2. How likely are you to participate in a healthy workplace activity offered by the PSC?
   *(i.e. Nutrition Seminar)*
   - Not at all
   - Somewhat likely
   - Likely
   - Very likely

3. Please identify the areas where you’d like to see activities implemented for PSC employees.
   *(check all that apply)*

Health and Lifestyle Practices

- Alcohol and other drug use
- Blood pressure control
- Healthy sexual practices
- Nutrition
- Physical activity
- Stress management
- Tobacco use
- Weight management
- Other (please specify below)

Other (please specify)

Workplace Culture and Supportive Environment

- Availability of learning opportunities
- Benefits program information
- Communication initiatives to enhance teamwork and cooperation

https://www.selfsurveys.com/RS.ASPX
10/19/2006
<table>
<thead>
<tr>
<th>Physical Environment and Occupational Health and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Emergency systems</td>
</tr>
<tr>
<td>□ Environmental issues</td>
</tr>
<tr>
<td>□ Ergonomics</td>
</tr>
<tr>
<td>□ Hazard assessment and control</td>
</tr>
<tr>
<td>□ Managing workplace conditions and facilities</td>
</tr>
<tr>
<td>□ Occupational hygiene (lighting, indoor air quality, noise control)</td>
</tr>
<tr>
<td>□ Workplace violence prevention</td>
</tr>
<tr>
<td>□ Other (please specify below)</td>
</tr>
</tbody>
</table>

**Other (please specify)**

<table>
<thead>
<tr>
<th>4. If you were to participate in a healthy workplace activity, what time of day would work best for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Before work</td>
</tr>
<tr>
<td>□ Morning</td>
</tr>
<tr>
<td>□ Lunch-hour</td>
</tr>
<tr>
<td>□ Afternoon</td>
</tr>
<tr>
<td>□ After work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. How much time would you be able to commit, on average, for attending a healthy workplace activity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Less than 30 minutes</td>
</tr>
<tr>
<td>□ Between 30-45 minutes</td>
</tr>
<tr>
<td>□ Between 45-60 minutes</td>
</tr>
<tr>
<td>□ Greater than 60 minutes</td>
</tr>
<tr>
<td>□ Not interested</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. What factors would encourage you to be more actively involved with healthy workplace activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Accessibility</td>
</tr>
<tr>
<td>□ Time</td>
</tr>
<tr>
<td>□ Social support</td>
</tr>
</tbody>
</table>
7. Please provide suggestions for specific activities that you'd like to see included in the PSC's healthy workplace program.
   (i.e. Nutrition Seminar, Lunch & Learns, etc.)

8. Please provide suggestions for topics and presenters/groups that could be contacted as part of the PSC's healthy workplace program.

9. Please identify the aspects of our work environment (if there are any) that should be changed to be more supportive of healthy workplace practices.

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Q.ID=NONE/Q.No=

Page 3

Communications Questions

10. Please identify the current sources you use to gather health information.
   (check all that apply)
   - Television
   - Radio
   - Internet
   - Email
   - Reference books
   - Newsletters, brochures, posters
   - Workshops/seminars with expert presenters
   - Discussion groups
   - Formal learning sessions (ie. classroom learning)
   - Preventative health screenings
   - Incentive programs and contests
   - Employee Assistance Program (EAP) staff

11. Please identify how you would like to receive health information at the PSC.
   (check all that apply)
   - Internet sites
   - Email
   - Reference books
   - Newsletters, brochures, posters
   - Workshops/seminars with expert presenters
   - Discussion groups
   - Formal learning sessions (ie. classroom learning)
   - Preventative health screenings
   - Incentive programs and contests
   - Employee Assistance Program (EAP) staff

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10/19/2006
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Q.ID=86761/Q.No=33

Page 4

Overall Questions

12. Please identify your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(A) I am supported at work to achieve a healthy work-life balance.
(B) I have a healthy work-life balance; in other words, I can balance the needs of my work life with the needs of my personal life.
(C) I am aware of healthy workplace practices.
(D) I am aware of the PSC's healthy workplace model.
(E) I currently participate in some form of personal health practices on a regular basis (exercise/fitness, stress management, preventative exams, weight management, etc.)

To continue click "Next" -> Previous Next Reset

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Select a language for the Preview Mode: English

I have been working at the PSC for:
- Less than 2 years
- Between 3-5 years
- Between 6-10 years
- Greater than 10 years

I am a:
- Female
- Male

I am a member of the following pay plan group:
- MCP
- AS
- Other

To continue click "Finish" -> Previous Finish Reset

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